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Queer homelessness: the distinct experiences of sexuality and trans-gender diverse youth

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ABSTRACT

Queer young people, or young people who are sexuality diverse and/or trans and gender diverse, face a higher lifetime likelihood of homelessness than their cis-heterosexual peers. However, queer young people are often treated as a homogenous group within research, a methodological decision that obscures differences on the basis of gender identity. Drawing upon 2,159 intake records from a youth housing program in Australia, the authors compare the experiences of (i) cis-heterosexual; (ii) sexuality diverse; and (iii) trans and gender diverse young people across a number of domains related to vulnerability, including victimization and violence, health, substance use, and support systems. Eighteen percent of young people in the sample identified as queer, and five percent identified as trans or gender diverse. Queer young people were more likely to report family and intimate partner violence, poor mental health, and recent substance use than cis-hetero youth. Trans and gender non-conforming respondents were more likely than sexuality diverse peers to be experiencing current, rather than past, family violence, and less likely to report intimate partner violence and substance use. We conclude by discussing these issues within the context of past research and their implication for future research and practice within the homelessness sector.

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Introduction

Queer young people face higher rates of homelessness and housing instability than their heterosexual and cisgender peers. Queer is an umbrella term that includes young people who are same sex and gender attracted or experience no attraction (e.g. a-, grey-, or demisexual), or whose gender identity does not match their gender assigned at birth (e.g. transgender,

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non-binary, or gender non-conforming) or who are intersex (Browne, 2008). Three systematic reviews have concluded that between 8%-37% of all adolescents and youth experiencing homelessness are queer (Ecker, 2016; Fraser et al., 2019; McCann & Brown, 2019). As the number of young people experiencing homelessness continues to increase globally, more research and policy attention has been directed toward this growing proportion who identify as queer. However, past research has often homogenized queer young people; ignoring differences in experiences on the basis of sexuality compared to gender identity. In this study, we draw upon a clinical sample from a community-based organization working with homeless and housing insecure young people (ages 12-25) in Brisbane, Australia to compare sociodemographic and personal histories on the basis of such differences.

Homelessness and queer identity

Queer young people continue to comprise a large proportion of young people experiencing homelessness, both in Australia and abroad. In the United States, queer people under age-25 comprise 7% of the general youth population but account for 40% of all youth experiencing homelessness (Choi et al., 2015). More recent research suggests that US queer youth face a 120% greater chance of experiencing homelessness than their cis-hetero peers (Morton et al., 2018). In his review, Ecker (2016) found that most studies reported between 8%-37% of young people who were currently experiencing homelessness identified as same-sex attracted, with the majority of studies clustering around 15-25%.

Several surveys suggest that the lifetime experience of homelessness for young queer people in Australia falls within the range identified by Ecker. The Australian-wide General Social Survey found that 20.8% bisexual people and 33.7% lesbian/gay people reported experiencing homelessness compared to 13.4% heterosexual peers (Australian Institute of Health & Welfare, 2018). Similarly, a survey of queer, Australian youth, found that 23.6% of the over six thousand respondents had experienced homelessness, with a 11.5% experiencing homelessness in the past year (Hill et al., 2021). The experience of homelessness was stratified by gender identity; trans men, women, and nonbinary young people were nearly twice as likely to experience at least one form of homelessness in the past year, compared to cis-queer men and women (Hill et al., 2021). Both of these findings are considerably higher than the reports of sexual minority status among Australians who are currently experiencing homelessness. Australia's largest longitudinal study of adult homelessness conducted between 2011 and 2014 reports 7.7% were lesbian, gay, or bisexual (McNair et al., 2017).

Queer identity, homelessness, and youth may be tightly intertwined because of young people's process of self-realization (Ecker, 2016). Queer youth frequently become homeless following their "coming out," or disclosing their sexuality or gender identity to friends and family. Indeed, previous Australian research indicates over a quarter of all queer respondents and nearly half of all trans respondents felt that their experience with homelessness was related to their sexuality or gender identity (Hill et al., 2021). Homelessness that follows coming out is often strongly associated with the erosion of family support (Gattis, 2013) and increases in family violence (Cochran et al., 2002). In these circumstances, queer young people may "choose" homelessness as the a perceived safer option with young people having to choose between living in the family home, their queer identity, and continued physical and mental safety (Forge & Ream, 2014). The realities of homelessness are, however, that transient housing, even those arrangements previous considered more safe, such as couch-surfing, can have adverse effects on young people's health and wellbeing (Hail-Jares et al., 2020).

Such health concerns may be the result of a minority stress, or the compounding experiences of navigating social stigma and prejudices (Hatzenbuehler et al., 2013). Young people who have minority identities expend more energy into navigating everyday interpersonal interactions (e.g. anxiety following a conversation with a housing caseworker about a partner) in the presence of such potential discrimination. As the cumulative impact of such stress and anxiety builds, a young person's health begins to decline, the same prejudices then work on a systematic level making it difficult to access affirmative healthcare (e.g. medical providers suggesting such anxiety is not real) and result in withdrawing or avoiding "helping" systems. An American survey, for example, found that 3 in 20 LGBTQ + adults and 1 in 3 trans adults postponed healthcare because of previous discrimination (Gruberg et al., 2021).

