REVIEW

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Homelessness among youth who identify as LGBTQ+: A systematic review

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Abstract

Aims and objectives: To explore homelessness among lesbian, gay, bisexual, transgender, queer/questioning plus (LGBTQ+) youth and to identify their support and care requirements.

Background: LGBTQ+ youth face many health and societal challenges including issues related to homelessness.

Design: A systematic review of qualitative, quantitative and mixed methods studies.

Methods: A search of relevant electronic databases was carried out and included the dates August 2008–August 2018 and limited to academic journals and peer-reviewed empirical studies written in English. Included studies specifically addressed the homeless experiences of youth aged 13–24 years old who identified as LGBTQ+. The PRISMA checklist was used in the review. A quality assessment instrument was used to review all of the selected papers and narrative methods utilised in the synthesis of the research evidence.

Results: The search resulted in 319 papers, and after applying distinct inclusion criteria, a total of 14 papers were considered suitable for the systematic review. Following analysis, the four main themes identified were stigma, discrimination and exclusion; mental health issues and substance use; sexual risks and vulnerability; and interventions and supports.

Conclusion: LGBTQ+ homeless youth is a major public health concern that has significant consequences for a young person's physical and psychosocial well-being.

Relevance to clinical practice: Practitioners need to be aware of the specific health and support requirements of LGBTQ+ youth in relation to homelessness. Inclusive and holistic care plans should exist that are fully responsive to the distinct needs of this group guided by definitive policies and sound clinical research. The implications for future nursing practice are presented and discussed.

KEYWORDS
health risks, homelessness, LGBTQ, literature review, nursing practice, social exclusion, youth

1 | INTRODUCTION

Individuals have specific physical health, mental health and substance use needs; however, many can face barriers when seeking access to appropriate supports and services. Homeless LGBTQ+ youth often have no fixed abode and no money, endure family conflict, may be kicked out of their family home and may have to withstand hostilities related to stigma, discrimination and negative societal attitudes.

Worldwide, homelessness is a growing concern and there is an established body of literature that investigates the phenomena in the general homeless youth population (Curry et al., 2017; Edidin, Ganim, Hunter, & Karnik, 2012; Grant, Gracy, Goldsmith, Shapiro, & Redlener, 2013; McIntyre, Townsend, & Cullen, 2017; Morton et al., 2018; Moyer, 2017; Steen & MacKenzie, 2017; Vitopoulos, Cerswell Kielburger, Frederick, McKenzie, & Kidd, 2017). Homeless youth has been defined by Gaetz, O'Grady, Buccieri, Karabanow, & Marsolais, 2013 as follows:

> Youth aged 13-24 who are living independently of parents and/or caregivers and lack social supports necessary for transition from childhood to adulthood. They do not have a stable or consistent source of income or place of residence, nor do they necessarily have adequate access to support networks to foster a safe and nurturing transition into the responsibilities of adulthood.

Homelessness can include people who are living on the streets, in emergency shelters or temporary accommodation, for example, couch surfing, a vehicle and squatting. Furthermore, a home may be perceived as more than a physical space; it is a place that provides roots, identity, security and a sense of belonging and emotional well-being (Crisis, 2018).

In recognising and being fully inclusive of relevant sexual and gender characteristics, the umbrella term LGBTQ+ (lesbian, gay, bisexual, transgender, queer/questioning plus) is applied throughout this paper (Formby, 2017; McCann & Brown, 2018).

Greater interest is now being directed towards the experiences of homeless LGBTQ+ youth, and available literature appears to be evolving in this regard (Page, 2017; Stablein, 2017). Whilst this is an important development, there are still concerns about the availability of appropriate supports and services to address physical, emotional and social care needs in this population (Albert Kennedy Trust, 2015; Choi, Wilson, Shelton, & Gates, 2015; Mayock & Parker, 2017). In terms of social inclusion and social justice, significant disparities continue to exist for LGBTQ+ homeless youth that adversely affects their overall health and well-being, and this can potentially continue across the life course (World Health Organisation, 2013).

There is an estimated total of 1.7 million people who are currently homeless in the USA (Shelton, Poirier, Wheeler, & Abramovich, 2018). Evidence suggests that LGBTQ+ youth have significantly higher risks and levels of homelessness than non-LGBTQ+ youth in the general population (Albert Kennedy Trust, 2015; Choi et al., 2015). Existing studies estimate LGBTQ+ homeless youth ranging between 8%–37% (Fredrick, Ross, Bruno, & Erickson, 2011; Gaetz, 2004; Moskowitz, Stein, & Lightfoot, 2013; Rosa, Montgomery, Hyde, Iverson, & Kipke, 2001; Tyler, Akinyemi, & Kort-Butler, 2012). However, there are difficulties ascertaining the numbers of homeless LGBTQ+ youth due to the absence of national data related to this population. There is also a lack of country-specific representative samples and underreporting

What does this paper contribute to the wider global clinical community?

- Highlights key physical and psychosocial issues for homeless youth who identify as LGBTQ+.
- Evidences the growing and evolving research focusing on LGBTQ+ homeless youth concerns.
- Sets out nursing responses, potential supports and interventions and service developments for LGBTQ+ homeless youth.

due to stigma and discrimination experiences (Durso & Gates, 2012, Abramovich 2013, Tyler et al., 2012, Shelton et al., 2018).

Stigma and discrimination-related experiences can have a serious effect on an individual's sense of safety and well-being and can lead to minority stress (Frost & Meyer, 2009; Meyer, 2015). The minority stress model conceptualises LGBTQ+ discriminatory experiences, violence and abuse, emotional trauma, internalised shame and resilient features. The model acknowledges that LGBTQ+ people can endure excessive levels of discriminatory experiences that can result in a detrimental effect on psychological and emotional well-being. These factors can have a negative result on how LGBTQ+ youth access and use health services. (Meyer, 2015). There is a range of other interrelated and contributory factors that can result in homelessness for this population. Homeless youth who identify as LGBTQ+ can endure distinct harmful experiences such as homophobic bullying and victimisation in school and community settings (Albert Kennedy Trust, 2015). A further challenge that LGBTQ+ homeless youth face is family conflict that has been consistently shown to be a major factor leading to homelessness. The negative consequences of "coming out" to family members and friends can include hostility, abuse, rejection and eventual ejection from the family home (Robinson, 2018). This can be detrimental to the young person's well-being and can lead to further vulnerabilities and physical and psychosocial risks (Rhoades et al., 2018). There is further risk, following homelessness, of exclusion, social isolation and the possibility of abuse, exploitation and victimisation (Curry et al., 2017). As a consequence of these factors, and fractured family and friendship networks, there is the increased potential for the development of mental health issues, notably depression, anxiety, post-traumatic stress disorder (PTSD), suicidal behaviours and substance misuse (Cronley & Evans, 2017; Davies & Allen, 2017; Jackman, Honig, & Bockting, 2016; Reisner et al., 2016).

