Support Systems and Mental Health With Homeless Transgender Youth

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Abstract

Transgender youth are a unique population within the lesbian, gay, bisexual, transgender, queer, and further community (LGBTQ+). Transgender youth are at an increased risk of homelessness and mental health adversities. Common mental health adversities faced by homeless transgender youth include anxiety, depression, self-harming behaviours, and suicidal ideations (Mountz et al., 2018; Powell et al., 2016; Rhoades et al., 2018; Strauss et al., 2019). Gender-affirming care is crucial in supporting the needs of transgender youth as they face discrimination and stigmatization due to their gender identity. Transgender youth face difficulty accessing medical and mental health care and housing that does not discriminate against their gender identity (Abramovich, 2016; Mountz et al., 2018; Oakley & Bletsas, 2018). Gender-affirming care can be provided by homeless shelters, medical providers, and mental health professionals. Understanding the unique challenges facing homeless transgender youth, such as access to gender-affirming services and mental health adversities, will allow for an increased understanding of the support systems needed by this population. Implications for counselling psychology include understanding what supports are needed, increasing the diversity of knowledge towards the transgender community, knowing how to advocate for youth and build youth advocacy, and understanding the unique circumstances facing homeless transgender youth. Having an awareness of personal bias and challenges faced by transgender youth can aid in the treatment when working with homeless transgender youth.

Keywords: transgender, youth, homeless, support systems, mental health

Support Systems and Mental Health With Homeless Transgender Youth

This manuscript will evaluate how support systems affect the mental health of homeless transgender youth between the ages of 15 and 24. Transgender people are individuals whose biological sex, the sex assigned at birth based on observed genitalia, does not match the gender with which they identify (American Psychological Association [APA], 2015). Gender refers to the culturally and socially constructed associations put onto identities of male and female, as based on the sex that was assigned at birth, and how they present within society (APA, 2015). Transgender individuals are often defined by their transitions (e.g., male-to-female or female-to-male); however, individuals who do not conform to gender norms and use the term genderqueer to identify their gender, as well as individuals who do not align with a specific gender and use the term gender nonconforming to identify are often included under the transgender umbrella (APA, 2015). Transgender individuals are disproportionately represented within a homeless population (Mottet & Ohle, 2006), and homeless transgender youth are an understudied population as it is often studied within the greater lesbian, gay, bisexual, transgender, queer, and further (LGBTQ+) community (Keuroghlian et al., 2014). Commonly, transgender youth are lumped into the greater LGBTQ+ community rather than considered as a distinct group. The lack of distinction results in a gap in understanding this unique community (Keuroghlian et al., 2014). Although the LGBTQ+ community faces adversity, the present paper will consider the specific experiences of transgender youth. Furthermore, while transgender adults also face adversities (Testa et al., 2012), the focus of this paper is on transgender youth as this specific population is understudied.

This paper will describe reasons for homelessness in transgender youth, with a focus on three identified causes: being kicked out of their home, leaving due to fighting within the home,

and leaving due to rejection or being forced to conform to the gender they were assigned at birth (Shelton & Bond, 2017). The experience of youth within the child welfare system will also be explored as a factor in homelessness for transgender youth (Robinson, 2018a). Understanding the factors that lead to homelessness for transgender youth will allow for a better understanding of their lived experiences.

Transgender youth are at a disadvantage when attempting to access secure and safe housing. A considerable barrier is not being able to identify as their true gender within shelters (Abramovich, 2016). When shelters dedicate space to specific genders, transgender youth may be placed into spaces according to their gender assigned at birth, which may increase psychological and physical risk while at the shelter (Mottet & Ohle, 2006). This paper will explore factors associated with accessing secure and safe housing. For this paper, homelessness encompasses being physically homeless, as well as experiencing housing insecurity that comes with couch-surfing or moving through various shelters.

Finally, the paper will address the mental health implications homelessness has on transgender youth; specifically, the role of homelessness on the development of depression, anxiety, suicidality, and posttraumatic stress syndrome (PTSD; Flentje et al., 2016; Strauss et al., 2019). By first understanding relevant mental health factors in non-homeless transgender youth, the overlay of homelessness can be explored in more depth. To further develop the understanding of mental health implications, the present paper will also explore further resources that are needed, such as medical and psychological treatment. Identifying what support systems transgender youth have access to will influence a greater understanding of potential resiliencies within the youth. To further the understanding of support needs for homeless transgender youth, implications for counselling psychology will be addressed. Enhancing the knowledge of needs

for support, knowledge of transgender diversity, advocacy, and how to achieve it, unique circumstances faced by transgender youth, barriers for support access, and building resiliencies will be explored. To help push future research, fundamental next steps for research will be discussed. The paper will also address recommendations for practice and how to work with homeless transgender youth.

Self-Positioning Statement

The transgender community is at risk for a multitude of adversities, one of which is homelessness. Difficulties faced by the transgender community are not new and will continue until major societal changes are made. As long as there are individuals who do not accept this community, there will be transgender youth facing homelessness and other forms of adversity. By better understanding their experiences and the dangers that transgender youth currently face, mental health professionals will be better equipped to advocate for this population. I am hopeful that my research will lead to further exploration of this topic and greater advocacy and funding of the organizations that create safe spaces for transgender youth. I also hope to apply the findings from this research to my own work with the transgender community.

As a cisgender woman, I acknowledge that I do not have lived experience as a transgender individual. Thus, I am limited in my ability to fully relate to transgender individuals. My personal understanding of the experiences of the transgender community comes from the stories and words shared with me by friends who identify within the community. I have also never experienced homelessness. Rather, I have been extremely privileged to always have a secure home and to not fear homelessness. Once again, I acknowledge the need to expand my understanding of the lived experience of those who have experienced homelessness. I come to this topic as a counselling psychology student with a desire to increase my knowledge of both the

transgender and homeless populations and to inform my future practice. Lastly, I am approaching this topic from the perspective of one with a passion for advocating for and supporting the needs of children and adolescents. I aim to advocate for children and adolescents and be a part of the needed support for child and adolescent populations. This paper's focus on transgender homeless youth reflects my interests and passions as a future counsellor.

When I approach counselling, I do so with a postmodern and feminist lens. Approaching my work from a postmodern and feminist lens means that I consider the impact of society on one's lived experience. In my current research, I consider what societal influences have impacted the experiences of homeless transgender youth. When analyzing this literature, I will take time to acknowledge my own views while aiming to understand the views of other researchers. I will accomplish this by looking at a wide array of literature that covers the topic of homeless transgender youth and not just journal articles that confirm my research topic. Understanding from where other researchers' ideas and thoughts emerge will be beneficial in mitigating my postmodern and feminist-based biases. My bias also impacts how I react to the wording used when describing transgender research participants. Specifically, I may need to remind myself of the learning curve that comes when working to understand the experiences of the transgender community and not to discount the work of authors whom I feel do not use sensitive or appropriate language. Just as I am expanding my knowledge of the transgender community, so are those who have conducted the research on which my work will be based.

Approaching this research and given my knowledge of suicide completion rates within the transgender community, I hold the bias that the transgender experience would already place individuals at a disadvantage when faced with homelessness. I also come to this topic knowing that homelessness is not uncommon for transgender youth. When exploring the research, I must

suspend my assumptions, such as the belief that the majority of homeless transgender youth are kicked out of their homes and have experienced adverse mental health symptoms. Furthermore, I must suspend my assumption that having support systems is beneficial for transgender youth. I also recognize a biased belief that the experience of homelessness for transgender youth is unique relative to the experience of homelessness in the greater LGBTQ+ community. My bias is a belief that the experiences of each segment of the LGBTQ+ community should not be grouped together; as such, I must be mindful of my potential to avoid literature that looks at the LGBTQ+ community as a whole. While attempting to focus on research specific to transgender youth, I acknowledge my need to remember that transgender youth are part of the LGBTQ+ community, and existing research, while not exclusively focusing on transgender youth, certainly includes them.

Literature Review

Causes of Homelessness for Transgender Youth

Literature focusing on homeless transgender youth and the further LGBTQ+ community has identified multiple reasons for transgender youth to become homeless. Reasons include being told to leave the familial home due to the youth's gender identity including concerns about the influence the youth's gender identity may have on siblings, leaving voluntarily due to familial conflict and verbal and physical abuse, being abandoned by extended family who the youth turned to for accommodation, and challenges associated with the foster care and child welfare systems (Cochran et al., 2002; Higa et al., 2014; Robinson, 2018a; Shelton & Bond, 2017).