For people who occupy two or more stigmatized identities, including queer young people who are also homeless, such stressors can be compounded.[1] Previous research has ascertained that lack of housing and homelessness can be perceived as an identity, and that queer youth who lack housing are more likely to experience physical and sexual abuse, report poorer mental and physical health, more likely to self-harm or die by suicide, and more likely to report harmful substance use than cis-hetero peers also experiencing homelessness (Cochran et al., 2002; Frederick et al., 2011; Gangamma et al., 2008; Gattis, 2013; Moskowitz and Seal, 2011; Noell & Ochs, 2001; Rew et al., 2005; Salomonsen-Sautel et al., 2008; Taylor-Seehafer et al., 2007; Van Leeuwen et al., 2006; Walls et al., 2008; Whitbeck et al., 2004). Besides these interpersonal impacts, there are also

structural inequities; young queer people who are homeless are more likely to encounter carceral systems, such as the criminal justice system and child safety than their housed peers or cis-hetero peers (Noell & Ochs, 2001). Additionally, when sexuality and gender are discussed within such systems, these attributes are often framed as barriers to care rather than in a care-affirmative manner (Irvine & Canfield, 2016).

Community-based support services may offer an alternative experience for queer youth, by providing these inclusive and diversity-aware services and support, but the research suggests mixed efficacy in these areas. While some queer youth experiencing homelessness are very satisfied with the agencies they visit, others see engaging with these services as an ordeal (Craig et al., 2015; Crossley, 2015; Matthews et al., 2019; Riley et al., 2011). With conservative religious groups funding many community services, qualitative research suggests that organizations that do not understand the unique needs of queer young people or who do not have queer staff are often seen as reinforcing cis and heteronormative cultural values, or as colluding with negative stereotypes about queer young people (Côté & Blais, 2019). Navigating such organizations can be especially difficult for trans and gender diverse young people (Russomanno et al., 2019; Shelton & Bond, 2017).

Indeed, a consistent criticism about research involving queer young people is how trans and gender diverse individuals are often subsumed within a broader category that implicitly prioritizes sexual orientation over gender identity (Australian Institute of Health & Welfare, 2018; Institute of Medicine, 2011). Many of these previous studies have failed to differentiate between sexuality and gender as different and potentially over-lapping aspects of identity that may change how young people arrive in or experience homelessness (Fraser et al., 2019). Small sample sizes in many studies meant that gender diverse young people were either dropped entirely or rolled into a broader pan-queer category (e.g. "LGBTQ+") (McNair et al., 2017). These decisions are often methodological; small sample sizes can make determining meaningful differences difficult, especially when trans and gender diverse young people comprise a small proportion of the overall sample. Such erasure, however, homogenizes the experience of queer youth, and ignores the differentiated roles that gender identity and sexuality have on young people's experiences and vulnerabilities (Browne, 2008; Fish & Russell, 2018).

Studies that have differentiated on the basis of gender identity have found, in addition to being twice as likely to likely to experience homelessness, trans and gender diverse young people face a greater likelihood of bullying, lack of family support, familial rejection, and self-harm and suicide attempts (Clements-Nolle et al., 2001; Delozier et al., 2020; Eisenberg

et al., 2019; Klein & Golub, 2016; Perez-Brumer et al., 2015; Strauss et al., 2020; Toomey et al., 2018; Veale et al., 2017; Yadegarfard et al., 2014). In other cases, trans and gender diverse people may be included, but analysis is not conducted on the basis of gender identity (McNair et al., 2017). However, when these results are reported, within the media, they often are framed as findings that apply to the broader queer or LGBTQ + community (Council to Homeless People, 2017; Robinson, 2018). Such obfuscation can result in an outcome where cis-sexually diverse young people are served, even as trans and gender diverse young people bear the brunt social stigma (Jones & Hillier, 2013). In one example, Jones and Hillier note that anti-bullying campaigns to address homo- and transphobic abuse in Australian schools largely lost support once modules addressing sexual orientation were included in the curriculum, causing advocates to "relax their efforts" and overlook "the separate needs of trans-spectrum youth" (288).

Jones and Hillier further note that previous research that has addressed differences on the basis of gender identity often focuses on disadvantage and stigmatized behavior, including sexual risk, injection practices, or drug use, in addition to those previously noted studies on abuse, abandonment, and self-harm. When research is framed in this way—to amplify disadvantage—the cumulative stigmatization and discrimination of trans and gender diverse youth appear insurmountable (Johns et al., 2018). Instead, Jones and Hillier encourage researchers to also report affirmative findings, that highlight the resiliency of trans and gender diverse young people. Both of these lessons—that trans and gender diverse young people should be considered independently from the broader queer umbrella and that affirmative findings should also be reported—are especially relevant for research within homelessness and housing insecurity (Fraser et al., 2019; McCann & Brown, 2019). Within such work, trans and gender diverse youth are simultaneously viewed as most "at-risk" for negative experiences and also least-helpable, as their gender identity is often viewed as a barrier to placement within emergency shelters or programmes that are divided on the basis of binary gender (Choi et al., 2015; Shelton & Bond, 2017).