The experiences of LGBTQ+ homeless youth have become a social policy concern in terms of human rights and social justice and inclusion. The detrimental effect on individuals and their families is apparent, with implications for nurses and nursing practice.

1.1 | Aims

This systematic review of the research evidence aims to highlight the homeless experiences of LGBTQ+ youth and explore issues concerning accessing appropriate services and relevant support needs.

2 | METHODS

2.1 | Review questions

1. What are the experiences of homeless LGBTQ+ youth?
2. What are the support and care requirements of LGBTQ+ youth?

2.2 | Ethics statement

The study is a systematic review of published research evidence; therefore, ethical approval was not required.

2.3 | Search and selection strategy

This review identified academic papers that used quantitative, qualitative or mixed methods approaches. A subject Librarian assisted with the literature searching. The databases searched were PsycINFO, CINAHL, MEDLINE and Sociological Abstracts. The search terms used were as follows: homeless* AND gay OR lesbian* OR bisex* OR transgender* OR queer OR Intersex AND youth* OR adolescent*. The search strategy used in one of the electronic databases is contained in Table 1.

The data were published from August 2008–August 2018. The inclusion criteria were limited to academic journals and peer-reviewed empirical studies written in English. People outside of this age range and studies that focused on non-LGBTQ+ homeless youth were excluded. Included studies specifically addressed the homeless experiences of youth aged 13–24 years old who identified as LGBTQ+, and those that did not meet the criteria were rejected. Reasons for exclusion were wrong population, wrong ages, wrong phenomena and wrong language.

A diagram showing the search results *PRISMA* (Moher et al., 2015) is presented in Figure 1. The PRISMA checklist was used to guide the review process (see Supporting information File S1).

2.4 | Quality assessment

A quality assessment instrument, the *Critical Appraisal Skills Programme* (CASP), was used to review all of the selected papers. (Critical Appraisal Skills Programme, 2013). Specific questions were systematically used to appraise the evidence in each of the studies (Table 2). Individual questions were scored zero, one or two out of a potential score of 20. A score of zero was assigned to study with no information, a moderate amount of information scored one, and a question that was comprehensively addressed scored a maximum of two points (Rushbrooke, Murray, & Townsend, 2014).

Papers demonstrating high quality overall, with a score of 17 or more, were achieved by a total of 10 of the studies (Bruce, 2014; Gattis, 2013; Hein, 2011; Reck, 2009; Rice et al., 2013, 2015; Rosario, Schrimshaw, & Hunter, 2012; Tucker et al., 2012; Tyler, 2013). A total of four studies achieved a moderate score of between 14 and 16 (Bidell, 2014; Castellanos, 2016; Corliss, Goodenow, Nichols, & Austin, 2011; Gangamma, Slesnick, Toviessi, & Serovich, 2008). The main reasons for these lower quality assessment scores included limited detail regarding the statement of aims of the study, recruitment

TABLE 1 CINAHL search strategy

Search code	Query
S1	Homeless*
S2	Lesbian*
S3	Bisex*
S4	Transgender*
S5	Gay
S6	Queer
S7	Intersex*
S8	Youth
S9	Adolescent*
S10	S2 OR S3 OR S4 OR S5 OR S6 OR S7
S11	S8 OR S9
S12	S1 AND S10 AND 11
S13	Limiters: English, academic papers, years 2008–2018

The asterisk denotes variations of the terms (e.g. homeless or homelessness)

strategy, ethical considerations, research relationships and data analysis. No papers were excluded following quality appraisal.

2.5 | Characteristics of the selected studies

The fourteen studies that addressed the study objectives are shown in Table 3. All of the studies considered in the review were conducted in the United States of America (USA). The sample sizes were from 5–2,357 participants. A total of seven studies used quantitative methods (Bidell, 2014; Bruce et al., 2014; Corliss et al., 2011; Gangamma et al., 2008; Rice et al., 2013, 2015; Walls & Bell, 2011). Qualitative methods were utilised in four of the studies (Catellanos, 2016; Gattis, 2013; Reck, 2009; Tucker et al., 2012). Mixed methods were employed in three studies (Hein, 2011; Rosario, 2012; Tyler, 2013). The data collection methods used included surveys, questionnaires, interviews and validated measures. The measures used within the relevant studies fell into two main categories: (a) validated measures widely used and recognised in other research studies and (b) those developed for use in specific LGBTQ+ studies.

2.6 | Data extraction and analysis

One of the most rigorous approaches is a meta-analysis of research studies, which was the primary intention of this review. Following the identification and analysis of the papers that met the aims of the review, a meta-analysis was deemed inappropriate. This was due to
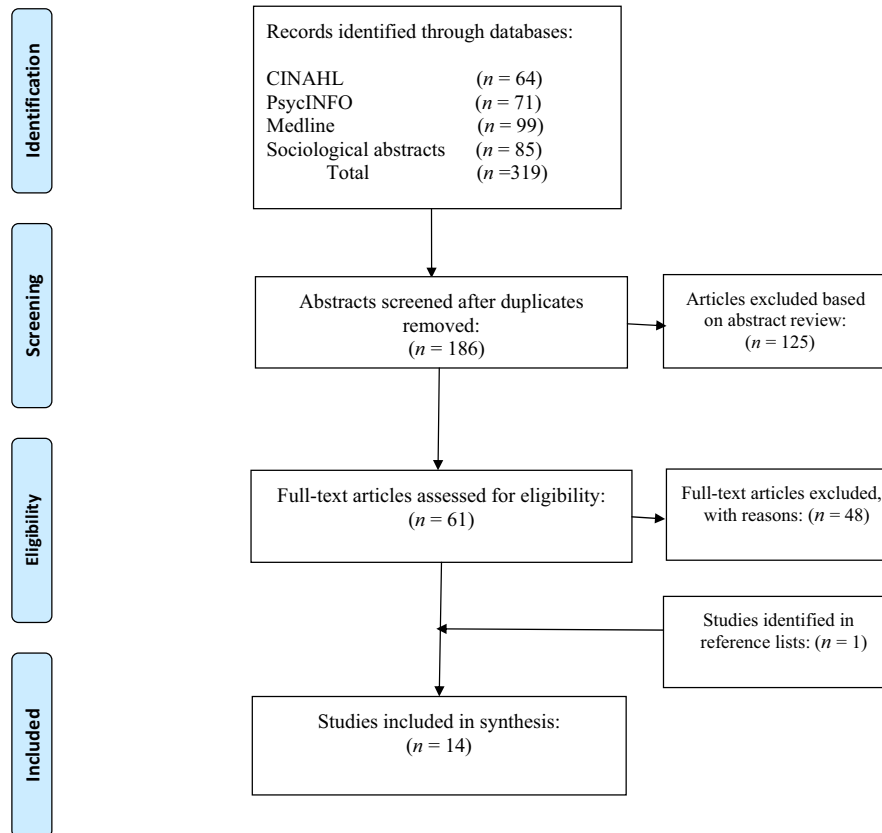
FIGURE 1   PRISMA Flow Diagram with search results [Colour figure can be viewed at wileyonlinelibrary.com]