A major concern identified by transgender youth is that revealing their gender identity results in them getting kicked out of their homes due to a lack of acceptance by the youths' families (Higa et al., 2014, Shelton & Bond, 2017). In a study exploring the experiences of

homeless transgender youth, 67% of respondents identified parental rejection as the cause of their homelessness, and another 26% reported that their gender identity was a contributing factor to their homelessness (Shelton & Bond, 2017). Only 7% of the youth identified their gender as unrelated to their homelessness (Shelton & Bond, 2017). Some of the youth involved noted immediately getting kicked out after revealing their gender identity to their parents, with one youth stating,

> I'd spoken to my mother about wanting to make the change, and she flipped. She was like 'I'm not going to have this, I'm not going to have my child blah blah blah…' Long sob story later, got kicked out of there. (Shelton & Bond, 2017, p. 287)

It was found that most participants had to hide their identity and feared familial rejection (Shelton & Bond, 2017). The fear the youth experienced extended into fear of being kicked out of their homes due to their gender identity and left without any financial support (Shelton & Bond, 2017).

One youth cited their mother believed the youth would be a bad influence on younger siblings, so they were kicked out of the familial home: "she was like, 'I don't want no faggots around my other boys. You're the oldest, you're gonna be… you're a bad example and I don't need that around my kids'" (Shelton & Bond, 2017, p. 287). Transgender youth are ostracised for their gender identity and cannot express that identity in their home. One youth explained getting into an argument with their father due to how they dressed, citing, "and then, when I got home, my dad kicked my ass in the street. Cuz he was like, 'What are you wearing, what are you doing?' He kicked my ass in the street, kicked me out" (Shelton & Bond, 2017, p. 287). Youth can also face instability when living with other family members. One identified being kicked out of a family member's home multiple times:

She kicked me out and then wanted me back, then kicked me out, then wanted me back,

then kicked me out then wanted me back. Then I went back to her house and like… it

was so much arguing so that ended. (Shelton & Bond, 2017, p. 289)

Outwardly, some homes appear to be initially welcoming but ultimately end up with the

transgender youth once again becoming homeless.

Transgender youth may also choose to leave their homes voluntarily, subsequently

becoming homeless (Cochran et al., 2002; Shelton & Bond, 2017). One reason to voluntarily

leave home is the need by the transgender youth for independence and opportunities outside of

their familial home (Shelton & Bond, 2017). One youth described their experience stating, "so I

had several attempts of leaving the city which absolutely failed. So I became depressed. And

then I decided that I needed to make my own life. I don't want to be dependent on anyone"

(Shelton & Bond, 2017, p. 288). Some youth also desire freedom, with the ability to make

decisions for themselves, outside of the home, which results in them voluntarily leaving

(Cochran et al., 2002). Leaving voluntarily can extend beyond wanting independence.

Familial conflict has been cited as a reason for transgender youth to leave home

voluntarily (Cochran et al., 2002). A cause identified for familial conflict includes negative

responses to the youth coming out as transgender, such as verbal abuse, including being told that

there is something wrong with being transgender (Robinson, 2018b). Transgender youth no

longer fit the mould their biological, assigned gender placed on them, and coming out can

change the youth's role within their family structure, causing conflict to arise (Ream & Forge,

2014). Cochran et al. (2002) reported that 59.9% of transgender youth identified familial

conflict, and 48.5% identified difficulties with a family member, as reasons for voluntarily

leaving their familial homes. Leaving allows for the youth to remove themselves from conflict-

ridden situations. Familial conflict has also been identified as a cause of homelessness for cisgender youth; but domestic violence was identified as the main cause rather than the youth's gender identity (Chamberlain & Johnson, 2013). As reported, domestic violence typically began as verbal abuse before evolving into physical abuse (Chamberlain & Johnson, 2013).

Verbal abuse towards transgender youth has included getting subjected to the derogatory terms "fag" and "faggot" (Robinson, 2018b; Shelton & Bond, 2017). Male to female transgender youth have identified being referred to as a "sissy" by their parents, while female to male transgender youth identified being referred to as and told by their parents to stop acting like a "tomboy" (Grossman et al., 2005). The terms used above have historically been used to express hate towards an individual that is seen as less than those around them (Pascoe, 2005). Referring to someone as a "fag" is used to point out how the individual has failed to adhere to traditionally masculine tropes or ideals (Pascoe, 2005). Femininity within a boy or man is a weakness (Pascoe, 2005). Along with hate terms, verbal abuse may also take the form of the transgender youth's families purposefully misgendering them. Misgendering acts as a microaggression in which it assumes knowledge of the transgender individual's "true" identity (Nordmarken, 2014). Gendered pronouns can include the use of "she" and "her" to describe an individual who identifies as female, and "he" and "him" pronouns for individuals who identify as male (Knuston et al., 2019). Genderqueer and nonbinary individuals may choose to use "they" and "them" pronouns in place of specific gendered pronouns (Knuston et al., 2019). Misgendering by parents results in feelings of rejection and disrespect (Catalpa & McGuire, 2018). When detailing experiences with being misgendered, one transgender youth explained their father "calls me by my birth name and uses 'his' pronouns. And it just - it was heavy on my soul" (Robinson, 2018b, p. 390). One youth reported that their father threatened to kill them both, resulting in the youth

voluntarily leaving their home (Robinson, 2018b). Transgender youth have also identified verbal abuse evolving into physical abuse (Robinson, 2018b).

Transgender youth are subjected to physical abuse within their homes (Catalpa & McGuire, 2018; Matthews et al., 2018; Robinson, 2018a). Youth within the transgender community, and the further LGBTQ+ community, were more likely to be subjected to physical abuse than heterosexual youth (Cochran et al., 2002). In terms of physical abuse, two-thirds of homeless transgender and LGBTQ+ youth were subjected to child abuse while still in their family's care (Forge, Hartinger-Saunders, et al., 2018). When looking specifically into violence, 33.3% of transgender individuals identified violence from a family member (Testa et al., 2012). A potential result of physical abuse is traumatic memories. Disturbances resulting in traumatic memories occurred for 55% of homeless youth within the transgender and LGBTQ+ communities (Powell et al., 2016). One youth detailed the abuse they faced when their father found the youth wearing makeup and hair extensions, explaining:

> I remember one time when my dad first saw me with them, he tore them off my hair, and they were glued on to my scalp, so when he tugged that shit, it ripped off my scalp, and I was bleeding, and he like rubbed my face in the carpet. He was obviously stronger than me, so I couldn't do nothing about it. (Robinson, 2018b, p. 391)

Another youth detailed their experience coming out to their mother by saying, "she slapped me and she cried. Just an expression you can never get out of your head" (Catalpa & McGuire, 2018, p. 96). One potential cause of abuse includes anger on the part of the parent towards the youth for coming out as transgender rather than identifying as cisgender (Testa et al., 2012).

Parents of transgender youth may seek a mental health diagnosis to explain the youth's gender identity (Riggs & Bartholomaeus, 2018). To avoid parental control over their gender

expression, many transgender youth leave familial homes voluntarily (Robinson, 2018b). One youth explained that their father would purposefully misgender the youth by using incorrect pronouns (Robinson, 2018b). When looking into parental control of gender expression, 62% of transgender youth identified parents attempting to alter their gender expression (Catalpa & McGuire, 2018). One youth described their experience detailing, "[my parents] were telling me I'm wrong, but at the youngest age, I could remember I just wasn't comfortable being a boy" (Catalpa & McGuire, 2018, p. 96). These reports suggest that transgender identity may be viewed by some parents as temporary.

Parents may view the youth as going through a "phase" with their sexuality or gender expression (Catalpa & McGuire, 2018; Higa et al., 2014; Schmitz & Tyler, 2018). Lack of acceptance can impact the self-esteem of transgender youth. Transgender youth whose families do not accept them have lower self-esteem than transgender youth who are accepted and supported (Seibel et al., 2018). One youth described their experience, detailing they "came out when I was 12. And you know how people say a mother's love is unconditional? When I was 12, I figured out my mother's love was conditional" (Robinson, 2018b, p. 390). Transgender youth identified fear of rejection when thinking about coming out to their families (Higa et al., 2014)—rejection that may result in abandonment.