Research aims and hypotheses

Yet, there is still much that is not well understood about the interactions between sexuality, gender identity, youth, and homelessness. The majority of related research has drawn from samples in the United States and Canada; Ecker's review included just two studies occurring outside North America, and none from Australia (Ecker, 2016). In this study, we draw upon a clinical sample of 2,159 young people (ages 12-25) in Brisbane,

Australia who are experiencing homelessness or housing insecurity, and who attended a community support program between July 1, 2015-June 30, 2019. Sociodemographic and personal histories were compared on the basis of sexuality and gender identity. This study is primarily exploratory, and descriptive; it intends to lay the groundwork for the future research on young Australians who are queer and experiencing homelessness. Bivariate hypothesis testing is used to better understand how the experiences of cis-hetero youth differ from all queer youth, and then to look at differences of experiences between sexuality diverse (SD) and trans and gender diverse (TGD) young people. The research hypotheses include:

H_0: The personal histories of queer (LGBTQA+) youth differ from their cis-hetero peers.

H_{0A}: Queer youth will experience higher frequencies of victimization and violence; poorer mental health; more substance use; and less family support than cis-hetero peers.

H_1: The personal history of trans and gender diverse youth will differ from their cis SD peers.

H_{1A}: TGD youth will report higher frequency of victimization and violence, poorer mental health, more substance use; and less family support than SD peers.

This study also adds to the existing literature by considering the role of (1) systematic involvement and (2) interpersonal support network available to young people who are queer and experiencing homelessness—in addition to three well-researched domains—(3) mental and physical health (including self-harm), (4) violence and victimization, and (5) substance use.

Methods

Brisbane youth service

Brisbane, Queensland, is home to approximately 2.1 million residents, including approximately 5,813 people who are homeless or housing insecure (Australian Bureau of Statistics, 2017). Since 1976, Brisbane Youth Service (BYS) has provided comprehensive crisis intervention and case management support to homeless and vulnerable young people and young families aged 12-25 years. The community-based organization provides a multi-disciplinary range of services including crisis and transitional housing, support to sustain tenancies, a medical clinic, mental health programs, alcohol and drug intervention, young women's programs including support for young women experiencing violence and specialist support for young families.

Young people accessing support at BYS participate in a holistic assessment of their strengths and support needs. This intake assessment is conducted as part of a brief solution-focused intervention or engagement in ongoing support. This assessment data also forms the baseline data set for a re-assessment of outcomes at the end of support. The intake process covers approximately 200 questions, including a comprehensive list of options for young people to describe their sexuality and gender identity.

BYS has a longstanding history in participating in research on the complexities of young people's risks and experiences. All participants are informed during the intake process that their de-identified data may be used in research. Alpha codes are assigned to all client files created in the client data management system to enable de-identified extraction of data files. The Griffith University Human Research Ethics Committee has approved the ongoing transfer of de-identified information.

The sample

The current study draws upon the intakes opened from July 1, 2015-June 30, 2019. Duplicates, including cloned intakes from different BYS programs and intakes that were returned to active status after participant reengagement, were identified through data-matching on four points: unique BYS profile code, unique alphanumeric code, date of birth, and Indigenous status. Once duplicates were deleted, a further 16 cases were reviewed for matching on 3 of the 4 criteria. In 8 cases, the unique alphanumeric code had changed as the participant reported a different name that matched their gender identity, thereby generating a new unique profile. These cases were reviewed and merged to reflect the newest intake record.

Coding sexuality and gender identity

BYS participants are asked to provide information about both their gender identity and sexual orientation. Gender identity includes seven options: female, male, transgender male, transgender female, intersex, non-binary, and gender not listed. The last three categories were collapsed for the descriptive statistics to suppress small numbers. Similarly, participants are presented with 11 options for sexuality: straight, gay, lesbian, bisexual, pansexual, same-sex attracted, queer[2], asexual, neutral, questioning, and sexuality not listed. For reporting purposes, some categories were collapsed: (a) straight; (b) gay, lesbian, and same-sex attracted; (c) bisexual, pansexual, and queer; (c) asexual and neutral; (d) questioning; and (e) other. A dichotomous queer variable (LGBTQA+) vs hetero-cis variable was created, as well as a dichotomized trans and

gender diverse variable, comparing the experiences of TGD and cis SD respondents.

Demographic and social history variables

Brisbane Youth Service's uses a simplified version of the validated Quality of Life for Homeless and Hard to House Individuals inventory of self-report measures (Gadermann et al., 2014; Hubley et al., 2009; Palepu et al., 2012). Questions from seven different domains were selected (1) demographic information (age, Indigenous status, culturally and linguistically diverse, education and employment status); (2) housing status at intake; (3) system involvement; (4) victimization and violence; (5) mental and physical health; (6) substance use; and (7) support systems (Table 1). Questions were adapted from validated measures.