the varying sampling methods and sample sizes, the research designs adopted across the studies, and the widely contrasting methodological approaches employed. As a consequence, a narrative synthesis was selected as the most appropriate method as it relies on the identification of keywords and text to summarise and explain the findings from the included studies (Popay, Roberts, & Sowden, 2006). Thematic analysis of the data was conducted. The relevant themes were identified across all of the studies and codes applied to the data. Contrasts and comparisons were made between studies following the grouping of concepts. The themes were identified individually by members of the research team. They were then collectively discussed, verified and approved by the research team, thereby minimising the potential of reviewer bias (Caldwell, Henshaw, & Taylor, 2011).

3 | RESULTS

Following a critical analysis of the studies, the four main themes identified were (a) stigma, discrimination and exclusion; (b) mental health issues and substance use; (c) sexual risks and vulnerability; and (d) interventions and supports.

3.1 | Stigma, discrimination and exclusion

Homeless youth who identify as LGBTQ+ continue to be one of the most marginalised and disenfranchised groups in

society. Nevertheless, the multifarious pathways to homelessness in LGBTQ+ youth remain understudied (Gangamma et al., 2008; Tucker et al., 2012). The limited available international evidence reveals that homelessness figures are significantly higher in this group than in the general youth population (Gattis, 2013; Rice et al., 2013; Tyler, 2013). From a practice viewpoint, there is an increased interest in issues related to trauma, stigma, discrimination and social exclusion and their effects on young LGBTQ+ people (Bidell, 2014; Bruce et al., 2014; Corliss, 2011). The experiences of minority stress, including heterosexist attitudes and reactions, can have a profound effect on young people who identify as LGBTQ+ as they seek to affirm their sexual identity (Bruce et al., 2014). Identified stressors for LGBTQ+ youth, such as those associated with stigma and discrimination, can result in greater physical and mental health concerns, including risky sexual behaviour and substance misuse. These factors may contribute significantly to the LGBTQ+ homeless youth figures figures (Castellanos, 2016; Corliss et al., 2011). The cumulative effect of negative psychosocial experiences can lead to greater instances of depression and suicidal behaviours (Bruce et al., 2014). Extreme family conflict concerning the disclosure of sexual orientation and the process of familial disintegration can increase the risk of rejection and result in homelessness (Castellanos, 2016). One study that investigated homeless LGBTQ+ youth of colour described participants' experiences of developing resilience and finding safety, security and support in gay-friendly districts and social spaces (Reck, 2009). Although exclusion, discrimination and

TABLE 2 Quality assessment scores (*n* = 14)

	Bidell (2014)	Bruce et al. (2014)	Castellanos (2016)	Corliss et al. (2011)	Gangamma et al. (2008)	Gattis (2013)	Hein (2011)	Reck (2009)	Rice et al. (2013)	Rice et al. (2015)	Rosario et al. (2012)	Tucker et al. (2012)	Tyler (2013)	Walls and Bell (2011)
1. Clear statement of aims	2	1	0	1	2	2	2	2	1	2	1	2	2	1
2. Appropriate methodology	2	2	2	2	2	2	2	2	2	2	2	2	2	2
3. Appropriate research design	2	2	2	2	2	2	2	2	2	2	2	2	2	2
4. Appropriate recruitment strategy	0	2	1	2	2	2	2	2	2	1	2	2	2	2
5. Appropriate data collection methods	2	2	2	2	2	2	2	2	2	2	2	2	2	2
6. Research relationships considered	0	0	0	0	0	1	2	2	0	0	0	1	2	2
7. Consider ethical issues	2	2	2	0	0	2	2	2	2	2	2	2	2	2
8. Rigorous analysis	2	2	1	2	2	2	2	1	2	2	2	2	2	2
9. Clear findings	2	2	2	2	2	2	2	1	2	2	2	2	2	2
10. Value of the research	2	2	2	2	2	2	2	1	2	2	2	2	2	2
Total scores out of 20	16	17	14	15	16	19	20	17	17	17	17	19	20	19

victimisation are important contributory influences on LGBTQ+ homeless youth, more research is required to determine the relevant risk and protective characteristics and to identify effective strategies and interventions to address the pertinent issues and concerns (Corliss et al., 2011; Hein, 2011).

3.2 | Mental health issues and substance use

The effects of living in heteronormative environments and experiencing negative societal reactions, such as discrimination, stigma and victimisation, can result in significant mental health issues, including depression, self-harm and substance use (Bidell, 2014; Gattis, 2013; Rice et al., 2013; Tucker et al., 2012). Substance use is more prevalent and is experienced at a younger age by lesbian, gay and bisexual (LGB) youth who were homeless compared to LGB youth who were not homeless (Rosario et al., 2012). Significant levels of emotional and psychological distress, related to harassment at home, were discovered to be a key factor towards increased dropout rates in LGBTQ+ high school graduates, with almost 40% of LGBTQ+ homeless youth failing to complete high school (Bidell, 2014). High school LGBTQ+ students were more likely to find themselves in more risky situations, with a stranger, for example, than seeking out the relative safety of a youth shelter. Substance use was perceived as a key issue in contributing to homeless LGBTQ+ youth, with homeless LGBTQ+ youth more likely than homeless heterosexual youth to have used substances (Gattis, 2013). A study examined social support and its impact upon homeless LGBTQ+ youth and pinpointed the development of interventions that address specific psychosocial challenges, risk and vulnerability factors, such as mental health and substance use issues (Rosario et al., 2012). Schools and colleges are encouraged to mobilise surveillance strategies to identify early detection of homelessness and implement responsive support services to address possible psychosocial issues and concerns (Rice et al., 2015).