Transgender youth are often subject to being abandoned by their families (Capous-Desyllas & Mountz, 2019). Abandonment may take the form of families ostracising the youth or having the youth leave as the youth is not accepted (Capous-Desyllas & Mountz, 2019). In a study on LGBTQ+ youth, including transgender youth, 49% of individuals reported experiencing parental rejection due to their gender or sexual identity (Rhoades et al., 2018). Forty-three percent of transgender youth identified experiencing lasting family breaks due to parental

rejection of their gender identity (Catalpa & McGuire, 2018). Isolation may occur for the youth as the family cannot accept the youth's gender identity. Homeless transgender and other LGBTQ+ youth had lower family communication satisfaction when compared to heterosexual and cisgender homeless youth (Gattis, 2013). The majority of transgender youth who did not receive support from their families had to leave their homes and increased the chance of living without fixed housing (Seibel et al., 2018). Although some youth face difficulties while living at home with their parents, others live within the foster care and child welfare systems.

Foster Care and the Child Welfare System

The foster care and child welfare systems are contributing factors to homelessness within the transgender community. Homeless transgender youth and other LGBTQ+ youth face gender segregation within foster homes based on the youth's biological gender rather than their gender expression (Shelton & Bond, 2017). Segregation has led to youth becoming misgendered by staff within a foster care group home and isolated from their peers (Shelton & Bond, 2017). One youth detailed their experience stating, "the first thing they said when I went up, like, you can't dress like a girl. They got me a check to buy me some boys' clothes" (Shelton & Bond, 2017, p. 287). The segregation has created an unsafe environment for youth. Transgender youth face getting kicked out of their housing due to their gender expression (Shelton & Bond, 2017). Individuals who remain in the system face adversity, including greater placement disruptions, lack of worker and caregiver competency, difficulty accessing gender-affirming medical care, and barriers to housing, education, and employment resulting from their gender identity (Mountz et al., 2018). Transgender youth were subjected to double the number of placements compared to cisgender youth within the same foster care system (Mountz et al., 2018). While LGBTQ+ youth of colour were more likely to experience multiple foster care placements when compared to

White LGBTQ+ youth (Erney & Weber, 2018). Placement instability increases the risk of developing a psychiatric disorder compared to individuals who have more permanent placements (Garcia et al., 2015).

Along with being faced with a lack of competencies, transgender youth also face abuse within the child welfare and foster care system. Some transgender youth identified workers subjecting them to verbal abuse (Oakley & Bletsas, 2018). Transgender youth who remain in the system face homelessness once reaching the age of majority, also referred to as ageing out (Huang et al., 2021). One study found that all the participants had experienced homelessness after ageing out of the foster care system (Mountz et al., 2018). Added supports, including financial and housing supports, for youth who are at the point of ageing out reduced homelessness outcomes when compared to youth who received no extra support (Huang et al., 2021). Not all transgender youth are provided with supports to help with the ageing out process. Lack of emotional support and guidance when ageing out of the foster care system was common for transgender and other LGBTQ+ youth (Capous-Desyllas & Mountz, 2019).

Mental Health Implications

Anxiety and depression are often present within the transgender youth population. Transgender youth with varying living situations, including both stable and unstable housing, have reported experiencing anxiety, with 11.8% experiencing minimal anxiety, 26% reporting mild anxiety, 30.5% reporting moderate anxiety, and 31.6% reporting experiencing severe anxiety (Strauss et al., 2019). In comparison, another study discovered that 64% of the homeless LGBTQ + youth involved had experienced serious anxiety, 57% experienced serious depression, and 50% experienced troubles with their concentration (Powell et al., 2016). Given these statistics, it is reasonable to assume that anxiety and depression in homeless transgender youth

would exceed that of non-homeless transgender youth, although this has not been explicitly studied. It is beneficial to understand potential causes for anxiety and depression.

Transgender youth face discrimination. Discrimination can be seen in medical and mental health treatment access, public restrooms access, housing access, and employment access (Puckett et al., 2020). Transgender youth of colour face discrimination in the form of microaggressions due to their cultural background (Gattis & Larson, 2017). Microaggressions have been defined as "brief and commonplace daily verbal, behavioural, and environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative racial slights and insults to the target person or group" (Sue et al., 2007). Transgender youth also face microaggressions against their gender identity (Galupo et al., 2014). It is important to note that transgender youth of colour must face discrimination due to both their ethnicity and their identity as a transgender individual (Kuper et al., 2014). Discrimination was identified as a contributing factor when looking into causes of anxiety and depression for transgender youth (Puckett et al., 2020). Of the participants, 76.1% reported experiencing discrimination, which was positively correlated to transgender individuals experiencing symptoms of anxiety and depression (Puckett et al., 2020). Depression is also adversity faced by transgender youth. It was reported that 7.5% of transgender youth reported no depressive symptoms, 16.2% reported mild depressive symptoms, 21.6% reported moderate depressive symptoms, 24.6% reported moderately severe depressive symptoms, and 30.2% reported severe depressive symptoms (Strauss et al., 2019). Homeless youth within the LGBTQ+ community report higher levels of depressive symptoms compared to homeless heterosexual youth (Cochran et al., 2002). Similar to anxiety, depressive symptoms within the transgender population are linked to discrimination (Puckett et al., 2020) and transphobia-based violence (Klemmer et al.,

2021). For both anxiety and depression, better family communication was associated with fewer anxious and depressive symptoms within transgender youth (Katz-Wise et al., 2018). It may be hypothesized that worse family communication will result in greater anxious and depressive symptoms. Along with depressive symptoms, some transgender youth engage in self-harming behaviours.

Self-harm, also referred to as nonsuicidal self-injury (NSSI), is the act of purposefully hurting or injuring oneself without wanting to cause death (Veale et al., 2017). Forms of self-harm can include but are not limited to purposefully burning, bruising, and cutting (Veale et al., 2017). When looking into self-harming behaviours, accommodation issues, including homelessness, were associated with self-harming behaviours within an Australian population (Strauss et al., 2019). A desire for self-harm was identified in 91.2% of the Australian transgender youths studied, and 79.7% engaged in self-harming behaviours at some point in their life (Strauss et al., 2019). Experiencing enacted stigma behaviours, including discrimination, harassment, bullying, and abuse, resulted in Canadian transgender youth being 25% more likely to engage in self-harming behaviours than transgender youth who did not experience stigma, with 75% of the study population engaging in nonsuicidal self-harming behaviours (Veale et al., 2017). A study based in the United States focusing on youth with diverse cultural backgrounds found that all participants had engaged in self-harm while just under half had been hospitalized due to attempted suicide (Mountz et al., 2018). Transgender youth who had a history of self-harming behaviours were more likely to experience homelessness (Strauss et al., 2019). Lifetime homelessness was also associated with higher levels of depression and higher odds of suicide attempts (Rhoades et al., 2018). As with the findings regarding anxiety and depression, greater

family communication, including higher instances and quality communication, was associated with less self-harming behaviours within a transgender population (Katz-Wise et al., 2018).

A study of transgender youth in Australia found that 82.4% of the participants reported experiencing suicidal thoughts, while 47.1% had attempted suicide (Strauss et al., 2019). In an American study involving LGBTQ+ youth, 34% of participants had reported attempting suicide (Rhoades et al., 2018). Compared with heterosexual and cisgender youth, LGBTQ+ youth were more likely to consider suicide, make a plan, and attempt suicide (Gattis, 2013). While not a study of transgender youth, a comparison found that adult transgender men and women between the ages of 18 and 69 who experienced physical violence were more likely to report past suicide attempts than transgender individuals who did not experience violence (Testa et al., 2012). A difference was found between transgender men and transgender women, which found that transgender men were significantly more likely to report self-harming desires, self-harming behaviours, and suicidal thoughts (Strauss et al., 2019). Thus, it is important that mental health practitioners treating transgender individuals know the rates of self-harm, suicidality, and attempts to die by suicide within the transgender population so they are able to assess for risk and provide appropriate interventions. Researchers suggest a greater look should be taken into the relationship between suicidality and homelessness as homelessness may act as a risk for suicidality (Rhoades et al., 2018).

Defining Support Systems

Support systems for homeless transgender youth can take on various forms, such as homeless shelters, mental and physical health resources, friendships, mentors, and trans-affirming organizations. Cisgender youth may rely on other family members when facing homelessness; in contrast, transgender youth face difficulty as they may not be able to live with

family (de la Haye et al., 2012). Transgender youth have reported being kicked out of multiple family members' homes (Shelton & Bond, 2017). One youth explained they had moved 16 times in 3 years, including living with their mother, aunt, and sisters along with housing programs and a friend's house (Shelton & Bond, 2017). Transgender youth who are not able to live with family may have to find alternative housing. Housing may include seeking out homeless shelters (Abramovich, 2016).

