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Lesbian, Gay, Bisexual, Transgender, and Questioning Youth Services in Urban Homeless Shelters

Rajahm Sellers
Walden University

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Walden University

College of Social and Behavioral Sciences

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Rajahm Sellers

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Review Committee

Dr. Mark Gordon, Committee Chairperson,
Public Policy and Administration Faculty

Dr. Douglas Mac Kinnon, Committee Member,
Public Policy and Administration Faculty

Dr. Steven A. Matarelli, University Reviewer,
Public Policy and Administration Faculty

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2019

Abstract

Lesbian, Gay, Bisexual, Transgender, and Questioning Youth Services in Urban

Homeless Shelters

by

Rajahm Sellers

MA, Long Island University - Brooklyn Campus, 2007

BA, Otterbein College, 2003

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Public Policy and Administration

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November 2019

Abstract

Homeless shelter administrators provide shelter, food, and other basic needs to the homeless population. Because policies, environments, and services adhere to the general population, lesbian, gay, bisexual, transgendered, and questioning (LGBTQ) youth suffer when homeless shelter administrators do not address specific needs. The purpose of this study was to examine the perceptions of homeless shelter administrators and bridge the gap in knowledge about the policies and environments that impact the homeless LGBTQ youth community. The theoretical framework for this study was Tajfel and Turner's theory of social identity. Research questions included significant differences between developed shelter policies and environments based on homeless shelter administrators' perceptions and significant associations among shelter services for the homeless LGBTQ population in 1 North Carolina county. A cross-sectional study was employed, using a survey for 30 homeless shelter administrators who provide overnight shelter to individuals and families who do not have permanent housing. A chi-square test for association and exact post hoc test was used to answer the research questions. Quantitative findings revealed that the participants did not collect gender or sexual identity demographic data specific to LGBTQ youth and indicated homeless shelter administrators' perceptions to be positive regarding identifying LGBTQ homeless youth. Shelter administrators do not appear to be driven by formal policy. The implications for social change include developing new shelter policies, welcoming environments, and services in homeless shelters, guided by county policy makers' criteria to reduce homelessness among LGBTQ youth.

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Dedication

I dedicate this research to LGBTQ homeless youth. I hope that this research will get us closer to making a real change to decrease and end their homelessness.

I also dedicate this journey to my mother. I told my mother I was gay when I turned 29 years old, and it was the easiest conversation. I advised her that I had become an advocate for LGBTQ rights, and how I would make a difference. This is the first time that she has not taken an educational journey with me, as she passed away in 2012. I know that she would be proud of me!

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Chapter 1: Introduction to the Study

Introduction

The lesbian, gay, bisexual, transgendered, and questioning (LGBTQ) homeless population is increasing each year, yet most homeless shelters are inaccessible based on heterosexual housing models, religious practices, and gender-specific policies (Shultz, 2015). Examining how many homeless shelters enact adequate regulations and policies regarding LGBTQ homeless youth should illuminate if services are meditative of what services should be provided within one county in North Carolina (NC). Currently, the county within NC does not have laws, regulations, policies, or criteria for homeless shelters that address the LGBTQ homeless population. With the understanding of how current services are perceived by the client, homeless shelter administrators could potentially promote positive social change. Qualitative and quantitative researchers have focused primarily on nonprofit organizations and drop-in centers regarding the services they provide, narratives from the LGBTQ homeless population, and psychological and physical factors that address why individuals become homeless. However, in this study, I addressed the homeless shelter policies and practices that provided direct service to the homeless community and attempted to describe that gap in knowledge.

This chapter introduces the study. The background section includes a brief analysis of the research literature, and I describe the gaps in the research pertaining to homeless LGBTQ youth and homeless shelters. This chapter also includes a description of the problem, the purpose for the study, research questions and hypotheses, and the theoretical framework. Further, this chapter includes the nature of the study, operational

definitions, the research assumptions, scope and delimitations, limitations, the significance of the study, and a summary.

Background

Scholars have defined the homeless population in various ways, and the term homeless has been used since the 1830s (Bloom, 2005). Mowbray (1985) indicated that the homeless populations have been increasing and expanding the gap between the rich and poor. It was not until the 1980s when the homeless population became more visible to the American society. Though there were many interpretations by scholars and policymakers that provide insight on what homelessness is, there was no universal definition to describe homelessness and to understand what homelessness is, which was a critical issue (Shlay & Rossi, 1992). Nunez and Fox (1999) suggested that family homelessness is a complex social issue and contributes to the increasing rate of homeless youth. Though there are several mental and physical reasons as to why society has a homeless youth population, it is crucial to understand more about the epidemic (Kidd & Scrimenti, 2004). Food insecurity, health, mental health, education, and juvenile delinquency are a few areas that have impacted homeless youth but are difficult to research based on definitions of homelessness (Aratani, 2009). Scholars have conducted various ethnological studies regarding social issues, but in the 1990s, the LGBTQ homeless population was still overlooked (Kates, 2000). Though history has been established concerning LGBTQ homeless youth, they have a higher risk of becoming homeless based on unwelcoming family environments (Rosario, Schrimshaw, & Hunter, 2012).

This study was needed to bridge the gap in knowledge about the policies and regulations that impact homeless LGBTQ youth. In order to reduce the amount of LGBTQ youth who have been recorded as homeless, homeless shelters should examine if their current environment and policies support or abandon the needs of the clients. Though studies have addressed how and why LGBTQ youth become homeless, what services organizations provide the community, and how the physical structure plays a role, in this study, I examined if the current homeless shelter structure has adequate policies in place to provide adequate services.

Problem Statement

The concern associated with the scope of my study was that homeless shelter staff members were not aware of how the LGBTQ homeless clients perceive the services provided to them, and this lack of perception, knowledge, and understanding causes the LGBTQ clients to suffer while seeking shelter and safety (see Durso & Gates, 2012). Durso and Gates (2012) found that approximately 7% of the United States youth population identify as LGBTQ, and 40% of that population has a history of homelessness and some association with homeless shelters. Homeless shelters within a county in NC do not have specific criteria, laws, or regulations to follow regarding the LGBTQ population. Homeless shelters provide specific services to the homeless population on a general level, meaning they provide shelter, food, and some external transitional or preventative services. According to Durso and Gates, researchers should further explore whether the services provided by homeless shelter administrators are reflective of the services homeless clients think they should or could be receiving. The homeless

population encompasses several demographic groups of people who need particular services to address special needs. There are barriers that are challenging to address, such as language, family dynamic, religion, and sexual orientation. However, homeless shelter administrators should be equipped to handle various barriers or have access to external resources that can aid them. Homeless shelter administrators should be held accountable for providing access, safety, transitional living, and prevention programs. It is unclear if that is or is not the case, and what policies are in place that support LGBTQ homeless youth.

Purpose Statement

The purpose of my quantitative study was to explore homeless shelters' administrators' perceptions, knowledge, and understanding of the policies and services they provided to assess if those services align with the needs of the LGBTQ clients who may continue to suffer after finding shelter in their facilities for the homeless. Homeless shelters could have policies, procedures, and practices available to identify homeless LGBTQ youth and then provide them with adequate safety, accessibility into the shelter, homelessness prevention, and transitional services. I used a quantitative approach with a cross-sectional design to address this gap. In addition, I developed a survey instrument to survey homeless shelter administrators to evaluate and quantify processes in general and specifically regarding homeless LGBTQ youth.

Thus, I intended to understand how many homeless shelter administrators within a county in NC are adequate or inadequate in providing services to homeless LGBTQ youth. Shultz (2015) indicated that homeless shelter administrators should enhance

cultural competency. Reviewing the intake process and understanding if homeless shelter administrators identify LGBTQ members supported the purpose. Shultz found that more work was needed to create welcoming environments for homeless LGBTQ youth. Examining existing accessibility policies, safety regulations, and prevention and transitional programs provided insight about whether or not services are adequate.

Shelter policies and environments were the independent variables that enable homeless shelter administrators to provide access and safety for the LGBTQ population. Shelter services was the dependent variable and describes if homeless shelter administrators provide homeless prevention and transitional program services for the LGBTQ population.

Research Questions and Hypotheses

The research questions and hypotheses that surfaced from the design were the following:

1. Research Question (RQ) 1: Are there significant differences between developed shelter policies and environments based on homeless shelter administrators' perceptions of the LGBTQ homeless population in the homeless shelters in one NC county?

*H*₀1: Homeless shelters' policies and environments are not significantly different when considering homeless shelter administrators' perceptions about the LGBTQ homeless population in the homeless shelters in one NC county.

*H*₁₁: Homeless shelters' policies and environments are significantly different when considering homeless shelter administrators' perceptions about the LGBTQ homeless population in the homeless shelters in one NC county.

2. RQ2: Are shelter policies and environments significantly associated with provided shelter services for the homeless LGBTQ population in the homeless shelters in one NC county?

*H*₀₂: Homeless shelters' policies and environments are not significantly associated with provided shelter services for the homeless LGBTQ population in one NC county.

*H*₁₂: Homeless shelters' policies and environments are significantly associated with provided shelter services for the homeless LGBTQ population in one NC county.

Theoretical Framework

The theoretical framework for my study came from Tajfel and Turner's (1979) social identity theory, which derives a central concept of social categorization (Ellemers & Haslam, 2012; Tajfel, 1982; Tajfel & Turner, 1979). Ellemers and Haslam (2012) viewed social categorization as one of the fundamental components of social identity. This perception related to how LGBTQ youth view and perceive their identity in society. Based on this view of social categorization, Ellemers and Haslam provided a way for organizations to accumulate significant information about LGBTQ occupants, which could help with gaining more knowledge and understanding about how the LGBTQ

population perceives the services from the homeless shelter as a means to help shelter administrators offer adequate services for all of their clients.

Shultz (2015) implied that examining cultural competency and a creating a welcoming environment is the initial phase. The idea of identifying LGBTQ youth within the homeless population is a key element for homeless shelter administrators. Social identity theory describes social categorization, comparison, and identification, which support organizations, such as homeless shelters, to identify or categorize LGBTQ youth and provide adequate services. Without identifying the LGBTQ youth population, homeless shelter administrators are not able to address specific needs. When homeless shelter administrators are able to identify LGBTQ youth, they can ensure access, provide safety, and develop prevention and transitional programs.

Social identity theory accentuates identities in social categories with which people identify (Crane & Ruebottom, 2011). Typically, social categories are or become demographic characteristics that organizations use to identify and isolate groups of people, which might have specific needs. I identified if homeless shelter administrators use certain social categories from survey data. A cross-sectional design was used for my study, and I compared and quantified the survey data. I discuss any differences between homeless shelter administrator perceptions of LGBTQ youth regarding shelter policies and environments that encompassed social categories, which included identity, access, safety, homeless prevention, and transitional living programs in Chapter 4.

Nature of the Study

I used a quantitative methodology to examine if homeless shelter administrators were able to identify LGBTQ youth; quantified existing accessibility, safety, homeless prevention, and transitional living policies; and measured perceptions regarding policies that support LGBTQ youth.

The variables for my study were shelter policies, environments, homeless shelter administrators' perceptions about the LGBTQ homeless population, and shelter services. Concentrating on if homeless shelters have gender-neutral policies should be consistent with the social categorization principles of the social identity theory (Ellemers & Haslam, 2012; Tajfel, 1982; Tajfel & Turner, 1979). Examining the practices of homeless shelter administrators' enforcement of policies have helped to provide more insight and knowledge of if gender-neutral policies exist.

To gain access to homeless shelter administrators, I used a testing grant coordinator as the gatekeeper. The gatekeeper provided a list of facilities from the homeless services resource guide (Community Support Services, n.d.). To collect data from the homeless shelter administrators, I used a survey instrument that participants completed online, which was a self-administered survey.

Definition of Terms

Based on their use within my study, I used the following operational terms and phrases throughout the study:

Accessibility: Homeless shelters that are accessible to all citizens regardless of race, gender identity, sexual orientation, religion, disabilities, national origin, sex, or political affiliation to maintain a quality of life (Pasaogullari & Doratli, 2004).

Environment: An inviting space that offers comfort, privacy, and safety, which reduces current and possible future stress (Prescott, Soares, Konnath, & Bassuk, 2008).

Homeless: An individual or family who lacks permanent housing during the night and uses shelters or facilities for lodging (Tipple & Speak, 2005).

Homeless shelter administrators: Administrators of organizations, churches, or facilities who provide overnight shelter to individuals and families who do not have permanent housing, which do not have to meet specific criteria for shelter (DeVerteuil, 2004).

LGBTQ: Youth who identify as lesbian, gay, transgendered (male to female, female to male, or ze, which is a third person pronoun for nongender conforming individuals), bisexual, or questioning (Seip, 2015; Wagaman, 2016).

Perception: The process that provokes a response based on the service or treatment (Garner, Hake, & Eriksen, 1956).

Policies: A course of action or guideline adopted from the goals of management and illustrate desired outcomes (Wies, 1994).

Prevention and transitional programs: Programs that assist the homeless community to find affordable housing, employment, and other social needs within shared apartment living or independent living (Shultz, 2015).

Safety regulations: Policies, regulations, and procedures that are applicable to provide safety to all occupants (Shultz, 2015).

Services: Products that bring about change in the condition of a person (Gadrey, 2000).

Youth: For the purpose of my study, youth between the ages of 18 and 25 who have been or currently are homeless. This range may change depending on if homeless shelters have an age criterion for occupancy (Christiani, Hudson, Nyamathi, Mutere, & Sweat, 2008).

Assumptions

Ellemers and Haslam (2012), Tajfel and Turner (1979), and Tajfel (1982) supported the idea that individuals identify with specific groups and exhibit intergroup behaviors. My first assumption was that homeless LGBTQ youth identified as homeless and LGBTQ. I also assumed that all participants responded to the survey by using the total population sampling technique. Another assumption was that the survey instrument I used was reliable and valid after construction and review. I assumed that as the researcher, I attained honest answers without misleading the respondents to respond a certain way. Another assumption was that, as the researcher and an American citizen who identifies as a gay male, which is a member of the LGBTQ population, I addressed biases and personal beliefs that could diminish the study.

Understanding that stigmas are attached to the LGBTQ population, LGBTQ youth might avoid identifying as LGBTQ to evade negative perceptions (Toolis & Hammack, 2015). However, I assumed that individuals have shared cognitive and value elements

based on specific social categorizations (see Tajfel, 1982). Homeless shelter administrators can connect to and identify homeless LGBTQ youth through social identity and categorization. I constructed a survey instrument tailored to homelessness and the LGBTQ population for homeless shelter administrators and used a panel of experts to establish content validity. Using the total population sampling technique for quantitative research impacted generalizing results to a broader population. Because the sampling frame was small, I assumed that the gatekeeper assisted in a high response rate but the gatekeeper did not have a role outside of providing contact information.

Scope and Delimitations

The scope of my study, geographically, was a county in NC with at least 1,000,000 people. The participants were homeless shelter administrators. I used a test grant coordinator as a *gatekeeper* to establish correct contact information and requested participants for my study. Though most gatekeepers provide access to research sites and respondents for interviews (Creswell, 2009), the gatekeeper in this study only provided access to contact information. Homeless shelter contact information is public knowledge, but no current comprehensive list of administrators' contact data for all the homeless shelter facilities in the county exists. The gatekeeper did not have authority to persuade participants to participate in the study. The only function for the gatekeeper was to provide contact details for each homeless shelter administrator. I contacted each homeless shelter administrator for participation. Further, the gatekeeper did not have access to see the survey results, which maintained confidentiality for the participants.

Within a purposive sampling strategy, I employed the total population sampling technique. Because a small sample size was anticipated, the entire population for participants was incorporated for the study. However, the total population sampling technique helped gain more depth within the phenomenon under study, and there was potential to make analytical generalizations, even though the strategy was from a nonprobability design. Thus, populations were not excluded from the sample. The gendering organizational theory was relevant to the area of study through policies, processes, and regulations regarding the LGBTQ community. Though the gendering organizational theory was specific to the male and female gender, it could also be applied to individuals who are lesbian, gay, bisexual, transgendered, which include male to female and female to male, and questioning. I examined how many homeless shelters have processes and homeless administrators' perceptions specific to the LGBTQ community. The gendering organizational theory explains that gender-neutral practices are better suited for organizations, but most organizations think they are accomplishing that instead create more of a dynamic between genders without further evaluation (Acker, 2016). However, the gendering organizational theory was not investigated fully because I focused on identity and social categories for the homeless LGBTQ youth.