3.3 | Sexual risks and vulnerability

In addition to increased vulnerability and susceptibility to physical health issues, such as respiratory diseases, existing studies report that homeless LGBTQ+ youth engage in more sexual risk activities than nonhomeless youth and are increasingly exposed to sexual transmitted infections (STIs) (Gangamma et al., 2008; Rice et al., 2013; Tucker et al., 2012; Tyler, 2013). Furthermore, homeless LGBTQ+ youth are more likely to end up staying with strangers and to participate in unprotected sex (Rice et al., 2013). GLB youth have been shown to have greater risks of HIV, and rates are significantly higher in bisexual females. Further, survival sex was the greatest predictor of increased sexual health risks (Gangamma et al., 2008). Homeless young gay men were more likely to have fewer sex partners if members of their social network were not heavy drinkers. Other predictors of sexual risk behaviour included lower education, depression, negative attitudes to condom use and sleeping outdoors (Tucker et al., 2012). Young LGBTQ+ people who have frequently run away from home demonstrated significantly higher

TABLE 3 Papers included in the review (n = 14)

Citation and country	Aim	Sample	Methods	Key findings	Recommendations	CASP scores
Bidell (2014)	Explore emotional distress in LGBT homeless youth in high school	LGBT homeless youth (n = 89)	Survey	40% did not complete high school. Support not sought from school staff. High levels of psychological distress identified and harassment at home	Further research required with larger sample to determine when and why LGBT youth become homeless. More mental health research and intervention studies	16
Bruce et al. (2014), USA	Determine the effects of minority stress on homelessness and health disparities in young men	Young gay men (n = 200)	Survey and measures	Being rejected by family and made homeless had a significant effect on depression symptoms and regular marijuana use	More family and school interventions to address stigma and discrimination. Training for staff and develop social networking sites	17
Castellanos (2016), USA	Explore homosexuality and homelessness in Latino LGBT youth	Young men (n = 14) Staff (n = 14)	Semi-structured interviews	Increased homeless after placement in systems of care or the result of pre-existing family conflict over LGBT status	Need to further explore the risk prior to disclosure in family already in conflict to minimise the risk of homelessness	14
Corliss et al. (2011), USA	Explore the burden of homelessness among sexual minority adolescents	Sexual minority youth (n = 599)	Survey	25% LGB were homeless and significantly more likely to be homeless than heterosexual students. Increased risk of homelessness when living apart from parents or guardians. Homeless youth associated with violence, substance misuse and mental health issues	More research needed to better understand the risk and protective factors and develop effective interventions to prevent homelessness	15
Gangamma et al. (2008), USA	Compare HIV risk among LGB and heterosexual young homeless people	Homeless youth (n = 268)	Questionnaires and measures	LGB youth have greater HIV risks and more significant in bisexual females. Survival sex linked to predicting sexual health risks and higher among all females and gay men	Need greater attention towards preventative HIV risk interventions	16
Gattis (2013)	Comparison between sexual minority youth and homeless heterosexual youths	Sexual minority youth (n = 66) Heterosexual youth (n = 81)	Interviews	Statistically significant differences identified including stigma, discrimination, mental health, substance use and sexual risk	Greater supports to families including enhancing communication and family therapy. More research needed into optimal prevention and interventions. Supports to exit homelessness	19
Hein (2011), USA	Compare GBT and heterosexual male homelessness	Homeless males GBT (n = 23) Heterosexual (n = 47)	Interviews and measures	Over one third of GBT youth were homeless due to identity. Highest were trans youth. Gay and trans were younger and stayed with friends and families. Hetero- and bisexual youth stayed in shelters	Implications for nursing regarding policy decisions and services need full consideration	20

(Continues)

TABLE 3 (Continued)

Citation and country	Aim	Sample	Methods	Key findings	Recommendations	CASP scores
Reck (2009), USA	Explore homelessness in gay and trans young people of colour in the Castro area	Gay and trans people (n = 5)	Interviews	More evidence of experiences related to invisibility, harassment, sexualisation and exploitation	There needs to be greater community networks and supports for homeless youths	17
Rice et al. (2013), USA	Explore homelessness, sexual orientation and sexual risk taking among high school students	High school students (n = 1839) LGBTQ (n = 211)	Survey and measures	LGBTQ youth are more likely to be homeless, living with a stranger and less likely to stay in a shelter. Those staying in shelters or public spaces were more likely to engage in unprotected sex	Homelessness and sexual risk-taking reduction programmes need to be in place	17
Rice et al. (2015), USA	Examine homelessness and sexual identity among middle school students	Heterosexual students (n = 25,903) LGBQ (n = 2,357)	Survey and measures	LGBQ students more likely to be homeless than heterosexual counterparts. Higher risk behaviours, riskier locations (with stranger) and less likely to stay in a youth shelter	Schools need to have homelessness surveillance systems to reduce poor physical and mental health issues and prevent long-term homelessness	17
Rosario et al. (2012), USA	Explore risk factors for homelessness among LGB youth	LGB youth (n = 156)	Interviews and measures	48% reported ever being homeless. Most sexually active and involve in substance use before being homeless. Sexual abuse related to homelessness	Interventions required to support youth in their sexual orientation and prevent or address sexual abuse issues	17
Tucker et al. (2012), USA	Examine social networks and sexual risk behaviours in homeless young men who have sex with men (MSM)	MSM (n = 121)	Interviews	Good social network less likely to engage in unprotected sex and to have less sexual partners. Risks associated with older age, Hispanic ethnicity, lower education, depression, less positive condom attitudes and homelessness	HIV prevention programmes need to be multipronged including expanding social networks, effective condom use and access to mental health and housing services	19
Tyler (2013), USA	Explore homeless youth HIV risk behaviours and social networks	Homeless youth (n = 249) GLBT (n = 50)	Interviews and measures	GLBT youth aged 19–21 years who had run away from home engaged in more HIV risk behaviours with strangers	Need to identify risk factors including problematic social networks to minimise the risk of STIs and HIV	20
Walls and Bell (2011), USA	Examine survival sex in homeless youth	Homeless youth (n = 1,625) GLB (n = 325)	Survey and measures	African American, GLB and HIV +ve youth more likely to engage in survival sex	Need to openly discuss survival sex. Education and intervention programmes needed to minimise risks	19

HIV risk behaviours (Tyler, 2013). With few legitimate methods of supporting themselves, many LGBTQ+ youth were forced to engage in survival sex or sex work, where individuals were offered money, drugs, shelter or food in return for sex (Walls & Bell, 2011). Homeless youth who were involved in survival sex were shown to be at greater risk of mental health problems than those who did not engage in sex work, with a significant risk of contracting HIV and STIs (Gangamma et al., 2008). The results of one study suggested that alcohol and methamphetamine use can play a central role in survival sex involvement and effective drug screening can identify youth at increased risk of this form of sexual activity (Walls & Ball, 2011). A significant number of studies in the review indicated that appropriate and responsive services need to be in place in order to address the distinct needs of young homeless people who identify as LGBTQ+ (Bruce et al., 2014; Gangamma et al., 2008; Gattis, 2013; Rice et al., 2013, 2015; Rosario et al., 2012; Tucker et al., 2012).