Statistical analysis

The data was cleaned and analyzed in Stata SE 14.0 (College Station, TX). Descriptive frequencies were calculated and reported for each variable. Non-responses were excluded, but patterns in non-responses are reported in the results. Chi-square test of independence and Fisher's exact test (if a cell contained 5 or fewer entries) were used to explore differences on the basis of sexuality and gender identity, for categorical variables. For continuous variables, one-way analysis of variance (ANOVA) was used. Responses to the Likert scales, for self-assessment of network support and mental and physical health, were treated as continuous variables for analysis (Norman, 2010). For privacy, cells with five or fewer entries have been suppressed and "≤5" added to the cell (Doyle et al., 2001).

Results

Sexuality and gender identity

After duplicates were removed, 2,159 files remained. The majority of clients at BYS are cisgender girls and women (56.0%) and identify as heterosexual or straight (83.0%) (Table 2). Approximately 3.0% identified as non cis-gender, stating their gender as trans (1.2%), gender non-binary (1.3%), or they did not see their gender offered (0.4%). Among non-hetero sexualities, 9.6% of young people identified as bisexual, pansexual, same-sex attracted or queer, followed by homosexual, gay, or lesbian (4.7%), and 1.2% who were undecided or questioning. One percent of young people said their sexuality was not listed.

Table 1. Questions asked in intake and the corresponding thematic domains.

Domain	Factor	Measurement
Demographic Information	Age	Categorical & continuous; age (in years) at date of intake
	Indigenous status	Dichotomized; identified as Aboriginal, Torres Strait Islander and/or South Sea Islander
	Cultural and linguistically diverse	Dichotomized; identified as a migrant, refugee, or first-generation Australian who speaks a different language at home
	Employment and education	Categorical; (1) regularly attending school; (2) employed; (3) neither employed or engaged in school; (4) had completed school; (5) not part of the workforce (e.g. stay at-home parents, permanently disabled)
Housing at Intake	Housing at Intake	Categorical; (1) sleeping rough; (2) couch-surfing; (3) other unstable housing (including emergency shelter, public housing, share house, student housing, private rental, etc.); and (4) institution or program (foster care, incarceration, treatment program, etc.).
Criminal Justice System Involvement	Child Safety	Dichotomized; were you ever subject of a child safety order?
	Pending Legal Issue	Dichotomized; do you have any pending legal issue?
	Type of Legal Issue	Categorical (check all that apply): court date, probation, parole, youth justice involvement, domestic violence order—respondent, domestic violence order—victim
Victimization and Violence	Family violence-Past	Dichotomized; was there violence in the past in your family home? Family is defined as family of origin or care situation.
	Family violence- Current	Dichotomized; is there current violence in your family home?
	Intimate Partner Violence- Past	Dichotomized; have you experienced violence in a past intimate relationship?
	Intimate Partner Violence- Current	Dichotomized; is there violence in your current intimate relationship?
	Outside Threats	Dichotomized; have you ever experienced any recent threats or violence from someone outside your family or relationship?
	Physical and Sexual Abuse	Dichotomized; have you ever experienced sexual or physical abuse?
	Use of Violence	Dichotomized; have you ever used violence, threats or intimidation yourself?
Mental and Physical Health	Mental Health Diagnosis	Dichotomized; have you ever been diagnosed with a mental health illness?
	Physical or Mental Disability Diagnosis	Dichotomized; have you ever been diagnosed with a physical or mental disability?
	Self-Assessed Mental Health	Likert Scale; on a scale from "very poor" (1) to "great" how would you describe your mental health?
	Self-Assessed Physical Health	Likert Scale; on a scale from "very poor" (1) to "great" (5) how would you describe your physical health?
	History of self-harm	Dichotomized; have you ever hurt yourself?
	History of suicide attempts	Dichotomized; have you thought about hurt yourself intending to take your life or thought about doing so?
Substance Use	Alcohol use Tobacco use Other substance use	Dichotomized; in the past 90 days have you used alcohol/tobacco/any other drugs or substances?
	Injection drug use	Dichotomized; have you ever injected a drug?
Support Networks	Support- Family Support- Friends Support- Partner Support- Community Organizations	Likert Scale; on a scale from "very poor" (1) to "very supportive" (5) how would you describe the support you receive from family/friends/partner (if applicable)/community organizations

Table 2. Gender identity and sexuality within Brisbane Youth Services intake records, 2015-2019. Please see Footnote 1, which clarifies the difference between "queer" in this table and elsewhere in the manuscript.

Gender Identity and Sexuality	N	%
Gender identity		
Cisgender- Female	1,072	56.0
Cisgender- Male	787	41.1
Transgender- Female	11	0.6
Transgender- Male	12	0.6
Non-binary/enby/intersex	26	1.3
Gender not listed	8	0.4
Sexuality		
Heterosexual/straight	1,370	83.0
Homosexual/gay/lesbian/same-sex attracted	77	4.7
Bisexual/pansexual/ queer	159	9.6
Asexual	9	0.6
Undecided/questioning	20	1.2
Sexuality not listed	16	1.0
No Responses		
No response to gender identity questions	243	11.3
No response to sexuality questions	508	23.5
Queer identity overall	297	17.9

Sexuality and gender identity remain a sensitive topic; though 76.0% of participants answered both questions and 89.2% answered at least one, 10.8% (n = 233) of young people answered neither question. Sexuality was the least-responded to, with 23.5% (n = 508) skipping this question. Non-respondents were demographically similar to those who did answer, however, non-respondents were more likely to have a history of child safety involvement, had less support from their networks, were more likely to indicate recent tobacco and alcohol use, and had poorer physical and mental health overall (data not shown).