The results from my study are only generalizable to the county in NC within the scope. Within the total population sampling technique, the population was not representative of a broader population, and the results were not generalized. However, my study could be replicated to understand if similar results will emerge. If replication produces similar results, then the original findings can be generalized (Kukull & Ganguli,

2012). Conversely, if the results of future studies differ, then the original results could be devalued.

The first delimitation of my study was the parameters of data collection. A single NC county was used to recruit homeless shelters administrators and was more accessible than the entire state. Expanding beyond a single NC county involved more connections to access contacts with homeless shelter administrators and encompassed a longer study. The other delimitation of the study was the sampling. There were 30 registered homeless shelters in the county; therefore, including the entire population of the homeless shelters was required in order to ensure an adequate sample size was obtained for statistical analyses. A final delimitation for my study was that there may be negative or sensitive attitudes regarding LGBTQ members, and those attitudes could pose a participant recruitment barrier.

Limitations

One limitation of my study was using a total population sample because some of the potential participants may not have responded or simply dropped out during the process of data collection. I developed an incentive for the population to participate in the study. Most homeless shelter administrators need volunteers to assist at the shelter, and I used volunteerism as an incentive.

Another limitation was the instrument itself. Because there is no instrument to compare within existing literature, determining the validity of the instrument was difficult. However, the process for reliability and validity highlighted by Canfield, Teasley, Abell, and Randolph (2012) supported the construction of my *a priori*

instrument. I discuss the results of testing the reliability and validity of the survey instrument in Chapter 4.

Significance of the Study

The significance of my study is that it can promote positive social change when administrators acquire knowledge and understanding about how their LGBTQ clients perceive the services they are receiving from the shelter that could aid in reducing LGBTQ people suffering while in the homeless environment. According to members with the Human Rights Campaign Foundation (2016a, 2016b), the state of NC and one urban city do not have laws or legislation that address LGBTQ youth homelessness. The lack of laws and legislation becomes a public health issue for the LGBTQ youth homeless population when they become victims of sexual assault (Keuroghlian, Shtasel, & Bassuk, 2014) because of the homeless shelter administrator's inability to place them in an environment suitable for their safety.

Public officials and policymakers can implement policies to support homeless LGBTQ youth from probable discrimination and dangers from other homeless people sharing a living space in the shelter. If the homeless LGBTQ youth population is 40% (Durso & Gates, 2012) and the Runaway and Homeless Youth Act (2008) remains absent in carving out the LGBTQ population, then the new knowledge can support amending legislation to incorporate gender-neutral language.

The potential results from my study can support homeless shelter administrators in creating new policies that assist practices used to identify LGBTQ youth during the

intake process as a means to improving accessibility, enhancing safety procedures, and implementing homelessness prevention and transitional living services.

Summary

According to data released by a recent national report, LGBTQ youth have a higher risk of homelessness than heterosexual youth (Morton et al., 2018). These findings indicated that there was a challenge in closing gaps in received services and creating policies to provide adequate services to the LGBTQ homeless youth population. Homeless shelters and various levels of governmental law should specify particular needs and services for LGBTQ youth, which may prevent and reduce new cases of homelessness in a NC county. The goal of my study was to provide insight into how existing policies, regulations, and law impacts the perception of services received LGBTQ youth. The findings of my study can be valuable and constructive for homeless shelter staff in a NC county, other counties within NC, and throughout the United States.

There were a few assumptions regarding my study, which could cause challenges, if not decreased efficiently. Though I do not identify with the phenomenon directly, I ensured to eliminate all bias as a gay man who understands how some LGBTQ homeless youth may perceive the existing homeless shelter environment. My study was significant because the results can assist homeless shelters and policy makers to incorporate gender-neutral policies and regulations in the homeless social structure. Thus, gender-neutral policies that support the needs and services for LGBTQ homeless youth may increase prevention and reduce the number of homeless youth cases. Chapter 2 includes the

literature review that highlights the importance of learning a different perception within the LGBTQ homeless youth community.

Chapter 2: Literature Review

Introduction

Homeless shelter administrators have difficulty identifying LGBTQ homeless youth to provide adequate services and address specific needs based on perception of services received by LGBTQ homeless youth (Durso & Gates, 2012). Services are provided within a county in NC but lacked criteria to address special needs (Human Rights Campaign Foundation, 2016a, 2016b). Providing access and a welcoming environment, safety regulations, and prevention and transitional programs are essential areas of focus and investigation regarding LGBTQ homeless youth (Shultz, 2015). Structurally, homeless shelters are not adequate to house LGBTQ homeless youth, especially the transgendered community (Shultz, 2015). If the layout is not adequate, then it is difficult to provide adequate services. The purpose of my study was to understand if homeless shelter administrators have adequate policies, regulations, or practices to provide specific services and to measure their perceptions regarding the LGBTQ community. Examining what policies exist and perceptions about LGBTQ homeless youth from the intake process to homeless prevention illuminated if homeless shelters are providing adequate services.

Before the literature review about the phenomena, I present literature on the theoretical framework where I discuss how other studies used the same theory. First, I provide literature surrounding LGBTQ youth identity, which includes gender and sexual orientation. Second, I synthesize the literature that involves perceptions regarding the LGBTQ population. Third, I include current literature regarding accessibility and safety

policies in homeless shelters. Fourth, I review literature involving homeless prevention and transitional programs. Finally, there is literature regarding elements of the research design, which aligned with the phenomena within the study.

This chapter highlights the strategy used to construct the literature review, which included various library databases, key terms, and limitations of the research. The theoretical framework and method to create the literature review of the framework is discussed. Additionally, I describe peer reviewed and nonpeer reviewed articles related to the content and variables of the study. Further, I portray the literature that aligns with the research design and methodology.

Literature Search Strategy

I used a few strategies or approaches to assemble the literature review. The first strategy to locate scholarly and peer reviewed articles for this literature review was using databases, such as SAGE Premier, which listed many peer reviewed articles. However, the primary strategy to locate current literature was employing Google and Google Scholar.

I used phrases or keywords such as *LGB homeless youth*, *LGBT homeless youth*, *LGBTQ homeless youth*, *runaway and homeless youth act*, *homeless shelters*, *policies for homeless shelters*, *author's names*, *identifying LGBT homeless youth*, *journal names*, *intake questionnaires*, *homeless shelter organizations*, *article titles*, and *homeless youth*. Thus, the most recent literature for this research was available. I used the most current data by researching articles between 2014 and 2019, which was within the standard 5-year span. Most of the articles were peer reviewed, but to make sure, I researched

articles from Google and Google Scholar in SAGE Premier, which gave a better understanding. Another method I used was researching honorary papers, theses, and dissertations with my keywords and phrases. These documents had great reference lists to use, and I found more peer reviewed articles by researching the work from other authors that were listed. Though most of the literature were theses and dissertations, I found research content from journals such as *Qualitative Psychology*, *Journal of Social Service Research*, *American Journal of Orthopsychiatry*, and other scholarly sources.

There was a dearth of research regarding policies and practices within homeless shelters and how homeless shelter administrators address the needs of various populations. However, there was a substantial amount of current research concerning homelessness, homeless youth, the LGBTQ population, and homeless LGBTQ youth, to name a few key terms and phrases. Dissertations, theses, and nonpeer reviewed articles were not used for my study because the literature was based on peer reviewed articles. Peer reviewed articles were used for the theoretical framework and research design, which were current from the last 5 years.

Theoretical Framework

Tajfel and Turner's (1979) social identity theory was the theoretical basis for my study. Homeless shelter administrators collect various types of demographic data that assist them in providing internal and external services. Identifying LGBTQ homeless youth might help to provide adequate services within the homeless shelter structure. Tajfel and Turner developed the social identity theory while conducting group experiments to understand intergroup behavior, conflict, competition, and so forth.

Social identity derives from how individuals align themselves, based on certain knowledge, with particular social groups (Ellemers & Haslam, 2012; Tajfel, 1982).

Social identity is also associated with social categorization, which enables people and organizations to categorize groups of people demographically.

However, the social identity theory empowers society to gain an understanding of identification through social categorization, which aligned in the foundation of my study. One theoretical proposition from social identity theory was that social identity suggests individuals create an us and them or us versus them effect, which might develop specific social categories (Ellemers & Haslam, 2012; Tajfel, 1982). Another theoretical proposition implied that individuals develop positive relationships with social groups they identify with that might present negative perceptions about social groups with whom they believe they do not share an identity (Tajfel, 1982).

Nevertheless, there were few studies related to the current study, but some researchers applied the social identity theory. Melton and Cunningham (2014) applied social identity theory where individuals drew from specific identities based on social categorization within particular environments. Further, it aligned to the us versus them effect because people outside of a specific group might perceive the behavior the group an individual identifies with as negative. Elias, Jaisle, and Morton-Padovano (2017) applied the theory and challenged it by implying that not all individuals who identify with a group have the same behavior towards others within the same group. Thus, intergroup behavior might not be synonymous within subgroups.

The social identity theory encompassed the concept on self-identity. If individuals have a positive relationship with a particular group, then they categorized themselves into that group or other groups. Though Ellemers and Haslam (2012) and Tajfel (1982) suggested that social and personal identities are different, I believed that there are synonymous identities, from the individual and the social group, until there are few unique characteristics within a group parameter. However, the social identity theory empowers society to gain an understanding of identification through social categorization, which aligned in the foundation of my study.

The social identity theory related to my study regarding homeless shelter administrators identifying LGBTQ homeless youth through demographic categorization. The theory emphasized that individuals identify with specific social groups, and homeless shelter administrators can collect data and identify those groups to specify their needs. Social identity theory encompassed relationships among interpersonal and intergroup behavior (Tajfel, 1982). The perception of the LGBTQ homeless population regarding treatment within homeless shelters aligned with an us versus them effect, which was a major concept within the theory. The research questions challenged the theory because the theory primarily describes behavior between groups. Simply identifying groups of people based on multiidentity approaches could enhance social categorization, which provides other methods to provide goods and services.

Review of Theoretical Literature

Tajfel and Turner's (1979) social identity theory has been examined in various ways by other researchers. Based on views from Fujita, Harrigan, and Soutar (2018),

students should develop various social identities, as long as there is an opportunity for self-awareness, perceived functionality, emotional alignment, evaluative traits, or symbolism. Fujita et al. explored students' experiences within social media outlets at their university. Out of 2,428 social media threads, a university identity theme emerged as the top theme (Fujita et al., 2018). The researchers found that students developed an enhanced experience when they could relate to the content on social media (Fujita et al., 2018). Fujita et al. shared that students were able to identify with specific groups and have shared experiences with other students within the community. Guan and So (2016) used social identity theory to examine self-efficacy regarding health-related behaviors within fraternities and sororities. The researchers theorized that students who have a strong positive social identity with the fraternities or sororities that promoted health-related behavior would display a significant level of self-efficacy (Guan & So, 2016). The researchers found a strong implication between social identity and self-efficacy within each hypothesis because the value of significance was $< .05$ (Guan & So, 2016).

Social identity theory includes perceptions by individuals among groups. Mangum and Block (2018) examined relationships between individuals who identify as American and their opinions regarding immigration. Though it appears the researchers' independent variables were too vague, they found various negative opinions from Americans concerning immigration (Mangum & Block, 2018). However, the rationale of the study aligns with social identity theory considering in-groups and out-groups (see Ellemers & Haslam, 2012; Tajfel, 1982; Tajfel & Turner, 1979). In another study, Korostelina (2014) explored the idea of identity insults based on the theory of social

identity and found that individuals enhance their self-esteem and foster superiority traits within in-groups and between out-groups, which escalate insults.

Social identity theory was used to study transformational leadership and performance within individuals and groups within organizational culture (Tse & Chiu, 2014). Social identity theory embodies group behavior and aligns with social behavior but also illuminates social constructs that might disseminate into personal identities and individual characteristics. Tse and Chiu (2014) found that individual and group leadership significantly ($p < .05$) relates to individual and group differentiation. Though there was a relationship between leadership and differentiation, the relationship could emerge as positive or negative, which influences behavior within and between groups. Miles-Johnson (2016) found that Australian officers reinforced the in-group and out-group dynamic of the social identity theory, which increased stereotypes of the transgendered community because they were the out-group. The findings also indicated that Australian officers did not have annual training for community policing in the transgendered community (Miles-Johnson, 2016).

Literature Review

Social identity theory indicates that individuals appoint themselves to specific social groups and display behaviors associated with those groups (Ellemers & Haslam, 2012; Tajfel, 1982). Identifying LGBTQ homeless youth assists in understanding the in- and out-groups of homeless shelter structures. Though there are complex methods to understand why individuals associate themselves to particular groups, simple data collection on sexual orientation and gender identity can support policy, regulation, and

process changes (Miles-Johnson, 2106). Additionally, social identity drives communicative behaviors, such as perception of self and how others perceive you (Guan & So, 2016; Mangum & Block, 2018), which might align with accessibility to shelters, safety regulations, and available prevention and transitional programs.

Identification

Based on the research from Callahan et al. (2015), health care professionals could decrease health disproportions among LGBTQ patients if they were able to identify the population. The researchers disclosed that there was a lack of training and education regarding the LGBTQ community. The findings indicated that over 130 health care facilities adopted a task force and implemented practices that provided a welcoming environment for the LGBTQ community by identifying gender identities, gender at birth, and sexual orientation. Though identification provides demographic data, researchers understand that there are subgroups within main society categorization. Johnston (2016) suggested that geographers are just now beginning to research lesbians, gays, bisexuals, trans-, and queer-gendered persons separately to understand community space. Identifying subpopulations within main populations allow researchers to illuminate why specific groups have special needs to address because health concerns and mental illnesses derive from family environments, which could encompass and increase physical and sexual abuse, substance abuse, and so forth for the LGBTQ community (Pearson, Thrane, & Wilkinson, 2017). Tierney and Ward (2017) explored the differences between homeless youth and LGBTQ homeless youth regarding policy and research. The researchers suggested three theoretical and two methodological approaches that may

prove useful for future research that should enhance practices to identify and address LGBTQ homelessness (Tierney & Ward, 2017).

In another study, Schmitz and Tyler (2018) indicated that through unique environments and experiences, LGBTQ college youth have developed identities through positive social interactions with other peers, clubs, or supportive faculty and LGBTQ homeless youth experience negative interactions on the street, which forces them to embrace a binary gender identity. Their findings presented 10 themes that emerged from the data and concluded that structural environments must contain practices that allow LGBTQ youth to express identity freely, which encourage adequate services and address unmet needs (Schmitz & Tyler, 2018). Though identification is a key element within the social identity theory, identifying the LGBTQ homeless population may not be an easy task. Tunåker (2015) noted that homeless LGBTQ youth might not be easy to identify because it is difficult to locate them. However, Melton and Cunningham (2014) found that some LGBTQ individuals do not make it a point to have their sexual orientation identified or be defined by it. Like many homeless youth, LGBTQ youth find their home in various places, such as neighbors, friends, or so forth, which might not be a homeless shelter, church, or other facility that provides emergency shelter (Tunåker, 2015). Tunåker found that LGBTQ youth look like young people that may or may not be homeless, thus, locating homeless LGBTQ youth could be problematic when trying to identify them. Tunåker concluded that LGBTQ homeless youth not only dismiss the ideology of heteronormative structures but also ignore the societal definition of

homelessness if they have shelter somewhere, which creates a challenge for programs and service providers to identify LGBTQ homeless youth develop affirming initiatives.

Perceptions

In and out groups are determined based on behavior, but perception plays a role in social behavior among and between groups (Kattari, Barman-Adhikari, DeChants, & Rice, 2017). In a study conducted by Aykanian (2018), service providers shared their experiences based on what risk factors they perceive to be associated to homeless youth. The researcher revealed that shelter providers enable the behavior of mobile homeless youth because they are not equipped to provide care and service for the population, which forces them to send individuals elsewhere for services. On the other hand, researchers have focused on how homeless youth develop support systems and what they perceive as social or emotional support (Barman-Adhikari, Bowen, Bender, Brown, & Rice, 2016). Barman-Adhikari et al. (2016) found LGBTQ homeless youth were less likely to have instrumental support from home-based peers but in addition, depending on the time the population was homeless, they were less likely to have emotional support, which did not relate to sexual behavior or substance abuse. Barman-Adhikari et al. concluded that all social systems should understand the various types of support available because they could understand specific needs and deliver adequate services.