3.4 | Interventions and supports

Youth who identify as LGBTQ+ can endure noteworthy challenges in their daily lives that may impact negatively on their physical and psychosocial well-being. Individuals can experience discrimination, victimisation, heterosexism, homophobia, biphobia and transphobia (Bidell, 2014; Corliss et al., 2011). They have an increased susceptibility to mental illnesses, substance use issues and sexual health concerns (Castellanos, 2016; Hein, 2011). They may have been subjected to family hostility, violence and abuse, ending up being expelled from the family home (Gattis, 2013). Young people may find themselves on the streets, destitute and forced into prostitution, thus increasing their risk and vulnerabilities (Bruce et al., 2014). Homelessness in LGBTQ+ youth is a crucial issue for health services in assessing for and planning the types of interventions and supports that may be provided for this group. There need to be clear and specific policies and guidelines that are realistic, responsive and achievable, with strategies in place to tackle stigma and discrimination (Hein, 2011). This includes sexual orientation and gender issues which are further compounded by the double stigmatising effects of homelessness (Bruce et al., 2014). There should be in existence resilience enhancement support programmes and access to relevant personnel that the young person can approach, confide in and trust (Tucker et al., 2012). Mental health concerns, such as anxiety and depression, should be acknowledged and access increased to evidence-based talking therapies (Rice et al., 2015). Suitable family psychosocial interventions should be accessible and designed to meet the identified needs of families and carers and help them to address specific challenges (Gattis, 2013). Appropriate health services should be nondiscriminatory, affirming, open and inclusive. Necessary supports and interventions should be available and provided by staff who are culturally competent, knowledgeable and can effectively advocate on behalf of LGBTQ+ youth. Training and education programmes should exist for health practitioners and other professional groups that address the holistic issues related to LGBTQ+ homelessness

(Reck, 2009; Rice et al., 2013). Schools should instigate surveillance strategies and develop early intervention and prevention services (Rice et al., 2015).

4 | DISCUSSION

The findings of this review have highlighted key issues and indicate areas requiring further consideration and attention. The implications and relevance of the findings in relation to nurses and nursing practice are significant and have an impact upon policy, practice, education and future research developments.

As a starting point, government agencies and health surveillance organisations need to collect, collate and disseminate accurate data on the sexual and gender identity of LGBTQ+ youth. This evidence needs to be interrogated and interpreted locally by service providers to develop and implement clear policies and guidelines to ensure there are appropriate and responsive health services that respond to the needs of LGBTQ+ homeless youth (Bidell, 2014; Castellanos, 2016; Rice et al., 2013; Tyler, 2013). Health services need to acknowledge and respond to the specific and significant risks faced by LGBTQ+ homeless youth, for example, exploitation, abuse, family rejection, STIs and mental health problems (Bruce et al., 2014; Gangamma et al., 2008; Gattis, 2013; Rice et al., 2015; Rosario, 2012). All require specific responses and have important service development and delivery implications, including nursing and nurses.

In practice, clinical nurses need to be aware of the unique care and support needs of this group. Holistic nursing assessments must incorporate the full range of health and social care requirements, and plans of care should reflect interventions and supports required. Some of the key issues and concerns that have emerged from this review relate to stigma, mental health and sexual risk-taking behaviours (Bidell, 2014; Bruce et al., 2014; Gattis, 2013; Rice et al., 2013). The acceptance of sexual and gender identity, as well as appropriate psychological support, was identified as an important need for LGBTQ+ people (Corliss et al., 2011). Clinical nurses are well placed to provide the necessary emotional supports through counselling and psychologically based treatment approaches. In this review of the research evidence, family-based interventions were deemed fundamental in helping families understand the "coming out" experience (Gattis, 2013). Therefore, it would be necessary from a preventative perspective to assist families coping with conflict, to improve communication and to gain a better understanding of specific perspectives and issues, thus seeking to minimise potential homelessness. Such interventions may also support reconnecting LGBTQ+ youth with their families following estrangement, with a view to enabling an exit from homelessness altogether (Gattis, 2013). Statutory and nonstatutory organisations need to coordinate their services across sectors to focus on the causes of homelessness by acknowledging and responding to the factors that lead to LGBTQ+ homeless youth. This includes education authorities, social work departments, social care services and housing providers working

collaboratively with general and LGBTQ+-specific local services to provide holistic health care that responds to wider support needs, mental illness, STI's substance and alcohol use and promotes access to education, skills development and employability. Such responses are necessary to provide a comprehensive "wrap-around" service for LGBTQ+ homeless youth that recognises and responds to their distinct needs. An organisation, the *True Colors Fund*, is an example of collaborative working to address LGBTQ+ homelessness through advocacy, education and training and youth collaboration. The organisation provides an online training platform including the True Inclusion Toolbox to assist service providers in developing LGBTQ+ inclusive environments (https://ourtruecolors.org). Another example is the LGBTQ homeless youth Prevention Initiative that involves co-ordination, collaboration and developing support systems including youth shelters and emergency accommodations (US Department of Housing and Urban Development). In the United Kingdom (UK), *The Albert Kennedy Trust* has an established strategy to address LGBT homeless youth including their independent living initiative, youth engagement programmes, outreach service and online supports for families (Albert Kennedy Trust, 2018).

This systematic review has identified concerns regarding the limited availability of appropriate education and training for service providers (Bruce et al., 2014; Hein, 2011; Wall & Bell, 2011). Practitioners, including clinical nurses, need access to education and training around the individual experiences and needs of LGBTQ+ homeless youth, necessary to ensure their practice is person-centred and focused on the needs of the individual and their specific needs and concerns. Such opportunities allow practitioners to gain crucial knowledge and skills, question their own attitudes, values and beliefs, and identify opportunities to address stigma and dis-crimination, thereby providing responsive and affirmative care. Practitioners need to be supported to understand and appreciate the full extent to the physical, psychological and psychosocial health concerns and the necessary attributes of culturally competent ap-proaches to care (McCann & Brown, 2018). Such developments need to be informed by the most up-to-date research evidence in rela-tion to human rights, social inclusion and reducing health disparities (United Nations, 2016; World Health Organisation, 2013). There is a need for education, social care and health professionals to come together with other key stakeholders including the Royal College of Nursing and General Medical Council; global organisations such as the World Health Organisation and United Nations; and LGBT-spe-cific groups, including Stonewall, Transgender Equality Network and homelessness organisations, such as Albert Kennedy Trust, Centre Point and Focus Ireland. From a European perspective, there has been a limited attention paid to the issue of LGBTQ+ homelessness in the research literature (Mayock & Parker, 2017; Pearce, 2017). The main focus to date has been in the USA, and the Fenway Institute has a well-established track record of tackling LGBTQ+ homeless youth and poverty. They provide knowledge and skills training for practi-tioners from statutory and nonstatutory organisations to help them work more effectively in addressing homelessness in LGBTQ+ client groups (Reisner et al., 2015).