Along with difficulties remaining in familial homes, transgender youth have also had difficulties maintaining placements in group homes (Shelton & Bond, 2017). Reasons cited include transgender youth being forced to wear clothing specific to their birth gender and not being able to identify as their true gender rather than their assigned gender at birth (Shelton & Bond, 2017). Allowing transgender youth to identify as their true gender while in a group home or homeless shelter may create a safer environment for the youth. Youth identifying as their true gender may include using correct pronouns, using chosen names, and dressing in gendered clothes that match the youth's true gender (Shelton & Bond, 2017). In ideal circumstances, shelter beds would be set aside specifically for those within the transgender community (Abramovich, 2016). Beds specifically for transgender individuals would ensure a safe space for youth seeking housing. When youth are forced to identify as their birth gender, they may choose to leave the shelter (Abramovich, 2016). Other youth avoid shelters altogether as they do not want to conform to their birth gender (Abramovich, 2016). Youth may also be excluded from shelters due to their identity as a transgender individual (Abramovich, 2016). Although housing support is an important resource for homeless youth, youth also need mental and physical health resources.

Mental and Physical Health Resources

Homeless transgender youth face difficulties in finding access to mental and physical health resources. Mental health recourses can include access to mental health practitioners who can work with the youth on mental health concerns that may or may not involve the youth's gender identity (Mizock & Lundquist, 2016). Physical health resources can include access to medical doctors that can either provide the youth with immediate or long-term care (Paceley et al., 2021). As discussed previously, transgender youth are at a heightened risk of engaging in self-harming behaviours and developing adverse psychological symptoms, including anxiety and depression (Flentje et al., 2016; Forge, Hartinger-Saunders, et al., 2018; Gattis, 2013; Mountz et al., 2018; Powell et al., 2016; Rhoades et al., 2018; Strauss et al., 2019). Having access to psychological treatments may be beneficial in alleviating some of the symptoms experienced. It is also important for the homeless youth to have access to unbiased medical professionals (Mountz et al., 2018). When able to access proper programs, transgender and further LGBTQ+ youth indicate it having a positive impact on them (Oakley & Bletsas, 2018).

One proposed resource to treat psychological symptoms is trauma-informed care (Ferguson & Maccio, 2015). Trauma-informed care used within support systems will allow better mental health treatment by avoiding retraumatizing the youth seeking services (Ferguson & Maccio, 2015). The trauma-informed care used should be specific to the needs of homeless transgender youth (Ferguson & Maccio, 2015). Structured psychotherapy for adolescents responding to chronic stress (SPARCS) is one trauma-informed practice used for working with adolescents (Ferguson & Maccio, 2015). SPARCS utilizes mindfulness and interpersonal skills from dialectical behavioural therapy to develop consciousness and create connections and meaning for adolescents (Weiner et al., 2009). When used with adolescents, SPARCS resulted in

improvements in anxiety and depressive symptoms, social relationships, impulsivity, and PTSD symptoms (Habib et al., 2013). Although trauma-informed care is helpful in reducing adverse mental health outcomes in homeless transgender youth, a key problem is accessing services that fit their specific needs. Mental health services go beyond trauma-informed care.

Homeless transgender youth face difficulties in accessing services. Ideally, homeless transgender youth should have access to mental health services that provide evaluations, referrals, and counselling that is gender-affirming (Keuroghlian et al., 2014). One definition of gender-affirming care states, "the process of receiving social, medical, and physiological support for one's gender identity or gender expression" (Sherer & Hanks, 2021, p. 66). Gender-affirming care can include the use of proper pronouns when referring to the youth seeking services (Paceley et al., 2021). Within the medical community, gender-affirming care can include transition-related medical services which may include providing access to gender-affirming hormones and surgery (Sevelius et al., 2020). Having access to gender-affirming medical professionals may allow for a more comfortable experience due to being properly gendered and named. Homeless transgender and LGBTQ+ youth have difficulty accessing medical specialists (Oakley & Bletsas, 2018). Having proper access to unbiased medical services is difficult for transgender youth (Mountz et al., 2018). Biased medical services can affect multiple areas of care. Transgender youth have identified discrimination, refusal to use the youth's chosen name, and refusal of treatment when seeking medical services (Oakley & Blestsas, 2018). For transgender youth living within care homes wanting to begin hormone replacement therapy, the youth either had to go through the court system to get approval or wait until they reached the age of 18 (Mountz et al., 2018). When attempting to access medical services, some transgender youth have been pointed towards religious groups rather than medical teams (Oakley & Bletsas, 2018).

In another study, a participant identified getting denied their estrogen blockers (Mountz et al., 2018). Another study focusing on LGBTQ+ youth of colour identified the youth were over-medicated as a means to treat a symptom and not an underlying cause when seeking medical and mental health treatments (Erney & Weber, 2018). By denying access to hormone replacement therapy, transgender youth are denied their ability to safely engage in the gender confirmation process. In order to best treat homeless transgender youth, support systems should provide youth with gender-affirming care in both mental health and medical-based care (Keuroghlian et al., 2014).

Although support systems can come in the form of organizations, support systems can also be outside of institutions. Support systems can come in the form of friendships. Some youth have identified that developing meaningful relationships after they have become homeless has been an important aspect of their journey (Forge, Lewinson, et al., 2018). The friendships may provide them with needed emotional support. Friendships can also come in the form of peers. Peer relationships include relationships with friends and acquaintances, primarily in the bounds of school (Higa et al., 2014). Transgender and LGBTQ+ youth identified peers to be sources of information and help (Higa et al., 2014). Peers also provided the youth with social support (Higa et al., 2014). One youth expressed their experience by stating, "I think that your best bet for people that are going to accept you and that are going to help you out – when you're going through trouble is going to your friends" (Higa et al., 2014, p. 673). Transgender youth have identified peers as most likely to provide the youth with the support they seek (Higa et al., 2014).

Supportive friendships can also come in the shape of LGBTQ+ adult friendships as a support network (Forge, Hartinger-Saunders, et al., 2018). One youth explained their thoughts: "plus just being safe in an area that you know you're in a group of other gay people that can

actually help with those situations or just… just have fun in a safe area" (Higa et al., 2014, p. 674). Adult friendships can provide transgender and other LGBTQ+ youth with mentoring and advice when needed (Higa et al., 2014). The adult in the relationship can provide youth with helpful insights based on their own experiences and act as a role model for the youth (Mountz et al., 2018). Transgender and LGBTQ+ youth have identified support systems that come from parents, siblings, and teachers (Higa et al., 2014). Friendships allow homeless transgender youth to receive emotional support when they require it. Emotional supports may also be provided by organizations.

Another identified support system is LGBTQ+ youth organizations (Higa et al., 2014). Specifically, trans-affirming organizations including agencies and centres for LGBTQ+ people benefit transgender youth (Mountz et al., 2018). One youth detailed their experience with an affirming program stating, "they just accepted me for me and I really like that program because of that. Any time I meet a homeless youth on the street who could be under age I refer them there" (Mountz et al., 2018, p. 113). It provides the transgender youth with a supportive environment that youth have identified not experiencing before finding the organization (Mountz et al., 2018). Transgender youth of colour have identified feeling "at home" within LGBTQ+ organizations but wish there were organizations or groups designed specifically for transgender youth of colour (Singh et al., 2012). The organizations provide a safe space for the youth to go that allow them to be themselves (Higa et al., 2014). Transgender youth do not have to fear being misgendered or deadnamed because the space has been made to allow them to feel safe and supported. Deadname refers to the act of calling a transgender individual by the name given to them at birth and not the name they have chosen for themselves (Sinclair-Palm, 2017).

Some transgender youth have also identified religion and spirituality as systems of support. Religion can act as a source of strength when faced with adversity (Forge, Lewinson, et al., 2018; Mountz et al., 2018). Some youth identified religion as beneficial in their self-acceptance, with one stating, "I believe in God but I don't believe that God would tarnish a trans person or neither a trans man or trans woman or intersex person. God is love" (Mountz et al., 2018, p. 117). Some youth have sought out religious groups who specifically mention that they are supportive of the transgender and LGBTQ+ communities (Higa et al., 2014). Accepting churches provided the youth with the support they sought and did not receive at nonaccepting churches (Higa et al., 2014). By seeking out specific groups, transgender youth can maintain their safety and acceptance within them.