Nott and Vuchinich (2016) conducted a qualitative study with focus groups and semi-structured interviews to understand perceptions of positive development from homeless youth. The researchers specify that homeless youth are subjective regarding happiness, support from family is unnecessary and youth found other ways to have *family*

support, and standing their ground because they can only be who they are (Nott & Vuchinich, 2016). The study concluded that organizations that service homeless youth could identify specific perceptions from their clients to understand how to enhance transitional programs that encourage positive interactions and outcomes (Nott & Vuchinich, 2016).

Though service providers and homeless shelter administrators have particular perceptions about homeless LGBTQ youth, most youth do not care about how others perceive them to be based on any experience (Nott & Vuchinich, 2016). According to a study conducted by Nicholas et al. (2016), street-involved youth have a difficult time receiving assistance from emergency department services and that most of the youth are homeless. The researchers explored how street-involved youth access services and what their experiences are when receiving services and found that street-involved youth experienced bad interactions with staff regarding emergency services, their age played a role in how they were treated and what care was provided, believed that a stigma was being forced upon them, and received reduced care, which lead to most youth avoiding treatment (Nicholas et al., 2016). They found that all 42 participants had negative experiences with emergency department staff and none of them could recall a positive experience. Staff in emergency services should consider the perceptions of street - involved youth, especially those that are completely homeless and try to incorporate sensitivity and understanding to their situations, which enhance positive experiences and reduce health conditions with proper care (Keuroghlian, Shtasel, & Bassuk, 2014; Nicholas et al., 2016).

Accessibility

Homeless shelter access has been a barrier for many homeless individuals. Ha, Narendorf, Maria, and Bezette-Flores (2015) specified that attitudinal barriers consisted of shame and pride, which may align with barriers associated with accessing shelter services. Ha et al. (2015) found that homeless youth did not want the stigma of homelessness. Ha et al. specified that attitudinal facilitators involved turning the situation around and getting help and access facilitators mimicked the barriers, which include availability, accessibility, and acceptability. Ha et al. and Kidd et al. (2016) indicated that homeless youth have fewer selections in shelter unless outstanding factors like substance abuse or HIV emerge and homeless youth become stagnant. It was concluded that homeless shelter administrators should deliver several diverse services that meet the needs of homeless youth and reduce homelessness (Ha, Narendorf, Maria, & Bezette-Flores, 2015; Kidd et al., 2016).

According to Pedersen, Tucker, and Kovalchik (2016), homeless youth also experience facilitators and barriers within drop-in centers. The researchers reviewed 20 peer reviewed articles to understand why youth use or do not use drop-in centers and found that that homeless youth encountered barriers regarding finding a drop-in center to access services, having substance abuse or mental health concerns, locating pet friendly facilities, motivation to go, and had safety concerns with staff, but used drop-in centers because of the role their peers played in their support to seek assistance (Pedersen, Tucker, & Kovalchik, 2016). Further, Ream and Forge (2014) suggested that homeless youth develop trauma with their experiences with staff and trying to gain access to

services. All types of shelter facilities should develop innovative methods to ensure homeless youth have access to care, shelter, and services (Kattari & Begun, 2016; Pedersen et al., 2016). Billies (2015) noted that neoliberalism-driven homonormative space is challenging for LGBTQ homeless youth in homeless shelters, which create accessibility concerns. Billies indicated that homeless shelters are public spaces that might be run privately and could exclude the LGBTQ population that need a place to sleep. The researcher suggests that homeless shelter administrators should identify the LGBTQ community because they can create safe spaces for homeless individuals based on sexual orientation, transgender persons, and questioning youth (Billies, 2015).

Though homeless youth need access to shelters and other services, creating a welcoming environment enhances accessibility (Altena, Beijersbergen, & Wolf, 2014). Altena et al. (2014) investigated lived experiences among 308 homeless LGBTQ youth participants in homeless shelters and found that 168 of the participants indicated that a welcoming atmosphere was lacking. Additionally, Altena et al. (2014) found that 166 participants encountered safety concerns, which limited access. Abramovich (2017) examined experiences of homeless LGBTQ youth in a shelter environment and believed that homophobia and transphobia were embedded within the organizational culture, which created an unwelcoming environment. Additionally, data from the LGBTQ homeless youth interviews implied that the shelter environment was not only unwelcoming but also unsafe (Abramovich, 2017). Data from my study also revealed that all 33 participants indicated that policies and regulations were inadequate and outdated, embodied a bureaucratic system, which provided top-down decision-making

and broken communication between management and clients, and a lack of knowledge and training on how to address the LGBTQ community and provide support to eliminate violent situations (Abramovich, 2017). The study concluded that the lack of safety regulations for the LGBTQ community enabled homophobia and transphobia as normal behavior, which created several barriers to access adequate care (Abramovich, 2017).

Safety Regulations

Gay organizations that emphasize particular needs for the LGBTQ community challenge the idea that safe space is not only specific to the organization providing services but should expand throughout the community to develop large safe spaces (Goh, 2018). Interrelationships between systems of oppressions, as it relates to sexuality and space and physical space are challenges for gay communities (Goh, 2018). Page (2018) adds that not only should the physical structure or environment present a safe path, but administrators and service providers should also create an expressively safe atmosphere. However, gay organizations are providing unconventional social-spatial relation paths that confront societal norms of structures and establishments (Goh, 2018).

Coolhart and Brown (2017) found that safety is a major concern among LGBTQ youth in homeless shelters but since the population is not identified, it is difficult to understand what measures are in place to provide safety. Without understanding how to provide safety for LGBTQ homeless youth, Musicaro et al. (2017) stated that that the LGBTQ community have a higher risk of being victimized because of their sexual orientation or gender identity, which leads to negative coping behaviors. Programs and services must understand the unique needs of homeless LGBTQ youth to provide safety,

which will eliminate barriers for further care (Shelton, 2015). Providing safety measures for LGBTQ homeless youth prevents trauma, victimization, and poly-victimization (Wong, Clark, & Marlotte, 2016).

Since the physical arrangement of the shelter is based on heteronormative structure, safety, discrimination, and violence is an automatic concern (Lolai, 2015). However, not only do LGBTQ homeless youth have to worry about their safety among other clients, they face homophobic staff members, which reduces physical and psychological safety environments (Lolai, 2015). Thus, LGBTQ homeless youth may choose not to utilize shelters when their safety is at risk, which rationalizes the decision to choose a street life and find a way to survive on their own (Lolai, 2015). Coolhart and Brown (2017) revealed that cultural competency does not exist and addressing the needs of the population must develop. The findings from the study support why safety must be enforced within shelters and service providers because shelters are not entirely safe spaces for LGBTQ homeless youth when they are mistreated and ostracized by peers and staff (Coolhart & Brown, 2017).

Homeless Prevention and Transitional Living

Shelters and service providers are frequently vulnerable when working with homeless LGBTQ youth because most programs and policies are heteronormative (Maccio & Ferguson, 2016). Maccio and Ferguson (2016) described seven gaps within services, which include housing, employment, acceptance and emotional support, transition support, sex education, peer support, and programs dedicated to the LGBTQ population. Ferguson and Maccio (2015) posited that organizations can implement a

LGBTQ-affirming comprehensive services model that enables specific case management services to be delivered and meet the needs of the community. Further, Craig, Dentato, and Iacovino (2015) suggested that a continuum of care model is appropriate to address needs and services for the LGBTQ community. Continuum of care models are normally family driven but it does not specify what type of family was needed to develop and implement the model (Craig et al., 2015). As most LGBTQ youth are disowned by family or have difficulty with accepting their identity, LGBTQ youth find other people that will help them or take them in and they become family (Lolai, 2015).

Prock and Kennedy (2017) showed that all the transitional living (TLP) participants have websites, 91.9 % have social media outlets, and 43.5% of 124 TLPs offered services for LGBTQ youth. Additionally, the results showed that of the 43.5% offering services for LGBTQ youth, 66.7% had support groups, 50% had therapy, 33.3% had other services regarding community outreach, and so forth (Prock & Kennedy, 2017). Norman-Major (2017) discussed how using a multisector approach can assess and address the needs of LGBTQ homeless youth. Norman-Major found that homeless LGBTQ youth have complex situations with higher risks within the homeless youth population and revealed that multisector partnerships analyze micro and macro details of an individuals' situation and collaborates with top-down and bottom-up approaches. However, youth may not feel safe in shelters or programs that do not have policies in place to protect them from discrimination, victimization, or access to care (Norman-Major, 2017). The results show that public, private, and nonprofit organizations must warrant access to services without discrimination, engage in cultural competency

training, create safe environments, and improve residential intake processes and services (Norman-Major, 2017).

Achieving equality for marginalized populations, such as LGBTQ youth, society must ensure equity, which enables access to services and resources (Dolamore & Naylor, 2017). Some shelters and service providers may provide access to basic necessities, such as food and a bed, but services should be provided based on equality and equity (Dolamore & Naylor, 2017). Access to information about homeless prevention or transitional living services must be available and inclusive regardless of gender, gender identity, gender expression, sexual orientation, and so forth (Shelton, 2016).

Additionally, Sellers (2018) suggests that recognizing the identities of LGBTQ homeless youth will promote equality and equity. To achieve success, shelters and service providers rely on LGBTQ homeless youth to participate in collaborative initiatives (Dolamore & Naylor, 2017).

Gwadz et al. (2017) noted that the quality of environment settings plays a role in the outcome of runaway and homeless youth, especially if the type of organization, such as a drop-in center, shelter, or transitional living program, only provides specific services and if services are accessible for marginalized groups that have particular needs. However, Irazábal and Huerta (2016) indicated that through intersectionality, shelters and service providers must stay cogitative of including programs that support LGBTQ youth, and the community must be more accepting to the LGBTQ community in general, which will enable access to needed services and safe spaces. Conversely, LGBTQ homeless youth must engage in conversations and voice their perception about the outcome of

services to encourage shelters and service providers to change their structures (Bender et. al., 2017). Additionally, most shelters and service providers provide access to psychological and health problems, but most do not have specific programs or services for LGBTQ youth, as they are more susceptible to mental and physical health issues than their counterparts (Bidell, 2014). Further, shelters and service providers must adopt or amend programs and services to address LGBTQ homeless youth (Hatch, Burwick, Gates, Baumgartner, & Friend, 2014).

Review of Methodological Literature

The cross-sectional design emerged within studies in various ways by other researchers. A cross-sectional study conducted by O'Malley and Capper (2015), indicated that leadership programs for social justice should increase their understanding of social identities, regarding gender and sexual orientation. Programs within social justice should include a diverse identity characteristic dynamic (O'Malley & Capper, 2015). Identifying individuals from social identity categories enable organizations to address specific needs and deliver adequate goods and services. Thus, incorporating other identities, such as transgender, intersex, and sexual orientation, increases diversity and broadens the scope of social justice leadership. Broadcasting that an organization has a gay-friendly environment might still portray negative stereotypes and produce different treatment among the LGBTQ community (Lambert, 2015). Lambert (2015) conducted a cross-sectional survey experiment regarding advertisement for employers and inclusive statements about the LGBTQ community. Though identifying the LGBTQ community to enhance a welcoming and inclusive environment, weak diversity advertisement

influenced the attitudes of individuals seeking employment. However, Lambert suggested that it depends on how strong an attitude one might have to develop particular perceptions of the employer.

Kamen, Smith-Stoner, Heckler, Flannery, and Margolies (2015) discussed that not disclosing gender and sexual orientation identity to cancer care providers, might result in inadequate care and results. Since societal stereotypes exist regarding various demographics, the LGBTQ community might have specific perceptions about health care provided to heterosexuals versus homosexuals, which prevent disclosing identities (Kamen et al., 2015). Kamen et al. (2015) found that individuals would disclose their identity when they had support, found care providers that specialized in LGBTQ needs, and understanding care would be different for the LGBTQ community versus other communities. The cross-sectional design was employed to examine attitudes towards LGBTQ parents pursuing health care for their children in Australia (Bennett et al., 2016). LGBTQ individuals typically do not disclose their gender or sexual orientation because of societal stigmas. However, LGBTQ parents that did disclose their identity to care providers found that there was a welcoming environment but only if that environment were not conservative (Bennett et al., 2016). Bennett et al. (2016) found that health care providers were less confident in working with the LGBTQ community, which suggests that cultural competency training could enhance capabilities.

Identity among LGTBQ youth could be unpredictable because youth are predisposed to various social identity elements (Bosse & Chiodo, 2016). Within the cross-sectional study, Bosse and Chiodo (2016) noted that health care professionals

should inquire with patients about gender and sexual orientation identities. Though understanding identities within various youth demographics, care providers can become aware of particular categories, which would increase diverse care between individuals and groups. Gattis and Larson (2017) noted within their cross-sectional study that they examined if perceived racial and LGBTQ racial microaggressions align with depressive and other psychological indicators while experiencing homelessness. Gattis and Larson indicated that perceived LGBTQ racial microaggressions align with depressive indicators, which could lead to suicidal tendencies. Youth that experience homelessness might develop various mental health issues, but the chances are higher among minority groups (Gattis & Larson, 2017).

The literature search divulged a few peer reviewed articles but only regarding sexual identity, mental health concerns, and educational factors that incorporated cross-sectional methodology. However, these articles encompassed attitudes and comparisons that involved the LGBTQ community. Gattis and Larson (2017) examined perceived microaggressions and mental health with Black homeless youth. Using a cross-sectional approach, Bosse and Chiodo (2016) found sexual orientation and gender identity to be multifaceted and distinctive but can help health care professionals understand unique health concerns. A cross-sectional methodology enables the researcher to examine organizations across multiple variables and scales (Bennett et al., 2016). Additionally, descriptive and exploratory multivariate statistical approaches can be used, which align with cross-sectional and survey methods (Kamen et al., 2015).

Summary

This literature review revealed a few themes about the homeless shelter system. One theme that came from the literature review was that identifying the LGBTQ homeless population is limited or non-existent. Homeless shelter systems operate on a gender binary structure and the need for gender-neutral systems is not deemed necessary. Another theme from the literature review was that many administrators, faculty, or various staff were ill prepared to engage the homeless LGBTQ youth population, thus accommodated all homeless youth in the same manner. Avoiding transgender and gender expansive homeless youth was an important theme. Many administrators were unfamiliar with youth in transition and on how to provide health care, housing, and other services.

The current literature provides ample solutions for shelters and other service providers to reduce homelessness among the LGBTQ youth population. There are several promising programs, models to enrich education about community engagement, and methods to understand lived experiences. However, it is unknown as to what criteria do shelters and other service providers use to develop welcoming environments, policies, regulations, and programs that are specific to the LGBTQ youth population.

The current literature provides insight from the clients' perspective regarding attitudes, treatment and discrimination, victimization, access to service, accommodation, and so forth but a gap remains in the literature about the policies and regulations specific to homeless LGBTQ youth in the shelter system and my study examined that gap. I use a cross-sectional study design to gain more understanding and descriptions of policies and

regulations of selected homeless shelter administrators, who provide services to the homeless population.

Chapter 3: Research Method

Introduction

The purpose of this cross-sectional quantitative study was to determine if homeless shelter administrators have policies and environments that provide access and safety to services, such as homeless prevention and transitional living regarding LGBTQ homeless youth in a county within NC. I also compared the number of policies between homeless shelters. The gap suggests a need to explore whether the services provided by homeless shelter administrators are reflective of the services LGBTQ homeless clients think they should or could be receiving (see Durso & Gates, 2012).

In this chapter, I review the research questions for the purpose of alignment. I also describe the research design and role of the researcher. I discuss the methodology, sampling method, data collection methods, and instrumentation. Finally, this chapter includes a discussion and explanation of the data analysis plan, threats to validity, and ethical procedures.