This review has highlighted several areas of research that should be conducted to effectively address the support needs of homeless youth who are LGBTQ+. A significant obstacle to effectively ad-dressing LGBTQ+ homeless youth has been the dearth of data about the prevalence, needs and issues effecting this population. From the findings of this review, it has become more apparent that there is a distinct lack of appropriate research evidence that focuses on key concerns. A significant number of the studies included in the review indicated the need for education and training programmes for service providers from areas such as child welfare, youth justice, homelessness, education, health and mental health systems (Bruce et al., 2014; Corliss et al., 2011; Gattis, 2013; Rice et al., 2015). Other studies highlighted the need for education and training initiatives for LGBTQ+ youth that address issues related to mental health, sexual-ity, physical health, HIV and STIs, survival sex, risk and vulnerability, stigma and discrimination, resilience and developing social networks (Bidell et al., 2014; Castellanos, 2016; Hein, 2011; Rice, 2013; Tucker et al., 2012; Walls & Bell, 2011). There is scope for further research evaluating specific education and training programmes including international multicentre and longitudinal follow-up studies. There is also an opportunity to conduct transcultural research among sub-populations. The review has revealed distinct gaps in evidence around the views and experiences of homeless LGBTQ+ youth to clearly identify their specific healthcare needs and requirements. Future research studies should also determine the perceptions and experiences of families to establish appropriate family and carer supports. Overall, there is an opportunity to fully explore and un-derstand individual, family and carer perspectives in order that ap-propriate and responsive supports and services may be developed and made accessible to this group of people.

This review had several limitations including the distinct lack of research studies carried out beyond the USA, where all the studies were conducted. There are no international multicentred studies or research into the needs of homeless transgender populations. There was also a paucity of longitudinal studies. Future research studies should therefore aim to address the lacunae that exist in the re-search evidence base. From the perspective of bias, the authors have been rigorous in the strict application of a narrative synthesis review process. However, it is acknowledged that there may be potential for subjectivity.

5 | CONCLUSION

This systematic review reveals that homeless youth remains a sig-nificant concern for health and social care services with an increas-ing number of young homeless people who identify as LGBTQ+. The causes of homelessness among this group, and their need for ser-vices and support, are multifaceted and complex and involve physi-cal and psychosocial issues and concerns. This review argues that to address pertinent issues and concerns faced by LGBTQ+ home-less youth, coordinated collaborations across the public, private and nonprofit sectors must occur. Clinical nurses are in a key position to

influence the types of supports and interventions that are required to meet the distinct needs of this population including tackling discrimination, addressing mental health issues and focusing on vulnerability and risk factors.

6 | RELEVANCE TO CLINICAL PRACTICE

There are multiple challenges facing LGBTQ+ homeless youth including obtaining shelter, staying in school, earning an income, accessing social supports and health services. For some, their situation is further compounded by conflict at home, violence and abuse, parental drug use, stigma of living in a shelter and minority stress issues. As a consequence of homelessness, there is disruption to education and future academic attainment that leads to a deficiency in skills and training, poor qualifications and reduced employment and earning opportunities. The lives of LGBTQ+ homeless youth can become increasingly risky and vulnerable. Services, if they exist at all, can be delayed, fragmented and disconnected. Clinical nurses are in a position to play a pivotal role in meeting the care needs of LGBTQ+ homeless youth. Nurses practicing across all healthcare settings will come into contact with this often-vulnerable population. Clinical nurses practicing in primary care, emergency departments, public health, substance use services, disability services, mental health services and school and child health services are part of the frontline services that will come into contact with LGBTQ+ homeless youth. Therefore, they are in a prime position to provide support and facilitate access to wider health, education and social care services and take a lead role in case management and care coordination to enable access to care and services.

Clinical nursing assessments provide the starting point for initial screening, and through the use of open and nonjudgemental approaches to history taking, a clear picture of individual circumstances such as family dynamics, home circumstances, social supports, self-care abilities, financial situation, social networks, child protection, health behaviours and mental health can be established. By obtaining this key information, it is possible to start to plan and deliver nursing care and provide support that begins to address concerns related to fear and isolation, vulnerability, exploitation and sexual abuse issues that are common in LGBTQ+ homeless youth. Collaborative working with other health services and the providers of education, social work, social care, housing, child protection and the police is necessary to ensure that there is access to the range of professionals and support services necessary to ensure that needs are comprehensively assessed and met. From the perspective of nursing practice and given the prevalence of unmet physical and mental health needs of this population, clinical nurses have an opportunity to deliver nursing care that may include contraception, STI screening, psychological support and therapies, family work and substance use treatment.

From a nurse education perspective, there is an opportunity to integrate the needs of LGBTQ+ youths, including those who are homeless, within undergraduate nursing programmes to raise the awareness of their needs of this population and to highlights areas where nursing care

and support is indicated. From a continuing professional development (CPD) viewpoint, there is an opportunity to integrate the growing and evolving research evidence base of this population within both nursing and multiagency CPD programmes and bring clinical nurses and other professionals together from different practice areas to share their experience and practices and build supportive professional networks that focuses on the needs of this population. Nurses are well placed to collaborate with other researchers in building and growing the evidence base in this under-researched area that can inform future developments in nursing practice.

CONFLICT OF INTEREST

No conflict of interest has been declared by the authors.

AUTHOR CONTRIBUTIONS

Review design, conduction of searches, critical appraisal, analysis of the data, review of the drafts, and preparation and finalisation of the review for publication: EM and MB.

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REFERENCES

Abramovich, I. A. (2013) No Fixed Address: Young, Queer, and Restless. In. S. Gaetz, B. O'Grady, K. Buccieri, J. Karabanow, & A. Marsolais (Eds.), *Youth Homelessness in Canada: Implications for Policy and Practice*. Toronto: Canadian Homelessness Research Network Press.

Albert Kennedy Trust (2015). *LGBT Youth Homelessness: A UK National Scoping of Cause, Prevalence, Response and Outcome*. London: Albert Kennedy Trust.

Albert Kennedy Trust (2018). *Strategy 2018–2021: Preventing LGBTQ+ youth homelessness, because no young person should have to choose between a safe home and being who they are*. London: Albert Kennedy Trust.