Demographics & housing at intake

Queer young people were less likely to identify as Aboriginal and/or Islander (19.9% queer *vs* 28.2% cis-hetero youth, $p = 0.003$), less likely to be culturally and linguistically diverse (13.6% *vs* 20.8%, $p = 0.005$), and less likely to be a migrant or refugee (7.2% *vs* 13.6%, $p = 0.004$), compared to cis-hetero young people. They were more likely to be regularly attending school (25.3%) than their cis-hetero peers (17.4%; $p < 0.001$) and more likely to unstably housed (46.8% *vs* 53.5%; $p = 0.040$) (Table 3). They were marginally less likely to be sleeping rough (10.0% *vs* 13.7%, $p < 0.1$) and marginally more likely to be younger, with a greater proportion under-19 (Table 3).

When gender identity was taken into account, more difference emerged. TGD young people were less likely to be attending school than their SD

Table 3. Demographic and housing at intake between a) all-queer youth (LGBTQ+) compared to cis-hetero youth; and b) sexuality diverse and trans and gender diverse. "M" stands for marginal statistical significance ($p \leq 0.1$-0.051) and "NS" stands for "not significant ($p > 0.1$).

		Sexuality and Gender Identity			Gender Identity Separated from Sexual Orientation		
Factor	Overall (n = 2,159)	Cis/Hetero (N = 1,365)	Queer (n = 297)	p-value	Sexuality Diverse (n = 240)	Trans and Gender Diverse (n = 57)	*p*-value
Age, years (SD)	20.2 (3.2)	20.2 (3.0)	20.0 (3.1)	NS	20.1 (3.2)	19.8 (2.9)	NS
Age, categorical				M			NS
Under-12	SUP	--	SUP		SUP	--	
12-15	3.9 (84)	3.8 (52)	3.4 (10)		2.9 (7)	SUP	
16-18	29.4 (635)	29.3 (399)	31.3 (93)		30.8 (74)	33.3 (19)	
19-24	63.1 (1,360)	63.6 (867)	59.9 (178)		60.4 (145)	57.9 (33)	
25+	3.4 (74)	3.3 (45)	4.7 (14)		5.0 (12)	SUP	
Aboriginal/Torres Strait Islander	26.6 (574)	28.2 (385)	19.9 (59)	0.003	21.7 (52)	12.3 (7)	NS
Culturally and linguistically diverse (CALD)	19.7 (421)	20.8 (282)	13.6 (40)	0.005	12.2 (29)	19.3 (11)	NS
Migrant or refugee	12.2 (241)	13.6 (172)	7.2 (20)	0.004	6.3 (14)	11.1 (6)	NS
Education or employment status				0.000			M
Attending school	18.0 (370)	17.4 (234)	25.3 (72)		65.1 (153)	50.0 (25)	
Employed (including underemployment)	7.2 (148)	6.8 (92)	7.0 (20)		22.1 (52)	40.0 (20)	
Neither attending school or employed	11.0 (226)	63.3(853)	62.5 (178)		7.7 (18)	SUP	
Not in the workforce (e.g. disability, parenting, etc.)	63.7 (1,307)	12.5 (169)	5.3 (15)		5.1 (12)	SUP	
Accommodation at intake				M			NS
Sleeping rough	13.3 (281)	13.7 (186)	10.0 (29)	M	11.0 (26)	SUP	NS
Couchsurfing	29.8 (629)	30.0 (406)	29.7 (86)	NS	31.2 (74)	22.6 (12)	NS
Other unstable housing (e.g. with family, shelter, student housing, etc.)	47.1 (993)	46.8 (634)	53.5 (155)	0.040	50.6 (120)	66.0 (35)	0.042
Institutional housing (e.g. incarceration, halfway house, treatment, etc.)	9.8 (207)	9.5 (128)	6.9 (20)	NS	7.2 (17)	SUP	NS

peers (50% SD *vs* 65.1% TGD, p = 0.006; Table 3), and more likely to be working (40%, *vs* 22.1%, p = 0.006). They were also more likely to be unstably housed (66.0% *vs* 50.6%, p = 0.042). Though not statistically significant, TGD young people were more likely than SD youth to be cultural and linguistically diverse (19.3% *vs* 12.2%) and have migrant or refugee status (11.1%, *vs* 6.3%).

Personal histories

We examined the personal histories of young people across five axes: system involvement, victimization and violence, mental and physical health, substance use, and network support (Table 4).