Research Design and Rationale

The design for my study was a nonexperimental cross-sectional design, alternatively referred to as a correlational design (see Frankfort-Nachmias, Nachmias, & DeWaard, 2015). The cross-sectional design is aligned with the philosophical worldview of epistemology, but more specifically realism, which suggests that researchers reveal something about their unit of analysis that is essentially unobservable (Creswell, 2009). Because little is known about the policies and procedures of homeless shelters regarding homeless LGBTQ youth, the cross-sectional design was appropriate to test the

hypotheses of my study. The cross-sectional design was reasonably inexpensive, which aligned with surveying as the main data collection method for my study.

The independent variables for my study included policies and environments, which are variables that enable homeless shelter administrators to provide the LGBTQ population access and safety for services. Shelter services and homeless shelter administrators' perceptions about the LGBTQ homeless population were the dependent variables and described if homeless shelter administrators provide homeless prevention and transitional program services for the LGBTQ population and their perceptions about policies for the population. In this chapter, I restate the research questions and hypotheses for my study within the data analysis plan.

My study encompassed a cross-sectional design because the goal was to examine how many homeless shelters are able to identify homeless LGBTQ youth. Additionally, another goal was to survey how many accessibility processes, safety regulations, homeless prevention, and transitional living programs exist. Further, I used a survey as the main data collection instrument that connects with cross-sectional designs and enhances the alignment between the design and instrumentation.

Methodology

The literature from my literature review for homeless LGBTQ youth was primarily qualitative, or to a lesser extent, quantitative research that examines the psyche and behaviors of the population. However, there is not as much research conducted on homeless shelters that study the operational system. Shultz (2015) described the various types of shelters and how their designs were inadequate for homeless LGBTQ youth. I

strived to understand how many homeless shelters are adequately providing services. Because little is known about the operations of homeless shelters, I have contributed information in relation to homeless shelter administrators' ability to identify LGBTQ members and if safety, accessibility, homeless prevention, and transitional programs exist. Though the cross-sectional design was the quantitative methodology most appropriate to address this concern, I considered qualitative methods as alternate methods.

A narrative method was considered but not selected because I did not include a story of an individual or individuals, which illuminates collaborative development about their lived experience regarding a particular phenomenon (see Creswell, 2013; Patton, 2015). Phenomenology was a second method considered but not selected because I did not include an in-depth understanding of the experience from several participants who shared a specific phenomenological experience (see Patton, 2015). The final method considered for my study was the case study, but this was not selected as it is one of the most complex strategies because the research is over time and uses various sources of data collection (see Creswell, 2013). The common denominator between the aforementioned methods is interviewing. Ravitch and Carl (2016), and Rubin and Rubin (2012) indicated that in-depth interviewing allows the researcher to explore in detail the experiences, motives, and opinions of their interviewees and gain other perspectives. I did not conduct interviews for my study. A good deal is known about the variables but the relationship between them is not as well known. Hence, the main instrument is a self-administered survey.

Population

The target population was homeless shelter administrators who were knowledgeable about the policies, regulations, and processes for their LGBTQ clients between the ages of 18 and 25. The target population size included the entire population of homeless shelter administrators in a NC county. Only one county was selected because it included a large metropolitan area where homelessness is present and increasing and allowed for sufficient control of unwanted independent variables arising from different geographic regions.

Sampling

According to Lærd (2012), a total population sampling technique derives from the purposive sample design. In this study, the total population sampling technique included the total target population of homeless shelter administrators. The aforementioned technique was appropriate for my study because there are very few facilities that provide shelter to the homeless community within my selected county, which was the parameter of the study. Homeless shelter administrators have the knowledge about the organizational policies and regulations regarding the LGBTQ homeless population.

Though selective judgment is the typical process to determine the sample concerning how the participant appears to be representative of the total population technique, all participants were included in the study. Frankfort-Nachmias et al. (2015) and Lærd (2012) noted that researchers use their judgment to select the units to be studied because the population has particular qualities that are specific to the study. Because all participants received an invitation to participate in the study, I did not use selective

judgement. The sampling frame included locations from the homeless services resource guide within the study county (Community Support Services, n.d.). However, the gatekeeper provided the contacts for the correct individuals for potential study inclusion.

The sample size was already determined, which was an estimated size of 30 that was based on the total population sampling technique. Thus, G*Power (Buchner, Faul, Erdfelder, & Lang, n.d.) was used to compute for the effect size. The $\alpha = .05$ for the statistical rejection level was used, as it was the most widely accepted (see Field, 2013). Power was .80 because a higher power level could affect and increase the sample size. McCrum-Gardner (2010) indicated that 80% was the minimal accepted power level. After calculating with these conditions, the effect size was .35, which was a large effect size (see Laureate Education, n.d.).

Recruitment, Participation, and Data Collection Procedures

With the assistance of the gatekeeper in identifying the correct homeless shelter administrator and contact details, I sent each participant an email to participate in the study. The gatekeeper had the rapport with the homeless shelter community and by obtaining the correct contact details, I anticipated a high response rate. I did not collect demographic data about the participants for the study because the only requirement to participate was that the participant must be a homeless shelter administrator.

I sent an electronic introductory message to the homeless shelter administrators listed within the homeless services resource guide within the county for the study (see Community Support Services, n.d.). Each participant received their electronic message through the Survey Monkey[®] Email Invitation Collector. At the beginning of the survey,

the participant read the purpose of the study, the consent form, and provided their consent to the study by clicking on “OK and Next”, which served as an electronic signature. Data collection was from the survey instrument that I created for homeless shelter administrators. The survey had closed-ended questions and questions that measured perceptions, which supported the cross-sectional design.

At the end of the survey, participants read a debriefing statement that thanked them for participating in the study. The debriefing statement reminded the participant of the purpose of the study and of my confidentiality agreement. The statement reiterated my contact information and details about receiving an executive summary report of the findings. Through the email invitation collector within Survey Monkey[®], I tracked how many responses I received. If participants did not respond, then I sent follow-up reminders, but I did not know which participant completed a specific survey.

Instrumentation

The National Survey of Homeless Shelters presented data about the types of shelters that exist, client demographics, types of funding, and brief amounts of data concerning homeless shelter operations (U.S. Department of Housing and Urban Development, 1989). The Hunger and Homelessness survey presented a count of individuals and brief data about homeless shelter operations (The United States Conference of Mayors, 2015). Finally, Canfield et al. (2012) validated a McKinney-Vento Act Implementation Scale that addressed homelessness among youth in schools. However, none of the surveys addressed homeless LGBTQ youth or how administrators identified the population to provide adequate services. Thus, I developed a survey

instrument titled A Survey for Shelter Administrators that displayed questions for homeless shelter administrators to provide data regarding the LGBTQ population that includes, identity, accessibility, safety, homeless prevention, and transitional living (see Appendix A).

Within the Survey for Shelter Administrators, gender was a yes/no response where yes took the participant to a subquestion, which asked them to identify the categories. If the participant selected no, then they shifted to the next question about race, ethnicity, and nationality. Race, ethnicity, and nationality was a yes/no response where yes took the participant to a subquestion, which asked them to identify the categories. If the participant selected no, then they shifted to the next question about age groups. Age groups was a yes/no response where yes took the participant to a subquestion, which asked them to identify the categories. If the participant selected no, then they shifted to the next question about sexual orientation.

Sexual orientation was a yes/no response where yes took the participant to a subquestion, which asked them to identify the categories. If the participant selected no, then they shifted to the next question about their perception. Each question about perception had a 7-point Likert-like scale, ranging from *absolutely disagree* to *absolutely agree* (see Park, Shin, Lee, & No, 2015). Though 5-point Likert-like scales are common, 7-point Likert-like scales provided the participant with more response options, which should have encouraged nonmidpoint selections (see Joshi, Kale, Chandel, & Pal, 2015; Willits, Theodori, & Luloff, 2016). Thus, a 7-point Likert-like scale was present in the survey instrument. Within the safety subsection of the survey instrument, layout for

shelter space asked a categorical response that included warehouse (open space), transitional (shared space with a few people), single room occupancy (private room), seasonal (not open all year), gender specific, church, and other. Separate living quarters was a yes/no response.

Homeless shelter administrators received the Internet survey through an email notification from Survey Monkey[®]. I did not send the survey to other personnel who did not have a current administrator role, which would have enhanced reliability. I did plan to have two to three experts review the instrument and ensure the questions measured all variables present, which would have enhanced face validity (see Frankfort-Nachmias et al., 2015). There were five subscales within the instrument that aligned with the research questions. Reliability and face validity existed, and I was able answer my research questions with a reasonable degree of confidence (validity).

Operationalization

The independent and dependent variables measured on a nominal level. Field (2013) and Frankfort-Nachmias et al. (2015) indicated that variables within the nominal level are exhaustive categories. Survey questions about perception measured on an ordinal level. Ordinal measurements consist of ranking variables within a range (Field, 2013; Frankfort-Nachmias et al., 2015). Appendix B summarizes the study variables and their associated level of measurement.

The survey dataset used variable names and values from the National Survey of Homeless Assistance Providers and Clients (NSHAPC) codebooks (United States Census Bureau, n.d.). An example item is, do you collect data on gender regarding clients, where

1 = yes, 2 = sometimes, 3 = uncertain, and 4 = no. If the answer is yes, then please select the categories you collect data on regarding gender, where 1 = male, 2 = female, 3 = transgender female to male, 4 = transgender male to female, 5 = non-conforming, 6 = other, and 7 = all of the above. These particular categories are on a nominal scale.

Data Analysis Plan

IBM SPSS Statistics v. 25 was a quantitative data-analysis, computer-software program, designed to assist researchers to create data sets, run statistical tests, and analyze quantitative data (IBM Corp., 2012). Based on ideas from Field (2013) and Green and Salkind (2014), I used the data editor to create variables within the data view and define variables within the variable view. Proofreading the data to check for errors or typos encompassed data cleaning efforts. Additionally, frequency distributions provided an understanding if outliers or abnormal coding existed from the surveys (Frankfort-Nachmias et al., 2015).

The research questions and hypotheses that surfaced from the design included the following:

1. RQ1: Are there significant differences between developed shelter policies and environments based on homeless shelter administrators' perceptions of the LGBTQ homeless population in the homeless shelters in one NC county?
H₀1: Homeless shelters' policies and environments are not significantly different when considering homeless shelter administrators' perceptions about the LGBTQ homeless population in the homeless shelters in one NC county.

*H*₁₁: Homeless shelter' policies and environments are significantly different when considering homeless shelter administrators' perceptions about the LGBTQ homeless population in the homeless shelters in one NC county.

2. RQ2: Are shelter policies and environments significantly associated with provided shelter services for the homeless LGBTQ population in the homeless shelters in one NC county?

*H*₀₂: Homeless shelters' policies and environments are not significantly associated with provided shelter services for the homeless LGBTQ population in one NC county.

*H*₁₂: Homeless shelters' policies and environments are significantly associated with provided shelter services for the homeless LGBTQ population in one NC county.

The chi-square test for association was an appropriate test statistic for my cross-sectional study as it measured differences in proportions when more than one categorical independent variable is being examined (Field, 2013; Lærd, 2018a). I tested for differences and associations between homeless shelter policies and accessibility, safety, homeless prevention, and transitional programs for LGBTQ homeless youth. My study had ordinal variables and I tested to understand any measure of strength and direction of associations between ordinal variables by calculating a coefficient (Field, 2013; Lærd, 2018b). Variables within the study were measured using nominal and ordinal data levels. I wanted to keep the rank of the ordinal measures, which is why two statistical tests were used to analysis the data and test the hypotheses. However, I did not rank the ordinal

measures, as using the nominal level of measurement was appropriate for the statistical analysis. The results from the chi-square test for association highlighted missing cases, cross tabulations between variables, and existing statistical significance.

I used the data from the tables within SPSS and developed APA formatted tables to present the data. Each aforementioned statistical test encompassed assumptions that a researcher has to meet to provide a successful analysis. I used the crosstabulation table from the chi-square test for association to meet the assumption that all cells have expected counts of greater than five. However, I did not meet this assumption and conducted an exact post hoc test described in Chapter 4. I used the case processing summary table to display valid and missing cases. I used the chi-square tests table to present associations among variables and answer the research questions. I used tables to display normality and correlations.

Validity and Reliability

Threats to internal and external validity might emerge within a study (Creswell, 2009). The researcher, participants, instrument, and so forth could present a threat to validity in the study and the researcher must ensure they do not emerge or minimize their effect on the study. Reliability relates to the uniformity of a measure within a scale or survey. Most researchers use Cronbach's α to determine reliability or homogeneity (Field, 2013).

Internal Threats of Validity

Frankfort-Nachmias et al. (2015) indicated that selection is a threat to internal validity when researchers use judgment to select participants. Though the sampling

technique suggests that researchers use judgment to select participants for the total population, I did not use judgment to select the participants. All participants were included in the survey. Mortality is a threat to internal validity (Frankfort-Nachmias et al., 2015). All of the participants completed the survey and I had a 100% success rate. Additionally, an *a priori* survey instrument is an internal threat to validity because it may not measure what it is supposed to measure (Frankfort-Nachmias et al., 2015). To reduce the threat to validity, I used a panel of experts to validate the survey questions.

External Threats of Validity

The interaction of selection and treatment did not emerge as a threat to external validity (Frankfort-Nachmias et al., 2015). The sampling design indicated that generalizations will not exist outside of the participants within the study. Though generalizations remained within the participants of the study, interaction of setting and treatment and integration of history and treatment did not emerge as threats to the external validity (Frankfort-Nachmias et al., 2015). I recommended replicating the study for future research to see if the same results occur in similar and future settings.

Reliability

To determine homogeneity within the survey, I used Cronbach's α . Canfield et al. (2012) used Cronbach's α for each subscale of the instrument. Cronbach's α provided a cumulative score of internal consistency to see how consistent items hold together that represent each anticipated variable. An acceptable coefficient is 0.7 or higher, which indicates reliability is sufficient for results interpretation (Frankfort-Nachmias et al., 2015).

Statistical Conclusion Validity

The chi-square test for association had the assumption that all cells should have expected counts greater than five (Lærd, 2018a). I tested this assumption after I collected data from all the participants. However, there were three branch models within the chi-square test for association to conduct if the assumption was not met. Yet, the three branch models did not work with the number of categories I have per variable. Thus, I used an exact post hoc test to validate the assumption and answer my research questions.

Ethical Procedures

With the assistance of the gatekeeper, I emailed homeless shelter administrators, from a private research email account, and asked if they would like to participate in the study. Participants that agreed to participate received the informed consent within the survey, which included the purpose of the study, the selection process, process with the data collected, applicable risks and benefits, and options to withdraw from the study (Creswell, 2009; Frankfort-Nachmias et al., 2015; O’Sullivan, Rassel, & Berner, 2008).

Walden University’s Institutional Review Board (IRB) reviewed my study to ensure I complied with ethical standards and policies. The IRB was required to review each proposal to conduct research from all students and faculty members and make sure it complied with the University’s ethical standards and the United States federal ethical regulations (Walden University, 2018).

Within the consent form, participants were aware that the data they provided was voluntary, they could withdraw at any time, or refuse to participate. If participants agreed to complete the survey and changed their minds at a later time to refuse or

withdraw, they were able to notify me through Survey Monkey[®], which allowed me to track drop-out rates. However, all of the participants completed the survey.

I stored collected data on a password-protected-external hard drive. I am the only person that has access to the data, which supported the creation of the SPSS data set. The data did not describe names or locations. Thus, the data will remain on the hard drive for five years after completion of the study. I guaranteed confidentiality to participants by informing them that the survey tool will generate a random identifier, which assured them their identity will remain anonymous (Creswell, 2009). Once the survey was completed, Survey Monkey[®] informed me that the participant finished the survey. I was not be able to align homeless shelter administrators to any survey collected.

Summary

This chapter included an explanation and justification of the research methodology and design used for this cross-sectional study. Homelessness has been a burden on many American citizens and society as a whole for a number of years, and to date; the phenomenon is prevalent among the LGBTQ youth population. This topic and the research questions helped to provide more insight into homeless shelter policies and the cross-sectional research method was the ideal choice for my study. This chapter included the survey instrument, the explanation of the participant selection, criteria, and data collection and analysis process. Finally, this chapter included the threat to validity and ethical procedures.

The next chapter includes details about the data collection and analysis. The results are included from the statistical tests. The next chapter provides detail regarding the answers and findings to the research questions.