Although religion has acted as a support system for some transgender youth, it has been detrimental to others. Some youth have expressed that they associate religion with violence (Robinson, 2018b). Parents have used their religious beliefs to harass and ostracize the youth due to their identity as a transgender individual (Higa et al., 2014). One youth identified being rejected by family members who were pastors within their church (Robinson, 2018b). Youth have been harassed at their place of worship (Higa et al., 2014). Some youth have also identified being physically confronted in public spaces with the aggressor citing their gender identity as the reason for the confrontation (Higa et al., 2014). Other transgender youth have identified negative messages heard about them, including being told they are sinners, abominations, and hated by God (Higa et al., 2014). Hearing those messages may cause the youth to step away from their religious associations.

Needs of Support Systems

Support systems go beyond housing homeless transgender youth. Seven services have been identified that organizations should offer to homeless transgender and other LGBTQ+ youth in order to best serve the population, including health services, mental health and substance use services, case-management services, family services, legal and mediation services, educational and employment services, and housing services (Ferguson & Maccio, 2015). Having multifaceted support services would allow for an easier transition into adulthood for homeless transgender and other LGBTQ+ youth (Ream & Forge, 2014). However, multifaceted programs are limited to how many youths they can provide services to, leaving many without help (Ream & Forge, 2014). Transgender youth who only have access to generic support systems have reported negative experiences, including biases towards their gender identity (Oakley & Blestsas, 2018). The youth involved would be set up with the supports they need to allow for an easier transition.

LGBTQ+ youth have identified identity-related challenges as being a factor in their resiliency (Schmitz & Tyler, 2019). In Singh's 2012 study, transgender youth of colour identified the intersection between their ethnic and gender identity as a factor in their resiliency. All participants identified being unable to separate the two factors (Singh, 2012). Understanding and recognizing both ethnic and gender identity is important for transgender youth of colour (Singh, 2012). Resiliency in transgender youth can be built by developing their self-defined gender (Singh et al., 2014). One youth detailed their experience explaining, "I guess what I'm saying is [my gender is] very, very multifaceted. There are lots of different feelings and experiences that come with being a trans youth that aren't always visible to the naked eye" (Singh et al., 2014, p. 211). Self-advocacy and expressing gender identity builds on resiliency for transgender youth

(Singh et al., 2014). Trusted friendships and an accepting community that allows the youth to be open about their gender identity also build on the resiliencies the youth have (Singh et al., 2014). Although resiliency benefits homeless transgender youth, the youth still need housing supports.

Housing support, such as homeless shelters, is one of the largest concerns for homeless transgender youth (Abramovich, 2016). Youth have expressed not feeling safe in some housing (Abramovich, 2016). The lack of safety has resulted in the avoidance of shelters (Abramovich, 2016). Some youth have also identified being discriminated against within homeless shelters due to their gender identity (Abramovich, 2016). Transgender and LGBTQ+ youth are more likely to be discriminated against than heterosexual and cisgender homeless youth (Gattis, 2013). Homeless transgender youth have also been excluded from housing services due to their gender identity (Forge, Lewinson, et al., 2018). One of the reasons for the exclusions is due to institutional and governmental policies that exclude transgender and LGBTQ+ youth (Abramovich, 2016). Exclusion can also be seen within the forms needed to be filled out by homeless youth (Abramovich, 2016). If the form only provides male and female selections or forces individuals to fill out their biological gender, it can exclude them. It is beneficial for transgender youth to have the ability to state their pronouns on forms (Shelton et al., 2018). For housing options to be successful, staff need to be trained in supporting LGBTQ+ youth (Abramovich, 2016; Ferguson & Maccio, 2015). Training for staff includes how to create safer living spaces, diversity and cultural competency training specific to the LGBTQ+ community, and noticing transphobic behaviours (Abramovich, 2016; Ferguson & Maccio, 2015). One of the main problems that arise for housing supports is having adequate funding for their programs (Ferguson & Maccio, 2015). There is also a need for transitional living programs to help homeless transgender youth make the transition into adulthood, when they will no longer have

access to child welfare services (Ream & Forge, 2014). Along with providing transitional programs, resources should also ensure emergency transgender and other LGBTQ+ friendly shelter beds and supportive housing programs (Abramovich, 2016).

Implications for Counselling Psychology

The homeless transgender population is filled with complexities and a need for unique supports. It is understood that transgender youth are subject to mental health adversity. Unique supports are necessary as transgender youth are at a heightened risk for mental health adversities (Giammattei, 2015). Mental health professionals must maintain certain considerations before moving forward with any homeless transgender clients. First, mental health professionals must understand the need for support homeless transgender youth have. Next, mental health professionals must diversify their community knowledge and how to treat transgender youth properly. Mental health professionals must also understand how to advocate for their clients and how to aid clients in learning how to advocate for themselves. To do so, professionals will need to explore the unique circumstances that face transgender youth. Those unique circumstances may have an impact on the barriers homeless transgender youth face in accessing support. Lastly, mental health professionals must consider the resiliencies their clients hold. The following section will explore all the considerations and implications stated above.

Need for Support

As discussed previously, homeless transgender youth have an added need for support due to their mental health adversities. On top of the stated adversities, transgender youth have difficulty accessing resources due to the limit on transgender-specific resources. Resources may include access to gender-affirming shelter beds, medical professionals, and mental health

resources. Mental health professionals should be aware of this limitation to work towards advocating for more support, or providing their own, to homeless transgender communities.

Another factor that mental health professionals should be aware of is the negative experiences had by homeless transgender youth. Many members of the transgender community do not feel they can access mental health resources due to hearing about bad experiences from fellow community members (Weir & Piquette, 2018). Mental health professionals should be willing to have an open and honest conversation about their ability to work with homeless transgender youth. The conversation can occur between the professional and their supervisor, colleagues, or the heads of the company or organization they work for. Mental health professionals should also be able to tell a potential homeless transgender client that they do or do not feel they are knowledgeable enough to handle working with them. Suppose a mental health professional can identify having the understanding needed to work with a homeless transgender population. In that case, it may be beneficial to make their work with homeless transgender youth public knowledge. However, simply explaining that one works with the transgender population is not enough.

Diversity Knowledge

Mental health practitioners need to have sufficient knowledge of gender identity and the adversities faced by those with unique identities. Transgender youth live in a heteronormative society that lacks knowledge on how to treat and work with the complex issues that surround gender identity (Weir & Piquette, 2018). Mental health practitioners who work with transgender youth of colour should also understand the important role culture plays in the identity youth of colour hold, and how it relates to being transgender (Singh, 2012). Practitioners who identify as cisgender may find that they must do additional research into understanding the lived

experiences of transgender youth. An outline for working with transgender youth has been provided by the APA (2015). The outline includes information on understanding gender as a construct, the relationship between gender and culture, the role bias plays, understanding of adversities faced by the community, working with different age ranges, and how to apply the information from the outline when working with transgender clients (APA, 2015). Some transgender individuals who sought counselling described teaching their mental health professionals about gender identity (Mizock & Lundquist, 2016). It is frustrating for youth to spend time teaching as it takes away from the sessions (Mizock & Lundquist, 2016). Mental health professionals should take the added step of educating themselves on gender identities along with the difficulties that can be faced by those who do not identify as cisgender.

Personal biases will play a role within the counselling room. Practitioners can take on their bias by willingly exploring alternative hypotheses and beliefs, asking for information that goes against their bias, and re-evaluating initial impressions when they arise (Morrow & Deidan, 1992). Personal bias may also be mitigated by taking pride in one's professional identity, striving to meet professional peer expectations, and receiving formal training regarding the bias, diversity training, or informal training or training from mentors (Neal & Brodsky, 2016). Transgender youth have identified that practitioners who have limited knowledge of gender identity have created an environment where the transgender youth feel they have to fit into the practitioner's perceived notions of gender identity (Mizock & Lundquist, 2016). All practitioners carry bias, with the awareness of personal bias being subjective to each person (Neal & Brodsky, 2016). Personal bias falls on a continuum of how well it is noticed (Neal & Brodsky, 2016). Addressing biases is necessary for mental health professionals when working with transgender clients (Byrd & Hays, 2012).