Bidell, M. P. (2014). Is there an emotional cost of completing high school? Ecological factors and psychological distress among LGBT homeless youth. *Journal of Homosexuality*, *61*(3), 366–381. https://doi.org/10.1080/00918369.2013.842426

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

Caldwell, K., Henshaw, I., & Taylor, G. (2011). Developing a framework for critiquing health research: An early evaluation. *Nurse Education Today*, *31*(8), 1–7. https://doi.org/10.1016/j.nedt.2010.11.025

Castellanos, H. D. (2016). The role of institutional placement, family conflict, and homosexuality in homelessness pathways among latino

LGBT youth in New York City. *Journal of Homosexuality*, *63*(5), 601–632. https://doi.org/10.1080/00918369.2015.1111108

Choi, S. K., Wilson, B. D. M., Shelton, J., & Gates, G. (2015). *Serving Our Youth 2015: The Needs and Experiences of Lesbian, Gay, Bisexual, Transgender, and Questioning Youth Experiencing Homelessness*. Los Angeles: The Williams Institute with True Colors Fund.

Corliss, H. L., Goodenow, C. S., Nichols, L., & Austin, S. B. (2011). High burden of homelessness among sexual-minority adolescents: Findings from a representative Massachusetts high school sample. *American Journal of Public Health*, *101*(9), 1683–1689. https://doi.org/10.2105/AJPH.2011.300155

Crisis, (2018). *Homeless knowledge hub*. https://www.crisis.org.uk/ending-homelessness/homelessness-knowledge-hub/ Accessed: 12 January 2018.

Critical Appraisal Skills Programme (2013). *Ten questions to help you make sense of qualitative research*. Oxford: Critical Appraisal Skills Programme.

Cronley, C., & Evans, R. (2017). Studies of resilience among youth experiencing homelessness: A systematic review. *Journal of Human Behavior in the Social Environment*, *27*(4), 291–310. https://doi.org/10.1080/10911359.2017.1282912

Curry, S. R., Morton, M., Matjasko, J. L., Dworsky, A., Samuels, G. M., & Schlueter, D. (2017). Youth homelessness and vulnerability: How does couch surfing fit? *American Journal of Community Psychology*, *60*(1–2), 17–24.

Davies, B. R., & Allen, N. B. (2017). Trauma and homelessness in youth: Psychopathology and intervention. *Clinical Psychology Review*, *54*, 17–28. https://doi.org/10.1016/j.cpr.2017.03.005

Durso, L. E., & Gates, G. J. (2012). *Serving Our Youth: Findings from a National Survey of Service Providers Working with Lesbian, Gay, Bisexual, and Transgender Youth who are Homeless or At Risk of Becoming Homeless*. Los Angeles: The Williams Institute with True Colors Fund and The Palette Fund.

Edidin, J. P., Ganim, Z., Hunter, S. J., & Karnik, N. S. (2012). The mental and physical health of homeless youth: A literature review. *Child Psychiatry & Human Development*, *43*(3), 354–375. https://doi.org/10.1007/s10578-011-0270-1

Formby, E. (2017). How should we 'care' for LGBTQ+ students within higher education? *Pastoral Care in Education*, *35*(3), 203–220.

Frederick, T. J., Ross, L. E., Bruno, T. L., & Erickson, P. G. (2011). Exploring gender and sexual minority status among street-involved youth. *Vulnerable Children and Youth Studies*, *6*(2), 166–183. https://doi.org/10.1080/17450128.2011.564225

Frost, D. M., & Meyer, I. H. (2009). Internalised homophobia and relationship quality among lesbians, gay men and bisexuals. *Journal of Counseling Psychology*, *56*, 97–109.

Gaetz, S. (2004). Safe streets for whom? Homeless youth, social exclusion, and criminal victimization. *Canadian Journal of Criminology and Criminal Justice*, *46*(4), 423–456. https://doi.org/10.3138/cjccj.46.4.423

Gaetz, S., O'Grady, B., Buccieri, K., Karabanow, J., & Marsolais, A. (2013). *Youth Homelessness in Canada: Implications for Policy and Practice*. Ontario: Canadian Homeless Research Network, The Homeless Hub.

Gangamma, R., Slesnick, N., Toviessi, P., & Serovich, J. (2008). Comparison of HIV risks among gay, lesbian, bisexual and heterosexual homeless youth. *Journal of Youth and Adolescence*, *37*(4), 456–464. https://doi.org/10.1007/s10964-007-9171-9

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

Grant, R., Gracy, D., Goldsmith, G., Shapiro, A., & Redlener, I. E. (2013). Twenty-five years of child and family homelessness: Where are we now? *American Journal of Public Health*, *103*(S2), e1–e10.

Hein, L. C. (2011). Survival strategies of male homeless adolescents. *Journal of the American Psychiatric Nurses Association*, *17*(4), 274–282. https://doi.org/10.1177/1078390311407913

Jackman, K., Honig, J., & Bockting, W. (2016). Nonsuicidal self-injury among lesbian, gay, bisexual and transgender populations: An integrative review. *Journal of Clinical Nursing*, *25*(23–24), 3438–3453. https://doi.org/10.1111/jocn.13236

Mayock, P., & Parker, S. (2017). *Living in Limbo: Homeless Young People's Paths to Housing*. Dublin: Focus Ireland.

McCann, E., & Brown, M. (2018). The inclusion of LGBT+ health issues within undergraduate healthcare education and professional training programmes: A systematic review. *Nurse Education Today*, *64*, 204–214. https://doi.org/10.1016/j.nedt.2018.02.028

McIntyre, M., Townsend, C., & Cullen, J. (2017). Responding to the needs of homeless Aboriginal and Torres Strait Islander young people with complex disability: The Guddi for Young People. *Journal of Social Inclusion*, *8*(2), 81–89.

Meyer, I. H. (2015). Resilience in the study of minority stress and health of sexual and gender minorities. *Psychology of Sexual Orientation and Gender Minorities*, *2*(3), 209. https://doi.org/10.1037/sgd0000132

Moher, D., Shamseer, L., Clarke, M., Ghersi, D., Liberati, A., Petticrew M., ... PRISMA-P Group (2015). Preferred reporting items for systematic review and meta-analysis protocols (PRISMA-P) 2015 statement. *Systematic Reviews*, *4*(1), 1–9. https://doi.org/10.1186/2046-4053-4-1

Morton, M. H., Dworsky, A., Matjasko, J. L., Curry, S. R., Schlueter, D., Chávez, R., & Farrell, A. F. (2018). Prevalence and correlates of youth homelessness in the United States. *Journal of Adolescent Health*, *62*(1), 14–21. https://doi.org/10.1016/j.jadohealth.2017.10.006

Moskowitz, A., Stein, J. A., & Lightfoot, M. (2013). The mediating roles of stress and maladaptive behaviors on self-harm and suicide attempts among runaway and homeless youth. *Journal of Youth and Adolescence*, *42*(7), 1015–1027. https://doi.org/10.1007/s10964-012-9793-4

Moyer, E. (2017). Street life under a roof: Youth homelessness in South Africa by Emily Margaretten. *Africa: the Journal of the International African Institute*, *87*(3), 644–645.