Chapter 4: Results

Introduction

The purpose of this quantitative, cross-sectional study was to determine if homeless shelter administrators have policies and environments that identify LGBTQ homeless youth and provide access, safety, homeless prevention, and transitional living in a county within NC. I wanted to understand if significant differences existed between shelter policies (independent variable) and environments (independent variable) based on homeless shelter administrators' perceptions (dependent variable). Additionally, I examined if shelter policies (independent variable) and environments (independent variable) were associated with shelter services (dependent variable).

In this chapter, I detail information on data collection, findings and data analysis, and the results from the statistical analyses. I also summarize the findings and provide a summary that informs the research questions.

Data Collection

The IRB (01-04-19-0496665) approval to conduct my research was obtained on January 4, 2019. Participants for my study were obtained through a listing provided by the homeless services resource guide within the county for the study (see Community Support Services, n.d.) and an Internet search for churches that provided shelter for the homeless population. I used Survey Monkey[®] to create A Survey for Shelter Administrators that was sent to the participants on Friday March 22, 2019. I ensured that Survey Monkey[®] sent a follow up email after the first 7 days to complete the survey for participants who had not yet completed the survey. After the first 7 days, I had to

manually send out a follow up email every 7 days from Survey Monkey[®]. The last survey was collected on Monday April 22, 2019. The time frame for data collection was 31 days. All 30 participants completed the survey, achieving a 100% response rate.

Though I aimed to use a gate keeper to obtain the correct contact details for my participants, I was not able to contact the gate keeper after receiving approval from the IRB. I sent multiple emails, but the gate keeper did not respond. I then had to research the contact details for each homeless shelter administrator from the original list the gatekeeper provided prior to IRB approval. Most of the contact details were listed on the website for the organization, but I had to inquire with information email addresses to gain the correct contact for all organizations.

The Survey for Shelter Administrators (see Appendix A), which was approved by the IRB, changed due to the nature of the Survey Monkey[®] layout. Though participants had the ability to stop or withdraw from the survey at any time, I did not want the survey to visually appear as one long survey and have participants become exhausted. Each question on the survey had its own page within Survey Monkey[®] (see Appendix C).

Validation of Instrumentation

My panel of experts to review my survey was a Ph.D. expert in LGBTQ survey content and a Ph.D. expert within survey design. The survey design expert reviewed the survey instrument and he advised to update my yes and no questions to include sometimes and uncertain as options. I did not see potential challenges with the update and agreed to the changes. They also advised to update my agreement statements from agree to agreement or disagreement to avoid leading the participant to agree with the

statement. The expert in LGBTQ survey content advised to update gender categories from female to male to transgendered female to male and from male to female to “ransgendered male to female. They also advised to include the Hispanic community within my race, ethnicity, and nationality question. After making other suggested updates and finalizing the survey, I sent the final version for review and the panel of experts both agreed the survey was ready for distribution to the participants (see Appendix D). With the modifications from the panel of experts, I was able to increase the validity of the survey instrument.

Though statistical generalizations cannot be made within the population, analytical generalizations are possible. However, analytical generalizations are primarily made with case studies because generalizations are aligned with generalizing theories (Kelly, 2018). My sampling was the total population technique, where analytical generalizability was possible, but I used a cross-sectional design for my quantitative study. Generalizability cannot be determined because the total population was included within the delimitations described in Chapter 3.

Reliability of the Instrument

I used Cronbach’s α to determine reliability of the instrument (see Field, 2013). Cronbach’s α typically aligns with Likert scale types, and I conducted the statistical test on the Likert scale items within the survey. I also conducted Cronbach’s α on the entire instrument, which is displayed in Table 1. The acceptable coefficient is 0.70 or higher, which indicates reliability is satisfactory for results interpretation (Frankfort-Nachmias et al., 2015). The coefficients for each Likert scale type were as follows: identification ($\alpha =$

.956), access ($\alpha = .951$), safety ($\alpha = .802$), and prevention and transitional living ($\alpha = .926$). Further, the coefficient for the overall instrument was $\alpha = .863$. The coefficients from each Likert scale and overall instrument indicate reliable measurements were collected.

Table 1

A Survey for Shelter Administrators: Cronbach's α

Perception	α
Identification	0.956
Access	0.951
Safety	0.802
Prevention and transitional living	0.926
Overall	0.863

Findings and Data Analysis

March 22, 2019, I manually sent out 30 survey participation invitations using the methodical procedure described in Chapter 3. I closed the survey period April 22, 2019, 7 days after sending the final follow-up email to participate in the survey. A total of 30 (100%) participants provided data. Table 2 provides a summary of the descriptive variables for the survey. The descriptive variables are not correlated with each other within the table but display how many participants selected or did not select specific categories. Overall, participants collected data on the female gender type (76.7%) more than other gender types. Nine out of 11 categories for the Asian race, ethnicity, or nationality options were not selected at all. Only 15 (50%) participants collected data on the age group 18 to 25 years old. Lesbian (13.3%) and Transsexual (13%) were the highest selected sexual orientation category. The church (33.3%) layout was selected the

most compared to the other options. Just under half of the participants provide shelter 7 (46.7%) nights a week. Finally, the majority of the shelter facilities do not have separate living quarters (70%).

Table 2

A Survey for Shelter Administrators Descriptive Variables

Descriptive variables	Value	N	Percentage
Gender			
Male	Selected	21	70%
	Did not select	9	30%
Female	Selected	23	76.7%
	Did not select	7	23.3%
Transgender Female to Male	Selected	3	10%
	Did not select	27	90%
Transgender Male to Female	Selected	3	10%
	Did not select	27	90%
Non-conforming	Did not select	30	100%
Other gender	Selected	10	33.3%
	Did not select	20	66.7%
All genders	Selected	1	3.3%
	Did not select	29	96.7%
Race, ethnicity, and nationality			
Black / African American	Selected	24	80%
	Did not select	6	20%
White	Selected	24	80%
	Did not select	6	20%
American Indian / Alaskan Native	Selected	11	36.7%
	Did not select	19	63.3%
Asian Indian	Did not select	30	100%
Chinese	Did not select	30	100%
Filipino	Did not select	30	100%
Japanese	Did not select	30	100%
Korean	Did not select	30	100%
Vietnamese	Did not select	30	100%
Native Hawaiian	Did not select	30	100%
Guamanian or Chamorro	Did not select	30	100%
Samoan	Did not select	30	100%
Other Asian	Selected	7	23.3%
	Did not select	23	76.7%
Other Pacific Islander	Did not select	30	100%
Mexican, Mexican American	Selected	11	36.7%
	Did not select	19	63.3%

(table continues)

Descriptive variables	Value	N	Percentage
Puerto Rican	Did not select	30	100%
Cuban	Did not select	30	100%
Other Hispanic origin	Selected	11	36.7%
	Did not select	19	63.3%
Some other race	Selected	24	80%
	Did not select	6	20%
All races, ethnicities, and nationalities	Selected	1	3.3%
	Did not select	29	96.7%
Age			
Under 18 years	Did not select	30	100%
18 to 25 years	Selected	15	50%
	Did not select	15	50%
26 to 33 years	Selected	15	50%
	Did not select	15	50%
34 to 41 years	Selected	15	50%
	Did not select	15	50%
42 to 49 years	Selected	15	50%
	Did not select	15	50%
50 years and over	Selected	15	50%
	Did not select	15	50%
All ages	Selected	11	36.7%
	Did not select	19	63.3%
Sexual orientation			
Gay	Selected	3	10%
	Did not select	27	90%
Lesbian	Selected	4	13.3%
	Did not select	26	86.7%
Bisexual	Selected	2	6.7%
	Did not select	28	93.3%
Questioning	Selected	2	6.7%
	Did not select	28	93.3%
Asexual	Did not select	30	100%
Heterosexual	Selected	1	3.3%
	Did not select	29	96.7%
Transsexual	Selected	4	13.3%
	Did not select	26	86.7%
Pansexual	Selected	1	3.3%
	Did not select	29	96.7%

(table continues)

Descriptive variables	Value	<i>N</i>	Percentage
Other sexual orientation	Selected	2	6.7%
	Did not select	28	93.3%
All sexual orientations	Did not select	30	100%
Shelter layout			
Warehouse	Selected	3	10%
	Did not select	27	90%
Transitional	Selected	8	26.7%
	Did not select	22	73.3%
Single room occupancy	Selected	7	23.3%
	Did not select	23	76.7%
Seasonal	Selected	2	6.7%
	Did not select	28	93.3%
Gender specific	Selected	3	10%
	Did not select	27	90%
Church	Selected	10	33.3%
	Did not select	20	66.7%
Other shelter type	Selected	7	23.3%
	Did not select	23	76.7%
All shelter types	Did not select	30	100%
Number of Nights for overnight shelter ^a			
1		0	0%
2		0	0%
3		7	23.3%
4		0	0%
5		9	30%
6		0	0%
7		14	46.7%
Separate living quarters			
Yes		9	30%
No		21	70%

Note. ^{a,b} Participants only had a multiple-choice selection within the survey.

Table 3 displays data from the 30 participants related to the study variables. Each participant does not require vouchers to gain access (100%) and does not have a policy that provides access for LGBTQ homeless clients (100%). Only 22 participants provide internal homeless prevention services (73.3%) but all 30 participants utilize external partners for homeless prevention services. However, 16 participants agree (53.3%) that homeless prevention services for LGBTQ homeless clients are beneficial. The three major services provided were legal services (96.7%), case management (56.7%), and counseling (60%).

Table 3

A Survey for Shelter Administrators Independent/Dependent Variables

Details	Value ^a	N	Percentage	M	SD
Independent variables					
Policies					
Do you collect data on gender regarding homeless clients?	Yes	22	73.3%	1.67	1.213
	Sometimes	2	6.7%		
	No	6	20%		
Do you collect data on race, ethnicity, and nationality regarding homeless clients?	Yes	23	76.7%	1.57	1.135
	Sometimes	3	6.7%		
	No	4	16.7%		
Do you collect data on age regarding homeless clients?	Yes	23	76.7%	1.50	1.042
	Sometimes	3	10%		
	No	4	13.3%		
Are you allowed to collect data based on sexual orientation regarding homeless clients?	Yes	3	10%	3.07	0.868
	Sometimes	1	3.3%		
	Uncertain	17	56.7%		
	No	9	30%		
Do you provide overnight shelter to homeless clients?	Yes	30	100%	1.00	0.000
Do you require homeless clients to pay with vouchers to gain access for shelter?	No	30	100%	2.00	0.000

(table continues)

Details	Value ^a	<i>N</i>	Percentage	<i>M</i>	<i>SD</i>
Do you require homeless clients to adhere to religious requirements affiliated with the shelter's sponsor to gain access to shelter?	Yes	3	10%	3.23	1.135
	Sometimes	7	23.3%		
	No	20	66.7%		
Do you have a policy that provides access to shelter for LGBTQ homeless clients?	No	30	100%	2.00	0.000
Do you have a policy that promotes safety for LGBTQ homeless clients?	No	30	100%	2.00	0.000
Do you provide internal homeless prevention services for homeless clients?	Yes	22	73.3%	1.27	0.450
	No	8	26.7%		
Do you have external partners that provide homeless prevention services for homeless clients?	Yes	30	100%	1.00	0.000
Do you provide homeless prevention services for the LGBTQ homeless clients that are separate from other services?	Yes	2	6.7%	1.93	0.254
	No	28	93.3%		

(table continues)

Details	Value ^a	<i>N</i>	Percentage	<i>M</i>	<i>SD</i>
Do you provide transitional living programs to homeless clients?	Yes	11	36.7%	1.63	0.490
	No	19	63.3%		
Do you have requirements for transitional living programs?	Yes	6	20%	1.80	0.407
	No	24	80%		
Do you have transitional living programs for the LGBTQ homeless clients that are separate from other services?	No	30	100%	2.00	0.000
Environment					
Are self-identified LGBTQ homeless clients allowed to access your shelter's program?	Yes	25	83.3%	1.17	0.379
	No	5	16.7%		
Do you have separate living quarters based on gender?	Yes	9	30%	1.70	0.466
	No	21	70%		
Dependent variables					
Perceptions					
Additional gender categories should exist on intake forms and other documents regarding homeless clients.	Absolutely agree	3	10%	3.07	0.944
	Strongly agree	2	6.7%		
	Agree	16	53.3%		
	Neither agree or disagree	8	26.7%		
	Disagree	1	3.3%		
Sexual orientation should exist on intake forms and other documents	Absolutely agree	3	10%	3.17	1.020
	Strongly agree	2	6.7%		
	Agree	14	46.7%		
	Neither agree or disagree	9	30%		
	Disagree	2	6.7%		

(table continues)

Details	Value ^a	N	Percentage	M	SD
There is a benefit to providing access to shelter for LGBTQ homeless clients	Absolutely agree	3	10%	3.03	0.890
	Strongly agree	2	6.7%		
	Agree	16	53.3%		
	Neither agree or disagree	9	30%		
There is a benefit to creating a welcoming environment for LGBTQ homeless clients	Absolutely agree	3	10%	3.13	0.973
	Strongly agree	3	10%		
	Agree	11	36.7%		
	Neither agree or disagree	13	43.3%		
There is a benefit to providing safety for LGBTQ homeless clients	Absolutely agree	3	10%	3.03	0.890
	Strongly agree	2	6.7%		
	Agree	16	53.3%		
	Neither agree or disagree	9	30%		
There is a benefit to develop separate living quarters for LGBTQ homeless clients	Absolutely agree	2	6.7%	3.47	0.900
	Strongly agree	2	6.7%		
	Agree	6	20%		
	Neither agree or disagree	20	66.7%		
It is beneficial to provide specific homeless prevention services for LGBTQ homeless clients	Absolutely agree	3	10%	2.97	0.890
	Strongly agree	3	10%		
	Agree	16	53.3%		
	Neither agree or disagree	8	26.7%		
It is beneficial to create transitional living programs for LGBTQ homeless clients	Absolutely agree	3	10%	3.17	0.950
	Strongly agree	2	6.7%		
	Agree	12	40%		
	Neither agree or disagree	13	43.3%		
Services					
Financial management	Selected	3	10%	1.90	0.305
	Did not select	27	90%		

(table continues)

Details	Value ^a	<i>N</i>	Percentage	<i>M</i>	<i>SD</i>
Legal services	Selected	29	96.7%	2.00	0.000
	Did not select	1	3.3%		
Mental health services	Selected	7	23.3%	1.77	0.430
	Did not select	23	76.7%		
Permanent housing assistance	Selected	4	13.3%	1.87	0.346
	Did not select	26	86.7%		
Case management	Selected	17	56.7%	1.43	0.504
	Did not select	13	43.3%		
Therapy	Selected	7	23.3%	1.77	0.430
	Did not select	23	76.7%		
Employment	Selected	4	13.3%	1.87	0.346
	Did not select	26	86.7%		
Transportation assistance	Selected	9	30%	1.70	0.466
	Did not select	21	70%		
Substance abuse	Selected	11	36.7%	1.63	0.490
	Did not select	19	63.3%		
Health care	Selected	3	10%	1.90	0.305
	Did not select	27	90%		
Counseling	Selected	18	60%	1.40	0.498
	Did not select	12	40%		
Other	Selected	2	6.7%	1.93	0.254
	Did not select	28	93.3%		
All the above	Selected	3	3.3%	1.97	0.183
	Did not select	27	96.7%		

Note: ^a Values that had a zero count were removed

Statistical Assumptions

Using the chi-square test for association, the first assumption is to have two categorical variables, which must have a nominal level of measurement. Though I have ordinal levels of measurement for my perception variables, they were treated as nominal for my study. Because the observations were not meant to have an ordered relationship among the variables, I used the nominal level of measurement to display a count of the variables. I met this assumption to conduct the statistical test. I have also met the second assumption, which was to have independence of observations. I did not have two different groups of participants but there were no relationships between the participants within my study, which indicated that I met this assumption. Finally, I did not meet the last assumption where all cells should have expected counts greater than five. After updating the survey instrument based on the suggestions from the expert panel, more choices were added to the questions and could have impacted meeting this assumption. However, since I did not meet the assumption and my sample size was small, I used an exact post hoc test. The exact post hoc test was used to determine if the asymptotic p value was valid.