Compared to their cis-hetero peers, queer young people reported less system involvement and had significantly lower frequencies of pending legal troubles (22.3% *vs* 29.0%, p < 0.023) with two exceptions: queer youth were more likely to indicate an upcoming court date (57.1% *vs* 48.0%) and more likely to be named as the aggressor on a domestic violence order (7.9% *vs* 5.9%). However, these findings were not statistically significant. These patterns repeated themselves within the comparison young to TGD people, who reported the highest proportion of upcoming court dates of any group (66.7%). Again, this finding was not statistically significant (Table 4).

This lack of reported criminal justice system involvement is especially surprising given the very high proportion of queer youth who reported experiences with past and ongoing, current victimization. Queer youth, collectively, reported higher rates of historical (78.8% *vs* 64.9%, p < 0.001) and current family violence (25.9% *vs* 20.7%, p = 0.055), with TGD youth reporting significantly higher rates of current family violence (38.3% *vs* 24.4%, p = 0.033). TGD youth also reported significantly lower rates of historical partner violence (27.1%) than their SD peers (46.0%, p = 0.016) or cis-hetero peers (40.6%). Queer youth were also more likely to experience threats, with the TGD youth reported the highest frequency (43.8% TGD *vs* 37.8% SD *vs* 33.5% cis-hetero; NS[3]). Queer youth were more likely to have experienced abuse and assault, with SD youth reporting the highest rates (37.6% SD *vs* 25.8% cis-hetero; p < 0.000).

Given these histories of victimization and violence, it is unsurprising that SD and TGD youth also reported worse mental and physical health than their cis-hetero peers. They were more likely to have a mental health diagnosis (cis-hetero: 55.7% *vs* SD 66.1% *vs* TGD: 82.4%; p < 0.001) or a physical or mental disability (15.7% *vs* 21.3% *vs* 39.5%;p < 0.001). Diverse sexuality but not gender identity, was also associated with lower self-assessed mental and physical health (Table 4). Queer and TGD youth

Table 4. Justice system involvement, victimization and violence, health, substance youth, and self-assessed support networks between a) all-queer youth (LGBTQ+) compared to cis-hetero youth; and b) sexuality diverse and trans and gender diverse youth. "M" stands for marginal statistical significance ($p \leq 0.1$-0.051) and "NS" stands for "not significant ($p > 0.1$).

		Sexuality and Gender Identity			Gender Identity Separated from Sexual Orientation		
Factor	Overall (n = 2,159)	Cis/Hetero (N = 1,365)	Queer (n = 297)	p-value	Sexuality Diverse (n = 240)	Trans and Gender Diverse (n = 57)	p-value
Justice System Involvement							
Child Safety- As Child (%Yes)	12.5 (228)	10.7 (136)	12.8 (34)	NS	13.3 (29)	SUP	NS
Pending legal troubles (%Yes)	28.1 (562)	29.0 (390)	22.3 (63)	0.023	23.3 (54)	18.0 (9)	NS
Court (%Yes)	48.4 (562)	48.0 (187)	57.1 (36)	NS	55.6 (30)	66.7 (6)	NS
Probation (%Yes)	16.2 (91)	17.4 (68)	11.1 (7)	NS	13.0 (7)	SUP	NS
Parole (%Yes)	7.8 (44)	8.0 (31)	SUP	NS	SUP	SUP	NS
Youth Justice (%Yes)	4.1 (23)	4.6 (18)	SUP	NS	SUP	SUP	NS
DVO- Victim	14.1 (79)	15.1 (59)	SUP	NS	SUP	SUP	NS
DVO - Aggressor	6.4 (36)	5.9 (23)	SUP	NS	SUP	SUP	NS
Victimization and violence							
Family violence - Past	67.6 (1,262)	64.9 (843)	78.8 (216)	0.000	80.5 (182)	70.8 (34)	NS
Family violence- Present	22.0 (404)	20.7 (264)	25.9 (71)	M	23.4 (53)	38.3 (18)	0.033
Intimate partner violence- Past	41.8 (767)	40.6 (525)	42.7 (116)	NS	46.0 (103)	27.1 (13)	0.016
Intimate partner violence- Present	13.6 (248)	13.3 (171)	13.7 (37)	NS	14.4 (32)	SUP	NS
Experienced threats or other forms of violence	34.8 (630)	33.5 (430)	39.1 (107)	M	38.1 (86)	43.8 (21)	NS
Experience physical or sexual assault	28.4 (499)	25.8 (324)	37.2 (99)	0.000	37.6 (82)	35.4 (17)	NS
Identified the person who committed the violence	21.7 (363)	20.4 (238)	22.9 (60)	NS	21.7 (47)	28.9 (13)	NS

(*Continued*)

Table 4. (*Continued*)