Page, M. (2017). Forgotten youth: Homeless LGBT youth of color and the runaway and homeless youth act. *Northwestern Journal of Law and Social Policy*, *12*(2), 17.

Pearce, L. (2017). Making nurse education LGBT-friendly. *Nursing Standard*, *31*(23), 22–24.

Popay, J., Roberts, H., & Sowden, A. (2006). *Guidance on the Conduct of Narrative Synthesis in Systematic Reviews: Final Report*. Swindon: ESRC Methods Programme.

Reck, J. (2009). Homeless gay and transgender youth of color in San Francisco: "No one likes street kids"—Even in the Castro. *Journal of LGBT Youth*, *6*(2–3), 223–242. https://doi.org/10.1080/19361650903013519

Reisner, S. L., Bradford, J., Hopwood, R., Gonzalez, A., Makadon, H., Todisco, D., ... Mayer, K. (2015). Comprehensive transgender healthcare: The gender affirming clinical and public health model of Fenway Health. *Journal of Urban Health*, *92*(3), 584–592. https://doi.org/10.1007/s11524-015-9947-2

Reisner, S. L., White Hughto, J. M., Gamarel, K. E., Keuroghlian, A. S., Mizock, L., & Pachankis, J. E. (2016). Discriminatory experiences associated with posttraumatic stress disorder symptoms among transgender adults. *Journal of Counseling Psychology*, *63*(5), 509. https://doi.org/10.1037/cou0000143

Rhoades, H., Rusow, J. A., Bond, D., Lanteigne, A., Fulginiti, A., & Goldbach, J. T. (2018). Homelessness, mental health and suicidality among LGBTQ youth accessing crisis services. *Child Psychiatry & Human Development*, 1–9. https://doi.org/10.1007/s10578-018-0780-1

Rice, E., Barman-Adhikari, A., Rhoades, H., Winetrobe, H., Fulginiti, A., Astor, R., ... Kordic, T. (2013). Homelessness experiences, sexual orientation, and sexual risk taking among high school students in Los

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Angeles. *Journal of Adolescent Health*, *52*(6), 773–778. https://doi.org/10.1016/j.jadohealth.2012.11.011

Rice, E., Petering, R., Rhoades, H., Barman-Adhikari, A., Winetrobe, H., Plant, A., … Kordic, T. (2015). Homelessness and sexual identity among middle school students. *Journal of School Health*, *85*(8), 552–557. https://doi.org/10.1111/josh.12280

Robinson, B. A. (2018). Conditional families and lesbian, gay, bisexual, transgender, and queer youth homelessness: Gender, sexuality, family instability, and rejection. *Journal of Marriage and Family*, *80*(2), 383–396. https://doi.org/10.1111/jomf.12466

Rosa, C. J. D., Montgomery, S. B., Hyde, J., Iverson, E., & Kipke, M. D. (2001). HIV risk behaviour and HIV testing: A comparison of rates and associated factors among homeless and runaway adolescents in two cities. *AIDS Education and Prevention*, *13*(2), 131–148.

Rosario, M., Schrimshaw, E. W., & Hunter, J. (2012). Risk factors for homelessness among lesbian, gay, and bisexual youths: A developmental milestone approach. *Children and Youth Services Review*, *34*(1), 186–193. https://doi.org/10.1016/j.childyouth.2011.09.016

Rushbrooke, E., Murray, C., & Townsend, S. (2014). The experiences of intimate relationships by people with intellectual disabilities: A qualitative study. *Journal of Applied Research in Intellectual Disabilities*, *27*, 531–541. https://doi.org/10.1111/jar.12091

Shelton, J., Poirier, J. M., Wheeler, C., & Abramovich, A. (2018). Reversing erasure of youth and young adults who are LGBTQ and access homelessness services: Asking about sexual orientation, gender identity, and pronouns. *Child Welfare*, *96*(2), 1–28.

Stablein, T. (2017). Estimating the status and needs of homeless LGBT adolescents: Advocacy, identity, and the dialectics of support. *Gender, Sex, and Sexuality among Contemporary Youth: Generation Sex*, *23*, 23–41. https://doi.org/10.1108/S1537-466120170000023003

Steen, A., & MacKenzie, D. (2017). The sustainability of the Youth Foyer Model: A comparison of the UK and Australia. *Social Policy and Society*, *16*(3), 391–404. https://doi.org/10.1017/S1474746416000178

Tucker, J. S., Hu, J., Golinelli, D., Kennedy, D. P., Green, H. D., & Wenzel, S. L. (2012). Social network and individual correlates of sexual risk behaviour among homeless young men who have sex with men. *Journal of Adolescent Health*, *51*(4), 386–392.

Tyler, K. A. (2013). Homeless youths' HIV risk behaviors with strangers: Investigating the importance of social networks. *Archives of Sexual Behavior*, *42*(8), 1583–1591. https://doi.org/10.1007/s10508-013-0091-3

Tyler, K. A., Akinyemi, S. L., & Kort-Butler, L. A. (2012). Correlates of service utilization among homeless youth. *Children and Youth Services Review*, *34*(7), 1344–1350. https://doi.org/10.1016/j.childyouth.2012.03.010

United Nations (2016). *Homelessness and Human Rights*. Geneva: UN Office of the High Commissioner.

US Department of Housing and Urban Development (2016). *Review of the LGBTQ Youth Homeless Prevention Initiative Planning Phase*. San Francisco: HUD Office of Community Planning and Development.

Vitopoulos, N., Cerswell Kielburger, L., Frederick, T. J., McKenzie, K., & Kidd, S. (2017). Developing a trauma-informed mental health group intervention for youth transitioning from homelessness. *Professional Psychology: Research and Practice*, *48*(6), 499.

Walls, N. E., & Bell, S. (2011). Correlates of engaging in survival sex among homeless youth and young adults. *Journal of Sex Research*, *48*(5), 423–436. https://doi.org/10.1080/00224499.2010.501916

World Health Organization (2013). *Addressing the Causes of Disparities in Health Service Access and Utilization for Lesbian, Gay, Bisexual and Transgender (LGBT) Persons*. Geneva: WHO.

SUPPORTING INFORMATION

Additional supporting information may be found online in the Supporting Information section at the end of the article.

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