Crosstabs Analysis

Twenty-two responses were recorded as selecting yes where participants collected data on gender categories. Fifteen participants agreed that additional gender categories are beneficial, two strongly agreed, and three absolutely agreed (see Table E1). More than half of the participants were uncertain if they were able to collect data on sexual orientation statuses, but 11 participants agreed that sexual orientation should be a part of

the intake process (see Table E2). Twenty-five participants selected yes regarding if LGBTQ homeless clients had access to shelter and 16 participants agreed that it was beneficial to provide access for LGBTQ homeless clients, two strongly agreed, and three absolutely agreed (see Table E3). Additionally, out of the 25 participants that selected yes regarding if LGBTQ homeless clients had access to shelter, 11 agreed that there was a benefit to creating a welcoming environment, three strongly agreed, and three 3 absolutely agreed (see Table E4).

Twenty-one participants selected no regarding if separate living quarters based on gender was available and ten agreed there was a benefit to provide safety for LGBTQ homeless clients, two strongly agreed, and three absolutely agreed (see Table E5). However, 14 participants neither agreed nor disagreed that there was a benefit to separate living quarters for LGBTQ homeless clients (see Table E6). Twenty-eight of the participants selected no regarding providing homeless prevention services specifically for LGBTQ homeless clients but half of the participants agreed that it was beneficial to provide homeless prevention services to LGBTQ homeless clients (see Table E7). Nineteen participants selected no regarding having transitional living programs but only seven participants agreed it was beneficial to have transitional living programs specific to LGBTQ homeless clients, one participant strongly agreed, and one participant absolutely agreed (see Table E8).

Presentation of the Results

Two research questions and accompanying null and alternative hypotheses were created to measure associations between the independent and dependent variables. The results are presented here.

Research Question 1

Are there significant differences between developed shelter policies and environments based on homeless shelter administrators' perceptions of the LGBTQ homeless population in the homeless shelters in one NC county?

H_0 1: Homeless shelters' policies and environments are not significantly different when considering homeless shelter administrators' perceptions about the LGBTQ homeless population in the homeless shelters in one NC county.

H_1 1: Homeless shelter' policies and environments are significantly different when considering homeless shelter administrators' perceptions about the LGBTQ homeless population in the homeless shelters in one NC county.

Chi-square test for association was used to test Hypothesis 1. Table 4 illustrates Pearson Chi-Square statistic and statistical significance between shelter policies (IV), environments (IV) and shelter administrator's perceptions (DV). There was no statistically significant association between having a policy for separate living quarters for LGBTQ homeless clients and shelter administrators' perceptions about providing safety, $\chi^2(3) = 2.619, p > 0.05$. Additionally, there was no statistically significant association between having a policy for separate living quarters for LGBTQ homeless clients and shelter administrators' perceptions about separate living quarters, $\chi^2(3) =$

2.857, $p > 0.05$. Further, there was no statistically significant association between having a policy for transitional living programs and shelter administrators' perceptions about providing transitional living programs for LGBTQ homeless clients, $\chi^2(3) = 2.479$, $p > 0.05$. Overall, there was no significant association between shelter policies and environments and shelter administrators' perceptions, $\chi^2(6) = 14.470$, $p = 0.175$. However, 67 cells have an expected count that is less than 5 and I rejected this data due to my data not meeting the statistical assumption for computation.

Table 4

Chi-Square for Shelter Policies, Environments, and Shelter Administrator Perceptions

Item	χ^2	<i>df</i>	<i>p</i>
Policy			
Gender	35.114 ^a	8	0.000
Sexual orientation	31.556 ^b	12	0.002
Safety	2.619 ^c	3	0.454
Living quarters	2.857 ^d	3	0.414
Prevention	19.286 ^e	3	0.000
Transitional living	2.479 ^f	3	0.479
Environments			
Access	14.000 ^g	3	0.003
Welcoming environment	7.846 ^h	3	0.049
Overall	14.470	6	0.175

Note. ^a13 cells (86.7%) have expected count less than 5

^b18 cells (90.0%) have expected count less than 5

^c6 cells (75.0%) have expected count less than 5

^d6 cells (75.0%) have expected count less than 5

^e6 cells (75.0%) have expected count less than 5

^f6 cells (75.0%) have expected count less than 5

^g6 cells (75.0%) have expected count less than 5

^h6 cells (75.0%) have expected count less than 5

Post Hoc Analysis for Research Question 1

Due to 67 chi-square cells not meeting the minimum statistical criteria, I sought to validate my statistical outputs using alternative statistical testing designed specifically for low volume sample sizes. Table 5 displays how I used the exact test where the exact two-sided p value was analyzed. In comparison to Table 4, the significance for each exact two-sided p value did not transition from significant to non-significant or vice versa; therefore I concluded that the asymptotic p value from the chi-square test was valid. Overall, there was no significant association between shelter policies and environments and shelter administrators' perceptions, $\chi^2(6) = 14.470, p = 0.188$. Given these findings, I failed to reject the null hypothesis.

Table 5

Exact p Value for Shelter Policies, Environments, and Shelter Administrator Perceptions

Item	χ^2	df	p
Policy			
Gender	35.114 ^a	8	0.000
Sexual orientation	31.556 ^b	12	0.004
Safety	2.619 ^c	3	0.533
Living quarters	2.857 ^d	3	0.409
Prevention	19.286 ^e	3	0.014
Transitional living	2.479 ^f	3	0.485
Environments			
Access	14.000 ^g	3	0.005
Welcoming environment	7.846 ^h	3	0.055
Overall	14.470	6	0.188

Note. ^a13 cells (86.7%) have expected count less than 5

^b18 cells (90.0%) have expected count less than 5

^c6 cells (75.0%) have expected count less than 5

^d6 cells (75.0%) have expected count less than 5

^e6 cells (75.0%) have expected count less than 5

^f6 cells (75.0%) have expected count less than 5

^g6 cells (75.0%) have expected count less than 5

^h6 cells (75.0%) have expected count less than 5

Though chi-square test of association indicates if you can reject the null hypothesis, it does not indicate the strength of association between the variables. I conducted the Cramer's V to determine the strength of association. There were moderate (Cohen, 1988) associations between safety ($V = .295$), living quarters ($V = .309$), and transitional living ($V = .287$) regarding the perceptions of shelter administrators. The overall association was large (Cohen, 1988), Cramer's $V = .531$ (see Appendix F). The large association aligns with the large effect size described in chapter 3. Thus, this indicates there was a large association between shelter policies, environments, and shelter administrator perceptions. Meaning, any association between the variable are important.

Research Question 2

Are shelter policies and environments significantly associated with provided shelter services for the homeless LGBTQ population in the homeless shelters in one NC county?

H_02 : Homeless shelters' policies and environments are not significantly associated with provided shelter services for the homeless LGBTQ population in one NC county.

H_12 : Homeless shelters' policies and environments are significantly associated with provided shelter services for the homeless LGBTQ population in one NC county.

Chi-square test for association was also used to test Hypothesis 2. Table 5 demonstrates Pearson Chi-Square statistic and statistical significance between shelter policies (IV), environments (IV) and shelter services (DV). There was a significant

association between shelter policies and environments and case management, $p = 0.007$. Moreover, there was a significant association between shelter policies and environments and counseling, $p = 0.009$. However, there were no other significant associations between shelter policies and environment and shelter services, $p > 0.05$. Further, there was no overall significance between the aforementioned variables, $\chi^2(2) = 4.183, p = 0.295$. I rejected this data due to my data not meeting the statistical assumption for computation

Table 6

Chi-Square for Shelter Policies, Environments, and Shelter Services

Services	χ^2	<i>df</i>	<i>p</i>
Finance management	4.442	2	0.384
Mental health services	3.139	2	0.219
Permanent housing assistance	3.699	2	0.273
Case management	10.847	2	0.007
Therapy	3.234	2	0.275
Employment training	3.348	2	0.274
Transportation assistance	2.422	2	0.351
Substance abuse	2.278	2	0.301
Health care	1.911	2	0.420
Counseling	11.898	2	0.009
Other	1.457	2	0.371
All above	1.523	2	0.651
Overall	4.183	2	0.295

Note. Legal services were removed, as no statistics were computed because it was a constant.

Post Hoc Analysis for Research Question 2

Due to 68 chi-square cells not meeting the minimum statistical criteria, I continued to seek out and validate my statistical outputs using statistical testing designed specifically for low volume sample sizes. Table 7 displays how I used the exact test

where the exact two-sided p value was analyzed. In comparison to Table 6, the significance for each exact two-sided p value changed in numeric value but no variable value transitioned from significant to non-significant or vice versa; therefore I concluded that the asymptotic p value from the chi-square test was valid. Overall, there was no significant association between shelter policies and environments and shelter services, $\chi^2(2) = 4.183, p = 0.457$. Given these findings, I failed to reject the null hypothesis.

Table 7

Exact p Value for Shelter Policies, Environments, and Shelter Services

Services	χ^2	df	p
Finance management	4.442	2	0.663
Mental health services	3.139	2	0.317
Permanent housing assistance	3.699	2	0.402
Case management	10.847	2	0.005
Therapy	3.234	2	0.384
Employment training	3.348	2	0.424
Transportation assistance	2.422	2	0.566
Substance abuse	2.278	2	0.441
Health care	1.911	2	0.738
Counseling	11.898	2	0.008
Other	1.457	2	0.606
All above	1.523	2	0.930
Overall	4.183	2	0.457

Note. Legal services were removed, as no statistics were computed because it was a constant.

Summary

My study examined associations between shelter policies, environments, and shelter services, within homeless shelter administrators that provide shelter and services to LGBTQ homeless youth in one NC county. From Research Question 1, I failed to reject the null hypothesis, as there were no significant differences among shelter policies,

environments, and homeless shelter administrators' perceptions. From Research Question 2, I also failed to reject the null hypothesis, as there were no significant associations among shelter policies, environments, and shelter services. In chapter 5, I will showcase interpretations of the findings, study limitations, implications for social change, and provide recommendations for future research.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of my study was to explore significant differences among the independent variables of shelter policies and environments and the dependent variable of homeless shelter administrators' perceptions, regarding the LGBTQ homeless population in one NC county. Additionally, I explored significant associations between the independent variables of shelter policies and environments, as the dependent variable of shelter services for the LGBTQ homeless population resides in one NC county. Furthermore, I examined if homeless shelter administrators identified LGBTQ homeless youth within specific gender and sexual orientation categories.

I collected data over a 1-month period from 30 organizations that provide overnight shelter to the homeless population in one NC county. All 30 participants met the study eligibility conditions and submitted practical data for analysis. Using the chi-square test for association, the shelter policies and environments were independent variables. The values for policy were safety, living quarters, and transitional living, which were significant. However, gender, sexual orientation, prevention, access, and welcoming environment were not significant. These were based on the homeless shelter administrators' perceptions as the dependent variable. Using the chi-square test for association, the shelter policies and environments as independent variables had significant values. The majority values were significant except two services; these were based on the shelter services, as the dependent variable. Overall, there was no significance.

In this chapter, I discuss interpretations of findings, limitations, and implications for social change. I conclude with a discussion of recommendations for future studies and concluding thoughts.

Interpretations of the Findings

This is the first known study to investigate the shelter policies, environments, and perceptions of homeless shelter administrators regarding LGBTQ homeless youth population in one county within NC. The results did not support earlier research findings in that homeless shelter administrators' perceptions play a part in shelter policies and environments for the organization. However, the results did support earlier research findings in that shelter policies and environments are not reflective of the shelter services provided.

Identification

Callahan et al. (2015) described that adding additional gender identity categories and including sexual orientation linked to identifying the LGBTQ population to provide specific needs. Schmitz and Tyler (2018) found that identifying the LGBTQ population is a significant factor in understanding individual identity development, which aids in providing supportive services. Tierney and Ward (2017) discussed that LGBTQ individuals identify themselves in various ways, which may reside outside of lesbian, gay, bisexual, transgender, or queer demographic selection, and understanding all identification categories assists in creating environments for LGBTQ individuals to succeed.

In my research, additional gender categories, such as transgendered female to male and transgendered male to female (90%; Table 2), were not selected. Additionally, collecting data on sexual orientation was only selected by 10% of the participants, but more than 86.7% did not collect or identify sexual orientation among LGBTQ individuals (Table 2). However, the majority of participants believed that there should be additional gender categories and sexual orientation should be included. These findings align with evidence from Callahan et al. (2015), Schmitz and Tyler (2018), and Tierney and Ward (2017). On the other hand, these findings did not align with Melton and Cunningham (2014), who found that LGBTQ individuals do not always find it necessary to disclose their gender or sexual identity to find success within their environment.

Accessibility

Ha et al. (2015) found that LGBTQ individuals had challenges accessing shelters because there was a lack of LGBTQ-focused shelters. Additionally, there was a lack of an attainable location, transportation to get to the shelter, culturally competent staff, and restrictive rules (Ha et al., 2015). Pedersen et al. (2016) discussed that LGBTQ individuals do not know where shelters are located and are unable to access them for support. Further, Pedersen et al. found that most shelters or drop-in centers do not improve outreach efforts. Altena et al. (2014) discussed that LGBTQ individuals defined access based on positive and negative experiences, where one could cancel out the other depending on how positive or negative the experience was perceived. Abramovich (2017) found that the staff within homeless shelters displayed homophobia and transphobia, thereby impacting LGBTQ youth accessing shelter and shelter services.

In my study, 25 participants allowed self-identified LGBTQ homeless individuals to access their shelter, but 100% of participants did not have a policy that provided access for LGBTQ homeless individuals (Table 3). These findings align with previous research and with other evidence. Kattari and Begun (2016) found that shelters found innovative approaches to increase access for LGBTQ homeless individuals.

Safety Regulations

Goh (2018) discussed that physical space, as it relates to LGBTQ homeless individuals, impacts safety within homeless shelters and community spaces. Page (2018) found that providing a safe physical environment for LGBTQ homeless individuals also created a safe atmosphere, which impacts safety for homeless LGBTQ individuals. Coolhart and Brown (2017) found that not being able to identify LGBTQ homeless youth impacts their safety, and specific measures cannot be developed to provide safety. Lolai (2015) discussed that negative perceptions from homeless shelter staff impact the safety of LGBTQ homeless individuals.

In my research, 70% of the participants did not have separate living quarters based on gender, which provides a level of safety, and none of the participants had a policy to promote safety in the shelter (Table 3). These findings extend knowledge within the discipline. Safety regulations encompass various attributes to reduce and prevent trauma, psychological barriers, and victimization (Wong et al., 2016).

Homeless Prevention and Transitional Living

Maccio and Ferguson (2016) found that the lack of housing services, education, employment training, therapy, LGBTQ services, cultural competency, and awareness

impact homeless prevention and transitional living. In Chapter 4, I noted that there was a significant association between shelter policies, environments, and counseling and case management. In my study, 77.27% of the participants provided case management, and 81.82% of the participants provided counseling to homeless clients. These services had the highest selection among the participants that align with homeless prevention and transitional services. Prock and Kennedy (2017) discussed how agencies that provide transitional living programs do not have LGBTQ-specific services, which impact homeless prevention and transitional living for LGBTQ homeless youth. Dolamore and Naylor (2017) found that the lack of access to information about homeless prevention and transitional living impact LGBTQ homeless youth receiving homeless prevention services and transitional living programs.

In my study, 73.3% of the participants provided homeless prevention, but all participants used external providers to support the homeless population (Table 3). Additionally, 93.3% of the participants did not provide homeless prevention services specific to LGBTQ homeless individuals. Further, 36.7% of the participants provided transitional living programs, and none of participants provided transitional living programs specific to the LGBTQ homeless community (Table 3). These findings align with previous research from Maccio and Ferguson (2016) and Prock and Kennedy (2017). Bender et al. (2017) found that LGBTQ homeless youth must engage with service providers to impact changes with homeless prevention and transitional living. Hatch et al. (2014) found that service providers must develop inclusive homeless

prevention services and transitional living programs that meet the needs of the LGBTQ homeless population.