It would be naïve to assume all mental health professionals would not view gender identity as a problem that needs fixing. As mentioned previously, all practitioners carry bias. Bias may include feeling that being transgender is a form of mental illness or something that can be treated. Gender should not be perceived as a fixable problem but rather an extension of identity. Pathologizing the client has resulted in transgender individuals feeling as though they have a mental illness rather than having their gender identity simply be part of their identity (Mizock & Lundquist, 2016). Mental health practitioners should avoid viewing transgender identity as a mental illness but rather an extension of the individual. If the practitioner chooses to view transgender identity as a mental illness, they will further stigmatize the client and transgender identity (Mizock & Lundquist, 2016; Sherer & Hanks, 2021). Gender pathologizing can contribute to negative views of therapy and those who conduct it (Mizock & Lundquist, 2016). Pathologizing limits access to gender-affirming care (Sherer & Hanks, 2021). Practitioners should have an understanding that diagnoses of "gender dysphoria" are limited and do not encompass the diversity of transgender clients' experiences (Sherer & Hanks, 2021). Further, practitioners should be aware of environmental stressors, including housing, food, and safety, as contributing factors to mental illness (Sherer & Hanks, 2021). Transgender clients face environmental stressors that impact their mental health that goes beyond their identity as a transgender individual (Sherer & Hanks, 2021). Rather than pathologizing or assuming gender identity needs to be fixed, mental health professionals should consider what the client wishes to discuss.

Mental health practitioners may limit their transgender clients by assuming the client will want to discuss their gender identity. Transgender youth should be given the opportunity to explore any concern without the focus primarily being on their gender identity (Weir & Piquette,

2018). Concerns transgender youth may be seeking counselling for may include mental health concerns, concerns about their homelessness, a need for a reliable support system, or their gender identity. Having a heavy focus on gender identity may be detrimental to the therapeutic alliance. Transgender individuals have identified feeling the services they received were ineffective due to the heavy focus on their gender identity (Mizock & Lundquist, 2016). Practitioners must also be willing to explore gender identity with their clients if the client wishes. Some transgender individuals felt that their practitioners were unwilling to explore their gender identity with them (Mizock & Lundquist, 2016). Balancing the two needs may be difficult, but it is the job of the practitioner to be able to navigate those needs.

Advocacy

Another important consideration needed is advocacy. Homeless transgender youth are at a heightened level of vulnerability and may struggle to advocate for themselves. Helping transgender youth build their self-advocacy skills helps them build resilience (Singh et al., 2014). Building self-advocacy with transgender youth of colour aids in their ability to "stand up" for themselves (Singh, 2012). Self-advocacy may take the role of the youth pushing for the use of proper pronouns or seeking transgender-specific care. When self-advocacy is not enough, mental health professionals can advocate for homeless transgender youth. Transgender youth identified having someone to advocate for them and provide resources as being beneficial (McGuire et al., 2010). Homeless transgender youth may not have access to resources or be unaware of what resources exist.

To help build on advocacy, mental health professionals can use gender-affirming language within their practice (Weir & Piquette, 2018). Gender-affirming language may take the form of having a diversity of pronouns listed on intake forms and allowing the client to go by

their chosen name rather than the client's deadname (Knuston et al., 2019). Cisgender individuals may not be fully aware of the impact the use of pronouns can have for transgender and other gender expressive individuals. Using affirming language has also aided in the comfort and openness of transgender youth (Shelton et al., 2018). The counselling room should be an open place to explore and discuss gender identity if the client feels it is needed. Allowing transgender youth a place to explore their own identity and understand the value of different identities is beneficial for transgender clients (Wilber et al., 2006). Advocacy for homeless transgender youth encompasses building their self-advocacy, providing them with resources, and understanding the importance of gender-affirming language and pronoun usage.

Unique Circumstances

It may be easy for a practitioner to lump transgender youth into the greater LGBTQ+ community. To better serve members of the transgender community, a practitioner needs to understand that transgender youth are within a unique population that goes beyond their inclusion within the LGBTQ+ community (Weir & Piquette, 2018). However, understanding that the transgender population is unique within the LGBTQ+ community is not enough. To best serve transgender youth, mental health practitioners should have an awareness of the impact culture can have on transgender identity and acceptance (Harvey & Stone Fish, 2015). Cultural backgrounds, such as religiously conservative, White Western, and Vietnamese cultures, may view transgender identities differently, and potentially negatively (Harvey & Stone Fish, 2015). As mentioned previously, transgender youth of colour have identified an intersection between their ethnic and gender identity that influences how they view themselves (Singh, 2012). Being sensitive to their background will allow for a better understanding of their circumstances.

Another way practitioners can better serve their transgender clients is by understanding the privilege held by identifying as cisgender. Cisgender individuals hold privilege within a heteronormative society (Weir & Piquette, 2018). Cisgender individuals do not face the same adversities as transgender individuals. As discussed previously, compared to transgender youth, cisgender youth have better family communication, had less suicide attempts, face less discrimination (Gattis, 2013), and face fewer placements while in foster care (Mountz et al., 2018). As mentioned previously, transgender youth are at a greater risk of homelessness (Capous-Desyllas & Mountz, 2019) and mental health adversities (Cochran et al., 2002; Flentje et al., 2016). Understanding cisgender privilege will help practitioners when working with transgender youth. It will also aid in understanding some of the barriers faced by homeless transgender youth.

Barriers

As mentioned previously, homeless transgender youth have difficulty accessing necessary services due to their gender identity. A study done by Acevedo-Polakovich et al. (2013) found that transgender youth identified four barriers when it comes to accessing services. Those barriers included societal, provider-related, youth-related, and resources-related barriers. Societal barriers included prejudice, acceptance, and lack of social supports. Provider-related barriers included having to come out to access services, a lack of affirming practices, and a lack of awareness of transgender issues. Youth-related barriers included having a fear of rejection, being unaware of available services, and being afraid for their safety. Resource-related barriers included lack of proper education, lack of health resources, and financial issues (Acevedo-Polakovich et al., 2013). Homeless transgender youth have a greater likelihood of experiencing suicidality, increasing their need for access to affirming crisis services (Rhoades et al., 2018).

Access to affirming crises services is a difficulty faced by homeless transgender youth. Understanding the barriers identified by transgender youth will allow for a better understanding of the adversities they face.

Identifying the barriers faced by homeless transgender youth will allow practitioners to better identify how the youth may overcome barriers. In the previously mentioned study, the participants identified five strategies that can be used: provider-focused, society-focused, youth-focused, school-focused, and resource-focused (Acevedo-Polakovich et al., 2013). With provider-focused, the youth identified creating a safe and open space, proper education on LGBTQ+ individuals for providers, and partnering with other organizations to increase capacity. Society-focused strategies included providing public awareness and greater marketing of the program. Youth-focused strategies identified were maintaining an open discussion about stereotypes within the LGBTQ+ community and teaching the youth involved how to engage in self-advocacy. School-focused strategies included having support services and marketing programs within the school. The final strategy, resource-focused, identified a need for transportation (Acevedo-Polakovich et al., 2013). One means to help meet more of the aforementioned strategies is by having a multidisciplinary team when possible. Working with a diverse team of professionals who engage in gender-affirming language increases the comfort of transgender youth (Giammattei, 2015). Having a multidisciplinary team may also help in identifying resiliencies held by homeless transgender youth.

Resiliencies

Understanding the potential resiliencies held by homeless transgender youth is not only important but beneficial. Counsellors should explore potential resiliencies held by the youth they are working with (Edwards et al., 2019). By identifying resiliencies held by transgender youth,

practitioners can help build on resiliencies or use the resiliencies as examples of strengths held by the youth. One study identified five themes of resiliency which included the youth's ability to self-define their gender, having proactive agency and access to supports, connections to trans-affirming communities, reframing their mental health challenges, and navigating relationships with both families and friends (Singh et al., 2014). Another study identified strong personal relationships, developing social awareness and empathy, identification of personal growth, and experience with personal conflict as builders for resiliency for homeless transgender and further LGBTQ+ youth (Schmitz & Tyler, 2019). A study focusing on transgender youth of colour identified five themes of resiliency which include evolving self-defined gender and ethnic identities, awareness of adultism experiences, self-advocacy, finding their place within the LGBTQ+ community, and social media to affirm the youth's identity (Singh et al., 2012). By exploring the stated builders of resiliencies with homeless transgender youth, the youth may then be able to identify builders they relate to and engage in.