Factor	Overall (n = 2,159)	Sexuality and Gender Identity			Gender Identity Separated from Sexual Orientation		
		Cis/Hetero (N = 1,365)	Queer (n = 297)	p-value	Sexuality Diverse (n = 240)	Trans and Gender Diverse (n = 57)	p-value
Health							
Mental health diagnosis (%Yes)	46.0 (862)	41.0 (535)	69.0 (194)	0.000	66.1 (152)	82.4 (42)	0.023
Self-assessed mental health, mean (SD)	2.9 (1.0)	3.0 (1.0)	2.6 (1.0)	0.000 (F = 36.6)	2.6 (1.0)	2.6 (1.0)	NS
Self-assessed physical health, mean (SD)	3.5 (0.9)	3.5 (0.9)	3.2 (0.9)	0.000 (F = 27.9)	3.2 (0.9)	3.3 (0.9)	NS
Diagnosed physical or mental disability (%Yes)	17.5 (308)	15.7 (194)	24.3 (63)	0.001	21.3 (46)	39.5 (17)	0.01
History of self-harm (%Yes)	19.3 (358)	16.4 (216)	35.9 (98)	0.000	35.9 (80)	36.0 (18)	NS
History of suicide attempts (%Yes)	28.4 (525)	24.8 (327)	46.3 (126)	0.000	45.7 (102)	49.0 (24)	NS
Substance Use							
Alcohol use	55.9 (1,015)	55.7 (725)	64.3 (175)	0.009	67.1 (149)	52.0 (26)	0.044
Tobacco use	59.6 (1,085)	61.2 (798)	62.2 (171)	NS	66.8 (151)	40.8 (20)	0.001
Other substance use	41.9 (756)	41.1 (531)	49.6 (132)	0.011	53.7 (117)	31.3 (15)	0.001
Injection drug use	25.5 (193)	26.7 (142)	26.5 (35)	NS	24.8 (29)	40.0 (6)	NS
Support Networks							
Support from Family (mean)	2.5 (1.1)	2.5 (1.2)	2.4 (1.1)	0.0277 (F = 4.86)	2.4 (1.1)	2.4 (1.1)	NS
Support from Friends (mean)	2.8 (1.2)	2.8 (1.2)	2.9 (1.3)	NS	2.9 (1.3)	3.1 (1.3)	NS
Support from Partner, if applicable (mean)	3.5 (1.3)	3.6 (1.3)	3.8 (1.2)	NS	3.7 (1.3)	4.1 (1.1)	NS
Support from Community Organizations (mean)	2.7 (1.2)	2.7 (1.2)	2.8 (1.2)	NS	2.7 (1.2)	3.4 (1.1)	0.001 (F = 10.85)

reported the highest rates of both self-harm (19.3 *vs* 35.9 *vs* 36.0%; $p < 0.001$) and past suicide attempts (24.8% *vs* 45.7% *vs* 49.0%; $p < 0.001$) compared to cis-hetero peers. The self-harm and suicidality frequencies reported by queer youth differ significantly from their cis-hetero peers but did not statistically differ from each other (Table 4). SD youth also reported the highest frequencies of alcohol use (55.7% *vs* 67.1% *vs* 52.0%; $p = 0.008$), tobacco use (61.2% *vs* 66.8% *vs* 40.8%; $p = 0.003$) and drug use (41.1% *vs* 53.7% *vs* 31.3%; $p = 0.001$). Surprisingly, TGD youth reported the highest incidence of injection drug use (40.0%), but this finding did not statistically differ from their SD (24.8%) or cis-hetero (26.8%) peers (Table 4).

Despite these findings, queer young people assessed that, overall, their social networks were more supportive, with the exception of family support. Cis-hetero youth reported significantly higher support from family than queer youth (mean 2.5 *vs*. 2.4; $Prob < F = 0.0277$; $F = 4.86$). But SD and TGD youth did not differ from one another in their assessment of family support. Queer young people rated their friends, partners, and community-based organizations as more supportive (Table 4). Trans and gender diverse youth had high overall assessments of both their partners (mean: 4.1 *vs* 3.7 SD *vs*. 3.6 cis-hetero) and significantly higher assessments of organizations they attended for support (mean 3.4 *vs* SD 2.7; $Prob < F = 0.001$; $F = 10.85$).

Discussion

Compared to their cis-hetero peers, the queer young people in this study show consistent patterns of (i) higher frequencies of victimization and violence in their past and present realities; (ii) poorer mental health; including a greater likelihood of having attempted suicide or self-harmed; and (iii) greater likelihood of recent substance use. However, within these findings, there emerged significant differences between cis-SD and TGD young people's experiences, including notable differences with extra-familial social support. We also suggest that these risks were exacerbated—and complicated—by young people's lack of housing, and double-identity as a queer person experiencing homelessness.

The queer young people in our study reported very high overall levels of past and current victimization; 4 in 5 young queer people experienced past family violence and more than 2 in 5 experienced past intimate partner violence. Queer respondents, as a whole, were also less likely to characterize their families as supportive, when compared to cis-hetero peers. These rates of family violence are nearly double those reported in other recent surveys of queer and gender diverse youth (Hill et al., 2021).

When asked to comment upon what factors contributed to their homelessness, young queer people often cited family violence and rejection (Gattis, 2013; Rosario et al., 2012). These findings are simply unacceptable; we should be furious that 80% of SD young people report experiencing family violence (Appendix A: Table A2).