Theoretical Framework

The social identity theory was the theoretical framework for my study, and one of the main principles for the theory was social categorization (Ellemers & Haslam, 2012; Tajfel, 1982). Through social categorization, which develops social identities, organizations are able to collect demographic data to analyze and provide specific services when necessary. In my research, participants were asked if they collected data on gender, race, ethnicity, nationality, age, and sexual orientation categories. All participants collected data for each demographic, but 56.7% were uncertain if they were allowed to collect data on sexual orientation (Table 3). The majority of the participants did not collect data on specific social categorizations regarding gender, race, ethnicity, nationality, and sexual orientation. However, these findings align with the theoretical framework where data were collected on social norm categories, such as male, female, Black, White, and ages 18 to 50 years and over. Though limited data are collected based on the social categories homeless shelter administrators use, an us and them or us versus them effect does not exist, and positive relationships that individuals might develop with specific social categories cannot be determined. However, homeless shelter administrators can gain an understanding on how some homeless individuals self-identify to provide basic services.

Limitations

The population size sample for my study was small and required the participation of all was included in the sample for a successful study. A study limitation was that potential participants may not have responded or dropped out of the study during the process. I had 30 participants for the study, and all 30 participants responded to the survey, which resulted in a 100% success rate.

The final potential study limitation was the survey instrument because validation was difficult. After various edits before IRB approval, I used an expert panel to enhance the validation of the survey instrument by survey development, which included determining the survey format, items, development, question length, and final revisions. I wanted to make sure the survey had clear questions and did not lead the participant to answer a certain way. The expert panel provided various updates on the design, wording, responses for the questions, and positioning of the questions.

Implications for Social Change

The implications for positive social change derived from my study include the development of new shelter policies, welcoming environments, and shelter services that reduce homelessness among LGBTQ youth. My research illustrates that homeless shelter administrators do not have policies specific to the LGBTQ community. The ability to develop shelter policies to identify the LGBTQ population should assist in meeting the needs of the population. My research also demonstrates that homeless shelter administrators do not provide welcoming environments, as they are not able to identify homeless LGBTQ youth. Ha et al. (2015) disclosed that LGBTQ homeless youth felt

more shame and less pride by being homeless, and homeless shelter administrators can reduce those attitudinal barriers by providing a welcoming environment. Finally, my research exemplified that some shelter services are provided, and most services are external with other service providers, but homeless shelter administrators do not provide services specific to LGBTQ homeless youth. Homeless prevention services and transitional living programs dedicated to LGBTQ homeless youth aim to reduce homelessness among the population.

Potential impact for positive social change affects public policy for the county in NC. Though my research was more specific to homeless shelter administrators, county policymakers can develop county-wide policies that have criteria for homeless shelter administrators to incorporate into their organizational policy structure. Additionally, county-wide policies can work in tandem to address public health concerns, such as sexual assault, victimization, substance abuse, and trauma to name a few (Keuroghlian et al., 2014).

Recommendations

This is the first known research to examine homeless shelter administrators' perceptions and explore what existing policies, type of environments, and services provided to LGBTQ homeless youth within homeless shelters. Thus, recommendations for further studies are present. The A Survey for Shelter Administrators survey instrument was created for my study. Though I had an expert team that enhanced the validity and was able to provide reliability by using Cronbach's alpha, I recommend

increasing the utilization of the survey instrument and compare results to my study and could provide more details regarding the validity and reliability within future studies.

My participant size was small or low for the total population sampling technique limitations, but I was not able to generalize to a larger population. The participants were selected based on an exhaustive list provided by the county in NC. Extension of the study using randomization approaches for participation selection and improvement of questions/responses would likely offer a more vigorous opportunity for generalization.

Finally, while the chi-square test for association statistical test was used for my study, I believe that the output data warranted a different statistical test. I did utilize an exact test as the post hoc test because I had a small sample size and did not meet one of the assumptions. If the same test is used in future studies, then the responses to the survey questions would need to change to meet specific assumptions. However, future studies could utilize a correlation or ANOVA test to examine the variables from dataset. Additionally, a regression test could be used if the researcher would like to make predictions within shelter policies and environments, regarding homeless shelter administrators' perceptions and shelter services.

Conclusion

Homelessness remains a nationwide social challenge and significant public health concern. Though new research indicates that policies, programs, and services have been developed to address homelessness, opportunities for prevention are lacking (Fowler, Hovmand, Marcal, & Das, 2019; McCann & Brown, 2019). Homeless shelter organizational policies throughout the United States, that simply provide food and

shelter, present barriers of access and prevention services (McCann & Brown, 2019). LGBTQ homeless youth refrain from the stigma of being homeless, which limits their access to shelter and services, yet LGBTQ homeless youth also fear that they will be outed and experience mental, emotional, and physical abuse (Ecker, Aubry, & Sylvestre, 2019). The epidemic of homelessness in the LGBTQ population that reside in the United States has remained unchanged and continues to be a population existing homeless shelters do not engage to understand specific needs (Durso & Gates, 2012).

Quality research across the United States can contribute to discover further the impact of gender and sexual identity, perceptions, cultural competency, prevention services to specific subpopulations, public health, and victimization challenges within the LGBTQ youth community, regarding shelter asylum. To enhance positive social change, engaging and involving LGBTQ youth provides a direct path to develop policies to access to shelter, safety regulations, prevention programs, transitional living, and other services that are specific to the needs of LGBTQ homeless youth. These policies might assist as an essential part of reducing and eliminating LGBTQ homelessness, which could produce a better quality of life.

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Appendix A: A Survey for Shelter Administrators (Proposal)

Identification

1. Do you collect data on gender regarding homeless clients?
Yes / No
2. If yes, then please select all categories you collect data on regarding gender:
Male / Female / Female to Male / Male to Female / Non-conforming / Other
3. Do you collect data on race, ethnicity, and nationality regarding homeless clients?
Yes / No
4. If yes, then please select all categories you collect on regarding race, ethnicity, and nationality regarding homeless clients:
Black/African American / White / American Indian or Alaska Native / Asian
Indian / Chinese / Filipino / Japanese / Korean / Vietnamese / Native Hawaiian /
Guamanian or Chamorro / Samoan / Other Asian / Other Pacific Islander / Some
other race
5. Do you collect data on age regarding homeless clients?
Yes / No
6. If yes, then please select all the age groups you collect data:
Under 18 years / 18 to 25 years / 26 to 33 years / 34 to 41 years / 42 to 49 years /
50 years and over
7. Are you allowed to collect data based on sexual orientation regarding homeless clients?
Yes / No

8. If yes, then please select all the categories you collect data on regarding sexual orientation:

Gay / Lesbian / Bisexual / Questioning / Asexual / Heterosexual / Transsexual / Pansexual / Other

Please indicate how well you agree with the following:

9. Additional gender categories should exist on intake form and other documents regarding homeless clients.

Absolutely Agree / Strongly Agree / Agree / Neither Agree or Disagree / Disagree / Strongly Disagree / Absolutely Disagree

10. Sexual orientation should exist on intake forms and other documents.

Absolutely Agree / Strongly Agree / Agree / Neither Agree or Disagree / Disagree / Strongly Disagree / Absolutely Disagree.

Accessibility

11. Do you provide overnight shelter to homeless clients?

Yes/ No

12. If yes, then how many nights a week do you provide overnight shelter?

1 / 2 / 3 / 4 / 5 / 6 / 7

13. Do you require homeless clients to pay with vouchers to gain access for shelter?

Yes / No

14. Do you require homeless clients to adhere to religious requirements affiliated with the shelter's sponsor to gain access to shelter?

Yes / No

15. If homeless clients identify as LGBTQ, then are they allowed to access your shelter's program?

Yes / No

16. Do you have a policy that enhances access to shelter for LGBTQ homeless clients?

Yes / No

Please indicate how well you agree with the following:

17. There is a benefit to creating access to shelter for LGBTQ homeless clients.

Absolutely Agree / Strongly Agree / Agree / Neither Agree or Disagree / Disagree
/ Strongly Disagree / Absolutely Disagree

18. There is a benefit to creating a welcoming environment for LGBTQ homeless clients.

Absolutely Agree / Strongly Agree / Agree / Neither Agree or Disagree / Disagree
/ Strongly Disagree / Absolutely Disagree

Safety

19. What type of layout for shelter space do you have for homeless clients?

Please select all applicable categories:

Warehouse (open space) / Transitional (shared space with a few people) / Single
Room Occupancy (private room) / Seasonal (not open all year) / Gender Specific /
Church / Other

20. Do you have separate living quarters based on gender?

Yes / No

21. Do you have a policy that enhances safety for LGBTQ homeless clients?

Yes / No

Please indicate how well you agree with the following:

22. There is a benefit to enhance safety for LGBTQ homeless clients.

Absolutely Agree / Strongly Agree / Agree / Neither Agree or Disagree / Disagree
/ Strongly Disagree / Absolutely Disagree

23. There is a benefit to develop separate living quarters for LGBTQ homeless clients.

Absolutely Agree / Strongly Agree / Agree / Neither Agree or Disagree / Disagree
/ Strongly Disagree / Absolutely Disagree

Homeless Prevention

24. Do you provide internal homeless prevention services for homeless clients?

Yes / No

25. If yes, then please select all the services you provide:

Financial management / Legal services / Mental health services / Permanent housing assistance / Case management / Therapy / Employment training / Transportation assistance / Substance abuse / Health care / Counseling / Other

26. Do you have external partners that provide homeless prevention services for homeless clients?

Yes / No

27. Do you provide homeless prevention services for the LGBTQ homeless clients that are separate from other services?

Yes / No

Please indicate how well you agree with the following:

28. It would be beneficial to provide specific homeless prevention services for LGBTQ homeless clients.

Absolutely Agree / Strongly Agree / Agree / Neither Agree or Disagree / Disagree
/ Strongly Disagree / Absolutely Disagree

Transitional Living

29. Do you provide transitional living programs to homeless clients?

Yes / No

30. If yes, then please select all the services that are provided:

Financial management / Legal services / mental health services / Permanent housing assistance / Case management / Therapy / Employment training / Transportation assistance / Substance abuse / Health care / Counseling / Other

31. Do you have requirements for transitional living programs?

Yes / No

32. Do you have transitional living programs for the LGBTQ homeless clients that are separate from other services?

Yes / No

Please indicate how well you agree with the following:

33. It would be beneficial to create transitional living programs for LGBTQ homeless clients.

Absolutely Agree / Strongly Agree / Agree / Neither Agree or Disagree / Disagree
/ Strongly Disagree / Absolutely Disagree

Appendix B: Research Variables by Category

Descriptive	IV	DV
Gender ^a	Policies ^h (nominal)	Homeless shelter administrators' perceptions about the homeless LGBTQ population ^j (ordinal)
Race, ethnicity and nationality ^b	Environment ⁱ (nominal)	Shelter Services ^k (nominal)
Age groups ^c		
Sexual orientation ^d		
Nights a week for overnight shelter ^e		
Layout for shelter space ^f		
Separate living quarters ^g		

Footnote: Crosswalk associating survey question(s) to research variables: ^a1, 2; ^b3, 4; ^c5, 6; ^d7, 8 ^e11, 12; ^f19; ^g20; ^h1-8, 11-16, 19-21, 24, 26-27; ⁱ14-16, 19-21; ^j9-10, 17-18, 22-23, 28, 33; ^k24-27, 29-32

Appendix C: A Survey for Shelter Administrators (Final)

A Survey for Shelter Administrators

Identification

1. Do you collect data on gender regarding homeless clients?

- Yes Uncertain
 Sometimes No

A Survey for Shelter Administrators

Identification

2. Please select all categories you collect data on regarding gender:

- Male Transgender Male to Female All of the above
 Female Non-conforming
 Transgender Female to Male Other

A Survey for Shelter Administrators

Identification

3. Do you collect data on race, ethnicity, and nationality regarding homeless clients?

- Yes
 Uncertain
 Sometimes
 No

A Survey for Shelter Administrators

Identification

4. Please select all categories you collect on regarding race, ethnicity, and nationality regarding homeless clients:

- | | | |
|---|---|--|
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Korean | <input type="checkbox"/> Mexican, Mexican American |
| <input type="checkbox"/> White | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Puerto Rican |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Cuban |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Guamanian or Chamorro | <input type="checkbox"/> Other Hispanic origin |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Samoan | <input type="checkbox"/> Some other race |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Other Asian | <input type="checkbox"/> All of the above |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Other Pacific Islander | |

A Survey for Shelter Administrators

Identification

5. Do you collect data on age regarding homeless clients?

- Yes
 Uncertain
 Sometimes
 No

A Survey for Shelter Administrators

Identification

6. Please select all the age groups you collect data:

- | | | |
|---|--|---|
| <input type="checkbox"/> Under 18 years | <input type="checkbox"/> 34 to 41 years | <input type="checkbox"/> All of the above |
| <input type="checkbox"/> 18 to 25 years | <input type="checkbox"/> 42 to 49 years | |
| <input type="checkbox"/> 26 to 33 years | <input type="checkbox"/> 50 years and over | |

A Survey for Shelter Administrators**Identification**

7. Are you allowed to collect data based on sexual orientation regarding homeless clients?

- | | |
|---------------------------------|---------------------------------|
| <input type="radio"/> Yes | <input type="radio"/> Uncertain |
| <input type="radio"/> Sometimes | <input type="radio"/> No |

A Survey for Shelter Administrators**Identification**

8. Please select all the categories you collect data on regarding sexual orientation:

- | | | |
|--------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Gay | <input type="checkbox"/> Asexual | <input type="checkbox"/> Other |
| <input type="checkbox"/> Lesbian | <input type="checkbox"/> Heterosexual | <input type="checkbox"/> All of the above |
| <input type="checkbox"/> Bisexual | <input type="checkbox"/> Transsexual | |
| <input type="checkbox"/> Questioning | <input type="checkbox"/> Pansexual | |

A Survey for Shelter Administrators**Identification**

9. Please indicate your agreement or disagreement with the following statement:

Additional gender categories should exist on intake form and other documents regarding homeless clients.

- Absolutely Agree Neither Agree or Disagree Absolutely Disagree
 Strongly Agree Disagree
 Agree Strongly Disagree

A Survey for Shelter Administrators

Identification

10. Please indicate your agreement or disagreement with the following statement:

Sexual orientation should exist on intake forms and other documents.

- Absolutely Agree Neither Agree or Disagree Absolutely Disagree
 Strongly Agree Disagree
 Agree Strongly Disagree

A Survey for Shelter Administrators

Accessibility

11. Do you provide overnight shelter to homeless clients?

- Yes No

A Survey for Shelter Administrators

Accessibility

12. If yes, then how many nights a week do you provide overnight shelter?

- 1 2 3 4 5 6 7

A Survey for Shelter Administrators

Accessibility

13. Do you require homeless clients to pay with vouchers to gain access for shelter?

Yes No

A Survey for Shelter Administrators

Accessibility

14. Do you require homeless clients to adhere to religious requirements affiliated with the shelter's sponsor to gain access to shelter?

Yes Uncertain
 Sometimes No

A Survey for Shelter Administrators

Accessibility

15. Are self-identified LGBTQ homeless clients allowed to access your shelter's program?

Yes No

A Survey for Shelter Administrators

Accessibility

16. Do you have a policy that provides access to shelter for LGBTQ homeless clients?

Yes No

A Survey for Shelter Administrators

Accessibility

17. Please indicate your agreement or disagreement with the following statement:

There is a benefit to providing access to shelter for LGBTQ homeless clients.

- Absolutely Agree
 Neither Agree or Disagree
 Absolutely Disagree
 Strongly Agree
 Disagree
 Agree
 Strongly Disagree

A Survey for Shelter Administrators

Accessibility

18. Please indicate your agreement or disagreement with the following statement:

There is a benefit to creating a welcoming environment for LGBTQ homeless clients.

- Absolutely Agree
 Neither Agree or Disagree
 Absolutely Disagree
 Strongly Agree
 Disagree
 Agree
 Strongly Disagree

A Survey for Shelter Administrators

Safety

19. What type of layout for shelter space do you have for homeless clients?

Please select all applicable categories:

- | | |
|--|--|
| <input type="checkbox"/> Warehouse (open space) | <input type="checkbox"/> Gender Specific |
| <input type="checkbox"/> Transitional (shared space with a few people) | <input type="checkbox"/> Church |
| <input type="checkbox"/> Single Room Occupancy (private room) | <input type="checkbox"/> Other |
| <input type="checkbox"/> Seasonal (not open all year) | <input type="checkbox"/> All the above |

A Survey for Shelter Administrators

Safety

20. Do you have separate living quarters based on gender?

Yes No

A Survey for Shelter Administrators**Safety**

21. Do you have a policy that promotes safety for LGBTQ homeless clients?

Yes No

A Survey for Shelter Administrators**Safety**

22. Please indicate your agreement or disagreement with the following statement:

There is a benefit to providing safety for LGBTQ homeless clients.