Despite knowledge of what builds resiliency, several factors may impede the development of resiliencies. Research has identified six threats to resiliency (Singh et al., 2014). The first threat to resiliency is adultism, occurring when adults take on the belief that transgenderism is a phase or a problem that could be fixed with therapy (Singh et al., 2014). The second threat to resiliency is health care access challenges, specifically being denied health care access in emergency situations (Singh et al., 2014). The third threat to resiliency is emotional and social isolation, occurring when the youth is isolated from friends after the youth expresses their identity as a transgender individual (Singh et al., 2014). The fourth threat to resiliency is employment discrimination, not knowing if an employer will allow the youth to identify as transgender (Singh et al., 2014). The fifth threat to resiliency is limited access to financial

resources, which together with employment discrimination, result in transgender youth having difficulty feeling financially secure (Singh et al., 2014). The final threat to resiliency identified is gender policing, occurring when youth are told they are using the wrong public washroom or when friends and family invalidate the youth's gender identity (Singh et al., 2014). Understanding the risks to resiliency will allow for mental health practitioners to address the potential risks with their clients. Practitioners can counteract some of the risks to resiliencies by providing gender-affirming support, providing resources for transgender specific communities, and helping the youth reframe their mental health challenges by pulling on strengths and resiliencies identified by the youth (Singh et al., 2014). Helping the youth explore their resiliencies may strengthen the youths understanding.

Fundamental Next Steps for Research

The information presented has indicated the need for supports for homeless transgender youth to help in improving their mental health outcomes. In order to solidify the need for adequate supports for homeless transgender youth, further research will need to be conducted. Firstly, a qualitative study comparing mental adversities in homeless and non-homeless transgender youth. Specific research is lacking for transgender youth. It is known that transgender youth face mental health adversities (Cochran et al., 2002; Powell et al., 2016; Puckett et al., 2020; Strauss et al., 2019; Veale et al., 2017). There is a lack of research comparing the mental health adversities of homeless and non-homeless transgender youth. For a qualitative study, self-reporting surveys may be utilized to compare measures of anxiety, depression, self-harm, and suicidality. Having a baseline comparison of people within the transgender community may act as a means to support research specifically on homeless transgender youth.

The second focus for further research should surround counselling homeless transgender youth. Currently, the literature either addresses counselling transgender youth without looking at homelessness or it addresses homelessness in youth without being specific to the transgender community. One of the pitfalls of looking into counselling transgender youth without considering homelessness is the suggestion of working on family bonds or bringing family members into the counselling room (Edwards et al., 2019). To better understand the impact of counselling for homeless transgender youth, a comparative study looking at mental health outcomes prior to starting and after completing counselling could be proposed. Each youth would get a set number of sessions, eight, which aim to address mental health adversities such as the adversities the previously proposed study would address. The study would aim to discover if having access to counselling services and participating in all sessions does allow improvements in mental health outcomes for homeless transgender youth. This study would hope to better understand the impact counselling can have on homeless transgender youth and work as a potential support for creating programs for youth in various cities and communities.

The third focus for further research should be on using a multidisciplinary approach or facility for homeless transgender youth to access. Some research suggests the benefit of a multidisciplinary approach but did not conduct a study that uses one (Giammattei, 2015). For this study, a qualitative approach should be used to allow for researchers to understand the youth's perspective of the impact nongender-affirming and gender-affirming care has. To begin, a multidisciplinary team would be set up, including mental health professionals, medical doctors, nurses, and social workers, all of whom would have specific training on working with a transgender population. The training would be done to ensure the youth are receiving gender-affirming services. The youth would be asked to detail their experiences with accessing medical

doctors and mental health services before beginning with the multidisciplinary team. The youth would have access to the team for an extended period, potentially 6 to 12 months. As the youth approach the end of the study, they would be asked to detail their experience with the gender-affirming, multidisciplinary team. The study's goal would be to see if having access to the team creates a more favourable experience for the youth compared to the access the youth had prior to the study. If results are favourable, the hope would be for the study to work as a resource when organizations attempt to secure funding for similar programs.

Recommendations for Practice

The main focus for recommendations for practice will be on what mental health practitioners can do to strengthen their work with homeless transgender youth. First and foremost, practitioners should take the time to understand and learn the appropriate language and approaches for working with transgender youth. As mentioned previously, the APA (2015) outlines important information for working with transgender individuals and includes definitions within their article. Some suggestions include taking a nonjudgmental stance, exploring gender identity and expression with the client, and examining personal biases (APA, 2015). Practitioners looking for less lengthy resources can utilize a guide for health care providers (Transgender Law Center, 2016). The document includes 10 tips for working with the community, which include being open about being transgender-inclusive, mutual respect, using correct names and pronouns, how to ask for clarifications, establishing policies, focusing on care and not curiosity, not using the transgender individual as training, what questions are inappropriate, what not to disclose, and obtaining knowledge (Transgender Law Center, 2016). Many youth identified having to teach their practitioner (Mizock & Lundquist, 2016), therefore it is imperative that practitioners take it

upon themselves to develop their knowledge and competencies prior to working with transgender clients.

Mental health practitioners may want to seek out training. The Canadian Counselling and Psychotherapy Association (CCPA; 2021) offers various webinars that cover topics such as counselling gender-diverse clients, transgender awareness, and transgender mental health. Through the webinars, practitioners will learn about issues facing transgender individuals, therapeutic approaches that can be used with the transgender population, terminology, and the role of the counsellor when working with this population (CCPA, 2021). The Canadian Professional Association for Transgender Health (n.d.) offers a two-day training on primary care and informed consent approaches for transgender health. The training covers how to reduce stress, supporting transgender individuals' mental health, defining informed consent, and the roles and responsibilities of mental health professionals (Canadian Professional Association for Transgender Health, n.d.). Training may be used as a means to understand the needs of transgender clients better.

Narrative Therapy Approach

Exploring therapy from a narrative therapy lens has been suggested to be beneficial for transgender clients. Narrative therapy looks into client stories and the impact society has had on them (Freedman & Combs, 1996). As mentioned previously, transgender individuals live in a heteronormative society. Identifying as cisgender is considered the norm, and societal structures are maintained upon it. Reframing mental health challenges was found to be beneficial for transgender youth who were facing mental health adversities (Singh et al., 2014). One youth explained their experience with bipolar disorder explaining, "even though I'm generally pessimistic, I'm optimistic to know that when I have my depression, it's temporary. Keeping my

sense of realism has been a key to my success" (Singh et al., 2014, p. 212). By reframing the youth's experiences, the youth can change how they view their experiences.

Practitioners can help transgender youth explore the impact being transgender in a heteronormative society has had on the youth's identity development. Heteronormative societies reinforce traditional views of gender and sexuality (Page & Peacock, 2013). To help transgender youth understand the socio-cultural impacts of a heteronormative society, the mental health professional working with them needs to have their own understanding first (Harvey & Stone Fish, 2015). Breaking down gender-based stereotypes can act as a starting point to help a transgender client understand their own beliefs towards gender identity and expression (Page & Peacock, 2013). Once youth understand their gender-based biases, practitioners can help them break down what they do and do not align with in terms of gender stereotypes, thus allowing the youth to build on their gender identity (Page & Peacock, 2013). Transgender youth may assume that they should be othered. The youth may also assume that they need to engage in a full medical transition to feel comfortable within their own bodies. Although these experiences may occur for the youth, they should not feel these are expected due to their status as a transgender individual. By helping the youth understand why society has decided that is what they need to feel comfortable, they will be able to begin reauthoring their perceptions and experiences.

Finding Resiliencies

While engaging in a narrative approach, mental health practitioners should also look into finding resiliencies within their clients. As stated previously, exploring resiliencies with clients is beneficial to their treatment (Edwards et al., 2019). Some transgender youth may not be aware of the resiliencies they hold. Narrative therapy explores exceptions through unique outcomes (Dumaresque et al., 2018). When exploring exceptions with the client, mental health

professionals may be able to identify resiliencies and express them to the client. Having clients explore what resiliency looks like, and what they possess, can strengthen their understanding of their power. Mental health practitioners should also search for hidden resiliencies. Hidden resiliencies may camouflage themselves as maladaptive behaviours (Harvey & Stone Fish, 2015). Hidden resiliencies can come in the form of assertiveness and the youth's ability to be assertive (Malindi & Theron, 2010). Practitioners can look for stories that include youth being assertive. Agency, and the ability to seek out help, is another form of hidden resiliencies (Malindi & Theron, 2010). Practitioners may build on the youth's ability to seek help and the impact it has had. Transgender youth may believe that their survival strategies may be harmful, but when looked at objectively, they may see how these strategies have benefitted them (Harvey & Stone Fish, 2015). Identifying hidden resiliencies may also aid the youth in identifying their own resiliencies without the guidance of their practitioner. While exploring resiliencies, practitioners should be utilizing trauma-informed approaches (Forge, Lewinson, et al., 2018). The goal should be to avoid retraumatizing the youth while exploring their potential resiliencies, which can be done by incorporating trauma-informed practices (Forge, Lewinson, et al., 2018).