Absolutely Agree Neither Agree or Disagree Absolutely Disagree
 Strongly Agree Disagree
 Agree Strongly Disagree

A Survey for Shelter Administrators**Safety**

23. Please indicate your agreement or disagreement with the following statement:

There is a benefit to develop separate living quarters for LGBTQ homeless clients.

- Absolutely Agree Neither Agree or Disagree Absolutely Disagree
 Strongly Agree Disagree
 Agree Strongly Disagree

A Survey for Shelter Administrators

Homeless Prevention

24. Do you provide internal homeless prevention services for homeless clients?

- Yes No

A Survey for Shelter Administrators

Homeless Prevention

25. Please select all the services you provide:

- | | | |
|---|--|--|
| <input type="checkbox"/> Financial management | <input type="checkbox"/> Therapy | <input type="checkbox"/> Counseling |
| <input type="checkbox"/> Legal services | <input type="checkbox"/> Employment training | <input type="checkbox"/> Other |
| <input type="checkbox"/> Mental health services | <input type="checkbox"/> Transportation assistance | <input type="checkbox"/> All the above |
| <input type="checkbox"/> Permanent housing assistance | <input type="checkbox"/> Substance abuse | |
| <input type="checkbox"/> Case management | <input type="checkbox"/> Health care | |

A Survey for Shelter Administrators

Homeless Prevention

26. Do you have external partners that provide homeless prevention services for homeless clients?

- Yes No
-

A Survey for Shelter Administrators

Homeless Prevention

27. Do you provide homeless prevention services for the LGBTQ homeless clients that are separate from other services?

Yes No

A Survey for Shelter Administrators

Homeless Prevention

28. Please indicate your agreement or disagreement with the following statement:

It is beneficial to provide specific homeless prevention services for LGBTQ homeless clients.

Absolutely Agree Neither Agree or Disagree Absolutely Disagree
 Strongly Agree Disagree
 Agree Strongly Disagree

A Survey for Shelter Administrators

Transitional Living

29. Do you provide transitional living programs to homeless clients?

Yes No

A Survey for Shelter Administrators

Transitional Living

30. Please select all the services that are provided:

- | | | |
|---|--|--|
| <input type="checkbox"/> Financial management | <input type="checkbox"/> Therapy | <input type="checkbox"/> Counseling |
| <input type="checkbox"/> Legal services | <input type="checkbox"/> Employment training | <input type="checkbox"/> Other |
| <input type="checkbox"/> Mental health services | <input type="checkbox"/> Transportation assistance | <input type="checkbox"/> All the above |
| <input type="checkbox"/> Permanent housing assistance | <input type="checkbox"/> Substance abuse | |
| <input type="checkbox"/> Case management | <input type="checkbox"/> Health care | |

A Survey for Shelter Administrators

Transitional Living

31. Do you have requirements for transitional living programs?

- Yes No

A Survey for Shelter Administrators

Transitional Living

32. Do you have transitional living programs for the LGBTQ homeless clients that are separate from other services?

- Yes No

A Survey for Shelter Administrators

Transitional Living

33. Please indicate your agreement or disagreement with the following statement:

It is beneficial to create transitional living programs for LGBTQ homeless clients.

- | | | |
|--|---|---|
| <input type="radio"/> Absolutely Agree | <input type="radio"/> Neither Agree or Disagree | <input type="radio"/> Absolutely Disagree |
| <input type="radio"/> Strongly Agree | <input type="radio"/> Disagree | |
| <input type="radio"/> Agree | <input type="radio"/> Strongly Disagree | |

Appendix D: Survey Validation Emails From Panel of Experts

From: xxxxxxxxxxxxxxxx

Sent: Monday, February 4, 2019 10:19 AM

To: Rajahm Sellers

Subject: Re: Fw: Experts within Pew Research Center

Rajahm,

The survey looks good to go on my end. I have no other suggestions to provide.

Good luck!

xxxxxxxxxxxxxx

From: Rajahm Sellers

Sent: Sunday, February 3, 2019 11:44 PM

To: xxxxxxxxxxxxxxxx

Subject: Re: Fw: Experts within Pew Research Center

Thank you for your feedback xxxxxxxxxxxxxxxx.

Some of the questions have changed the number. Not sure if I can line up a few you have listed below. I have made some updates per your suggestions. I actually created a survey within Survey Monkey©. I have attached a copy for review. If there was any other advice you could provide, then I would greatly appreciate it.

I thank you for your encouragement and excitement. It has been a while since I discussed my study with you. For my study, a focus group will not be necessary at this time.

Best,

Rajahm Sellers

From: xxxxxxxxxxxx < xxxxxxxxxxxx >

Sent: Friday, February 1, 2019 1:25 AM

To: Rajahm Sellers

Subject: Re: Fw: Experts within Pew Research Center

I remember when we first met and I was just amazed by you and your research interest. Congratulations on this step in the process! I am super excited for you and hope that I can celebrate with you at the finish line. :-)

Below are minor suggestions from me. Please call me if these notes are unclear.

*Question 2: Consider modifying to say "transgender male to female" and "transgender female to male. "

*Question 3: Consider separating race and ethnicity...have a race category and one for ethnicity. (not a big deal though). Also, I do not see Hispanic/not Hispanic options.

*Questions 9 and 10: Is "absolutely agree" a necessary option? Starting with strongly agree is usually appropriate.

* Question 15: Consider the following..."Are self-identified LGBTQ+ homeless clients allowed to access your shelter's program?"

*Question 16: Consider the following... "Does your shelter's policy have a clause to increase access to LGBTQ+ homeless clients?"

*Question 19: I would separate into different questions. I would ask a question regarding space, and then one regarding time of year. Remove gender specific as you address this in the next question.

*Question 21: Consider the following: "Does your shelter's policy have a clause that promotes safety for LGBTQ+ homeless clients?"

*Question 24: I would eliminate this question...in fact every question like this can be eliminated. Modify the follow up question by stating...

Please select all that apply: "What services does your shelter provide for homeless clients?" Then, list the options...Add options for **all of the above** and **none of the above**. Doing this could shorten your survey.

I hope this makes sense and is helpful. Have you had a focus group with LGBTQ+ individuals currently or previously impacted by homelessness? It would be helpful to get feedback before implementation. Focus group data about lived experience could add validity. The group could review the instrument and you could ask additional questions in the group about their experiences in shelters. Might be good comparison data to the shelters' responses.

Again, I am so excited for you.

On Fri, Jan 25, 2019 at 9:47 AM Rajahm Sellers wrote:

Good morning Dr. xxxxxx. I hope all is well. Below is the email I have sent a few organizations that I thought could help me validate my attached survey. I am going to

reach out to HRC as well to see if they could assist. Any help you could provide me with would be greatly appreciate it. Let me know if we need to talk.

My name is Rajahm Sellers and I am a Public Policy and Administration student at Walden University. I have completed my required course work and am now in my dissertation phase. My dissertation committee chair is Mark Gordon, Ph. D. and I reside in xxxxxxxxxx, NC.

I am writing to seek critique / validation of my attached survey - A Survey for Shelter Administrators. I would need two to three experts that could advise if questions are clear. Are any questions offensive? Should any of the questions be re-worded? Understanding that some homeless administrators may not be able to answer some questions, but I would like to capture that data, which is why validating the survey is essential.

The area of research interest for my dissertation is to examine if homeless shelter administrators have adequate policies, regulations, or practices to provide specific services to the LGBTQ community. The attached survey will be the on-line instrument in Survey Monkey© that will be distributed to homeless shelter administrators within xxxxxxxxxxxxxx County.

If there is another division or particular personnel I should inquire with for expertise, then please do not hesitate to advise.

Thank you for your time and I look forward to your response.

Sincerely,

Rajahm Sellers

From: xxxxxxxxxxxx < xxxxxxxxxxxx >

Sent: Monday, February 4, 2019 1:01 PM

To: Rajahm Sellers

Subject: Re: Survey Experts to Validate a Survey Instrument

Hi Rajahm,

Yes, that would work. Just give me a call at the number below when you are done with work.

I look forward to speaking with you.

Regards,

xxxxxxxxxxxx

On Feb 4, 2019, at 10:58 AM, Rajahm Sellers wrote:

Great Dr. xxxxxxxxxxxx,

Today would be great. Could we do 3pm your time / 5pm my time?

Best,

Rajahm Sellers

From: xxxxxxxxxxxx < xxxxxxxxxxxx >

Sent: Monday, February 4, 2019 12:56 PM

To: Rajahm Sellers

Subject: Re: Survey Experts to Validate a Survey Instrument

Both days, 5-7pm EST (3-5pm my time).

xxxxxxxxxxxxx

On Feb 4, 2019, at 10:50 AM, Rajahm Sellers wrote:

Would that be 5-7a? 5a-7p? Or 5-7p EST?

Best,

Rajahm Sellers

From: xxxxxxxxxxxx < xxxxxxxxxxxx >

Sent: Monday, February 4, 2019 12:44 PM

To: Rajahm Sellers

Subject: Re: Survey Experts to Validate a Survey Instrument

Hi Rajahm,

I am available 5-7 EST (I'm in Mountain time) today and tomorrow.

Would that work?

Regards

xxxxxxxxxxxxx

On Feb 4, 2019, at 10:36 AM, Rajahm Sellers wrote:

Thank you Dr. xxxxxxxxxxxxxx,

Of course. I work 8-5pm EST, M-F. I can find time to speak on the phone. Today isn't not a good day unless it's after 5pm EST. When would you be available for a phone conversation?

Best,

Rajahm Sellers

From: xxxxxxxxxxxxxx <xxxxxxxxxxxx>

Sent: Monday, February 4, 2019 12:22 PM

To: Rajahm Sellers

Subject: Re: Survey Experts to Validate a Survey Instrument

Hi Rajahm,

I'll just send you an invoice for my hours once we are done and you can mail a check.

It could take another 3-4 hours or my time to get the survey in good shape, but I'll keep you posted along the way.

I think it would help to have a phone conversation before moving forward with more specifics.

Best regards,

xxxxxxxxxxxx

On Feb 4, 2019, at 10:14 AM, Rajahm Sellers wrote:

Thank you Dr. xxxxxxxxxxxx,

I definitely understand. How would you like to proceed with invoicing me? I just want to ensure I have a good survey to send to participants. I know it will not be perfect with validation but overtime, I and others can use it to increase validation.

Best,

Rajahm Sellers

From: xxxxxxxxxxxx <xxxxxxxxxxxx >

Sent: Monday, February 4, 2019 11:41 AM

To: Rajahm Sellers

Subject: Re: Survey Experts to Validate a Survey Instrument

Hi Rajahm,

I do offer just the 30 minutes of consultation for free, so I would have to start charging if you want me to continue to help with the survey. I do offer a discount to students. My normal consulting rate is \$125/hour, my student rate is \$85/hour.

Let me know if you want to continue with help on your survey.

Best regards,

xxxxxxxxxxxxxx

On Feb 3, 2019, at 9:44 PM, Rajahm Sellers wrote:

Thank you for your feedback Dr. xxxxxxxxxxxx.

I have made updates per your suggestions. I actually created a survey within Survey Monkey©. I have attached a copy for review. If there was any other advice you could provide, then I would greatly appreciate it. If you need to provide a quote to continue, then that would be great too!

Best,

Rajahm Sellers

From: xxxxxxxxxxxx <xxxxxxxxxxxxxx >

Sent: Monday, January 28, 2019 1:56 PM

To: Rajahm Sellers

Subject: Re: Survey Experts to Validate a Survey Instrument

Hi Rajahm,

Thank you for your interest in Survey Design & Analysis.

I've reviewed your survey instrument. It needs some work. Because a survey instrument is "one-way communication" it takes much thought and planning to produce an instrument that can provide meaningful information.

I hope this helps.

Best regards,

XXXXXXXXXXXXXX

Survey Expert

Survey Design & Analysis

"When Decisions Matter"

SurveyDNA.com

XXXXXXXXXXXXXX

On Jan 26, 2019, at 11:45 AM, Rajahm Sellers wrote:

Hello all,

My name is Rajahm Sellers and I am a Public Policy and Administration student at Walden University. I have completed my required course work and am now in my dissertation phase. My dissertation committee chair is XXXXXXXXXXXXX and I reside in XXXXXXXXXXXXXXXX.

I am writing to seek critique / validation of my attached survey - A Survey for Shelter Administrators. Two to three experts could advise if questions are clear? Are any questions offensive? Should any of the questions be re-worded? Understanding that some homeless administrators may not be able to answer some questions, but I would like to capture that data, which is why validating the survey is essential.

The area of research interest for my dissertation is to examine if homeless shelter administrators have adequate policies, regulations, or practices to provide specific services to the LGBTQ community. The attached survey will be the on-line instrument

in Survey Monkey© that will be distributed to homeless shelter administrators within
xxxxxxxxxxxxx County, NC.

If there is another division or particular personnel I should inquire with for
expertise, then please do not hesitate to advise.

Thank you for your time and I look forward to your response to move forward.

Sincerely,

Rajahm Sellers

<A Survey for Shelter Administrators.docx>

<A Survey for Shelter Administrators.pdf>

Appendix E: Crosstabulation Tables Between Shelter Policies and Environments and
Shelter Administrators' Perceptions

Table E1

Collecting Gender Data and Perceptions About Adding Additional Gender Categories

Perception type	Collect data		
	Yes	Sometimes	No
Absolutely agree	3	0	0
Strongly agree	2	0	0
Agree	15	1	0
Neither agree or disagree	2	0	6
Disagree	0	1	0
Total	22	2	6

Table E2

Collecting Sexual Orientation Data and Perceptions About Adding Sexual Orientation Categories

Perceptions	Collect data			
	Yes	Sometimes	Uncertain	No
Absolutely agree	2	1	0	0
Strongly agree	1	0	1	0
Agree	0	0	11	3
Neither agree or disagree	0	0	4	5
Disagree	0	0	1	1
Total	3	1	17	9

Table E3

LGBTQ Homeless Clients' Access to Shelter and Perceptions About Providing Access

Perceptions	Have access	
	Yes	No
Absolutely agree	3	0
Strongly agree	2	0
Agree	16	0
Neither agree or disagree	4	5
Total	25	5

Table E4

LGBTQ Homeless Clients' Access to Shelter and Perceptions About a Welcoming Environment

Perceptions	Have access	
	Yes	No
Absolutely agree	3	0
Strongly agree	3	0
Agree	11	0
Neither agree or disagree	8	5
Total	25	5

Table E5

Separate Living Quarters Based on Gender and Perceptions About Providing Safety

Perceptions	Living quarters	
	Yes	No
Absolutely agree	0	3
Strongly agree	0	2
Agree	6	10
Neither agree or disagree	3	6
Total	9	21

Table E6

Separate Living Quarters Based on Gender and Perceptions About Developing Separate Living Quarters

Perceptions	Living quarters	
	Yes	No
Absolutely agree	0	2
Strongly agree	0	2
Agree	3	3
Neither agree or disagree	6	14
Total	9	21

Table E7

Internal Homeless Prevention Services and Perceptions About Prevention Services for LGBTQ Clients

Perceptions	Prevention services	
	Yes	No
Absolutely agree	2	1
Strongly agree	0	3
Agree	0	16
Neither agree or disagree	0	8
Total	2	28

Table E8

Transitional Living Program and Perceptions About Creating Transitional Living Programs From LGBTQ Clients

Perceptions	Transitional living programs	
	Yes	No
Absolutely agree	2	1
Strongly agree	1	1
Agree	5	7
Neither agree or disagree	3	10
Total	11	19

Appendix F: Cramer's V for Shelter Policies, Environments, and Shelter Administrator

Perceptions

Item	V	<i>p</i>
Policy		
Gender	0.765	0.000
Sexual orientation	0.592	0.002
Safety	0.295	0.454
Living quarters	0.309	0.414
Prevention	0.802	0.000
Transitional living	0.287	0.479
Environment		
Access	0.683	0.003
Welcoming environment	0.511	0.049
Overall	0.531	0.175