It should be made clear that these suggestions are not necessarily the only "right" way to work with homeless transgender youth. The recommendations mentioned above are simply that, recommendations. They are what has already been identified within the research. The complex nature of mental health adversities in homeless transgender youth may allow for a multitude of different approaches to be used. The main takeaway should be that practitioners need to come into the sessions with understanding, some form of knowledge, and the openness to explore gender identity while allowing the space for alternative discussions.

Reflexive Self-Statement

In researching and writing about the topic of support systems and the mental health of homeless transgender youth, I have been able to expand my knowledge and understanding. When going into the exploration of the literature, I did not expect it to be as limited as it was when focusing on specifically the transgender community. It was an interesting discovery that began to shape how I looked at the topic. I held the bias that homeless transgender youth would be at a heightened risk of developing mental health adversities due to their status as a transgender person on top of being homeless. I also held the bias that most of the youth who had found themselves homeless became that way due to being kicked out of their home. The last bias I held was that having a support system would reduce their risk of developing or would lower their mental health adversities. At the time, it did not occur to me to think about the quality of the support they had access to. As I read through the articles and begun my writing process, I would take note of what in the literature did surprise me and take time to reflect on why. I wanted to better understand why I had the assumptions I did. Part of it came from the privilege I hold as being cisgender in a heteronormative society. I have never feared I would be kicked out of my home over something I cannot control such as gender identity. I also have not had difficulty in finding affirming access to medical and mental health treatment. When I realized I was carrying some naivety towards my topic, I chose to have a conversation with a friend of mine who identifies as transgender. The friend allowed me to openly ask questions about their own personal experience which I used to further my knowledge of the adversities people within the transgender community face, even for those who are not homeless. I am now able to deepen my understanding of what support systems should look like along with the impact each can have.

To expand on my beliefs about support systems, my initial thought was having any form of support would be beneficial. I naively did not consider how detrimental some support systems may be for youth. It is easy to assume that the main concern for homeless transgender youth would be to find housing. It is easy to look over how housing may not be as supportive as perceived. As identified in the paper, some supportive housing does not consider the importance of allowing transgender youth to identify as their true gender, causing them to identify as their gender at birth (Shelton et al., 2018). I also did not fully consider the possibility that the housing transgender youth had access to would not be safe for them due to their status as a transgender individual (Abramovich, 2016). Having this new knowledge allows me to acknowledge that more time needs to be taken not only into researching what shelters in my city have safe housing for transgender youth, but it furthers my desire to advocate for better and safer housing options. The research I have explored has also allowed me to better understand the impact having easy and safe access to nonbiased medical professionals is. As a cisgender woman, I do not have to be concerned that my doctor will not treat me as a woman. I hold privilege in my status as a cisgender individual. It is easy for me to forget that the same privilege does not extend to transgender youth. Exploring the need for unbiased medical professionals has also allowed me to better understand what resources are needed for homeless transgender youth. My hope is that my broadened knowledge will allow for me to explore resources that I can pass along to future clients who may need them.

My hope is that the deeper understanding I now have will allow me to strengthen my future work with individuals who identify as transgender. I have a strong passion in working with this community. As such, I would like to do my best to ensure they are getting the best support possible. I believe it will also allow me to not only provide future clients with better

resources, but help those around me build their own resources. I want to be able to work as an advocate that can help my professional peers in their own work with transgender clients. Alternatively, I would hope my peers would feel comfortable referring clients to me if they feel they do not have the competencies necessary to work with a transgender population. Ultimately, I hope I am not only able to build my own competencies but help those around me also build their own.

Conclusion

The present literature indicates multiple pathways into homelessness for transgender youth. Some youth are told to leave their familial homes due to a lack of acceptance from the youth's parents (Higa et al., 2014; Shelton & Bond, 2017). Other youth choose to voluntarily leave their familial homes citing a need for freedom, familial conflict (Cochran et al., 2002), and parents trying to control the youth's gender expression as reasons for leaving (Robinson, 2018b). Many youth are subjected to verbal abuse from parents (Robinson, 2018b). Some youth have also reported physical abuse occurring in familial homes (Catalpa & McGuire, 2018; Matthews et al., 2018 Robinson, 2018b). Transgender youth may experience being abandoned by family (Capous-Desyllas & Mountz, 2019). Some youth end up in foster care and child welfare systems (Robinson, 2018a; Shelton & Bond, 2017). Experiencing homelessness can affect the mental health of the youth.

The literature indicates homeless transgender youth face mental health adversities that include self-harming behaviours (Strauss et al., 2019), suicidality and attempted suicide completions (Mountz et al., 2018), anxiety, and depression (Strauss et al., 2019). The aforementioned mental health adversity symptoms increased with incidents of homelessness faced by transgender youth (Rosario et al., 2012). When compared to heterosexual youth,

homeless transgender youth reported higher levels of depressive symptoms (Cochran et al., 2002). Understanding the effects homelessness has on the mental health of homeless transgender youth helps to better inform what support systems are needed.

The present literature review highlights the need for adequate support systems in order to reduce mental health adversities for homeless transgender youth. Support systems should be used as a means to help reduce the mental health adversities homeless transgender youth face. The first support system needed is adequate and safe housing. Having transgender specific beds is beneficial for those who find themselves homeless (Abramovich, 2016). Having beds and housing is only one support system. The next is having access to nonbiased medical professionals (Mountz et al., 2018). Medical professionals may include mental health professionals and medical teams such as doctors or nurses. Unbiased medical care has a positive impact on the youth who is accessing them (Oakley & Blestsas, 2018). Having support systems can also go beyond institution-based supports. Meaningful and close friendships have been identified by youth as being a form of support (Forge, Lewison, et al., 2018). Adult friendships specifically are seen as beneficial (Forge, Lewinson et al., 2018). Friendships with adults provide the youth with mentoring and advice that they may be seeking (Higa et al., 2014). Peer-based friendships are also beneficial when providing youth with social support (Higa et al., 2014). Lastly, transgender supporting organizations have been identified as being a beneficial support system (Mountz et al., 2018). Understanding support systems is necessary when helping homeless transgender youth access them.

Mental health practitioners need to be aware of certain considerations when working with homeless transgender youth. Practitioners would benefit by having an understanding of the transgender community that avoids the need for education by the client (Mizock & Lundquist,

2016). Practitioners would also benefit from being able to address their own biases when it comes to the transgender community (Byrd & Hays, 2012). Practitioners should also avoid assuming the reason the youth sought their mental health services (Weir & Piquette, 2018). Advocacy is also an important consideration. Practitioners should help clients build their own self-advocacy (Singh et al., 2014). Client advocacy can be built by using gender-affirming language (Weir & Piquette, 2018). Practitioners should also be aware of barriers faced by homeless transgender youth (Acevedo-Polakovich et al., 2013). Lastly, practitioners should consider client resiliencies (Edwards et al., 2019). Considerations should help inform counselling practices.

When working with homeless transgender youth, practitioners should consider what modality would be beneficial for the youth. Narrative therapy has been identified as beneficial as working on reframing mental health adversities is a successful approach for transgender youth (Singh et al., 2014). Beyond narrative therapy, practitioners should look for resiliencies (Edwards et al., 2019). One of the focuses should be on hidden resiliencies that appear to be maladaptive behaviours (Harvey & Stone Fish, 2015). By keeping in mind theoretical orientation, considerations, and the need for support, practitioners will be able to better serve homeless transgender youth by providing them with the support necessary to lower mental health adversities.

Homeless transgender youth face mental health adversities (Cochran et al., 2002; Rosario et al., 2012; Strauss et al., 2019) and difficulties accessing unbiased care (Oakley & Blestsas, 2018). Finding homeless shelters that are gender-affirming can be difficult for transgender youth (Abramovich, 2016). Understanding the adversities faced by homeless transgender youth will enhance the care they receive. By following the recommendations highlighted in this paper,

practitioners will be able to better advocate for homeless transgender youth. Using correct language not only builds advocacy (Weir & Piquette, 2018), it allows for a more comfortable and safe experience for the transgender youth (Shelton et al., 2018). Understanding adversities and language will allow practitioners to avoid having transgender clients teach them about gender identity (Mizock & Lundquist, 2016). Building resources will allow practitioners to provide youth with the necessary help.

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