However, there were distinct differences in *when* SD and TGD young people experienced family violence. Sexually diverse young people were more likely to have experienced family violence in the past, while trans and gender diverse young people were more likely to still be experiencing family violence when they reached out to community services. Our findings indicate that TGD young people were also more likely to still be living at home, rather than couchsurfing or sleeping rough, despite being the least likely to indicate that their families were supportive. Together, these two findings may indicate that TGD young people need more support in leaving violent family living situations and that TGD-friendly housing options can be difficult to locate. Previous research on the treatment of TGD people accessing emergency shelters has also illustrated this finding; TGD young people may experience housing programs that are divided on the basis of the gender binary as exclusionary or discriminatory spaces (Russomanno et al., 2019; Shelton & Bond, 2017). Queer young people, then, may not access support services at the same stage in their experience with homelessness.

Similarly, TGD young people did not report the same patterns as their SD peers regarding intimate partner violence. Previous research among LGBTQ + young people has shown high likelihood of IPV, but have not always disaggregated on the basis of gender identity (Edwards & Sylaska, 2013; Langenderfer-Magruder et al., 2016; Whitton et al., 2019). Here, TGD young people overwhelmingly reported low levels of past and current levels of violence in their intimate relationships. When asked to evaluate the support they received from intimate partners, TGD young people were more likely to indicate those relationships were very supportive. While past research has largely theorized on the role of intimate partner relationships in contributing toward youth delinquency (Giordano et al., 2010), future research with TGD people may want to instead consider such relationships as a beneficial support system. Instead, young SD people indicated the highest levels of both past and current intimate partner violence. Researchers have previously suggested that minority stress theory may play a significant role in both the perpetration and victimization within queer relationships (Edwards et al., 2015). As queer people repeatedly experience rejection or revulsion at their identities, they begin to either not seek help (victimization) or act out violently against external representations of theirselves (perpetration) (Edwards

et al., 2015; Edwards & Sylaska, 2013). As noted in the review, minority stress can be compounded by additional marginalized identities, including housing state; in one study, lifetime homelessness more than doubled the likelihood of experiencing IPV victimization among queer young people (Langenderfer-Magruder et al., 2016). Our sample, then, may already represent the high end of victimization as they experience the amplified consequences of stigma and discrimination.

These histories of familial rejection and victimization can have profound impacts on young people's mental health and wellbeing (Hatzenbuehler et al., 2013). Consistent with past research, the young queer people in this study reported very high levels of poor mental health and high levels of past self-harm, including self-harm with suicidal intention. Compared to the recent *Writing Themselves In 4* sample, slightly more young queer people in our sample reported a recent mental health diagnosis (69.4% this sample *vs* 63. 8% *WTI4*) (Hill et al., 2021). Our sample also reported much higher prevalence of lifetime suicide attempts (46.3% *vs* 25.6%), but, surprisingly, a lower proportion reported lifetime self-harm (35.9% *vs* 62.1%) (Hill et al., 2021). Within our sample, TGD young people disproportionately reported poor mental health compared to SD respondents, but the high prevalence of self-harm and suicide attempts was statistically similar. As with victimization, poor mental health among queer young people is exacerbated by the discrimination and prejudice they encounter; Canadian research found that queer young people who were homeless experienced more housing-related stigmatization than their cis-hetero peers, in addition to the discrimination they faced for their sexuality or gender identity (Gattis, 2013). Young people who are also homeless or housing insecure, then, face additional social hostility, which may further exacerbate the likelihood that a young person will engage in self-harm with suicidal intention.

Unsurprisingly, these same histories—and the resulting mental health struggles—may also be associated with reported substance use. Substance use was concentrated among SD respondents and lowest among TGD youth. Substance use by SD young people is often attributed to the link between LGBTQ + culture and the club scene; as in many urban areas, queer youth culture in Brisbane is tightly connected to certain nightclubs and bars within the city's central entertainment district (Demant & Saliba, 2020; McDavitt et al., 2008). Brisbane-based interviews suggest this cultural connection is widely accepted both by young people themselves and by the caseworkers who support them (Demant et al., 2018). However, there is also compelling evidence that substance use severity is driven by stigmatization and homophobia. In another Brisbane-based study, young people who attributed their substance use to homophobia were twice as likely to

indicate recent tobacco and hazardous alcohol use and three times as likely to report illicit drug use (Kelly et al., 2015). Hearteningly, our research may also provide a partial explanation for this disparity in substance use between SD and TGD young people. Previous work found that queer youth who live in communities with higher levels of LGBTQ-supportive climates—those communities with both outwardly public signs of acceptance, such as Pride parades or other Pride events; and community resources, including youth services, mental health support, etcetera, that explicitly stated they were queer friendly—generally report lower odds of lifetime substance use than their peers living elsewhere (Watson et al., 2020). TGD youth in our study reported very high levels of perceived support from community-based organizations. As such, the extension of this earlier hypothesis may fit for TGD young people; more research should test the connection between perceived community support and individual substance use, considering whether environmental support could be a positive mediating factor.

Limitations

There are limitations to this study; the most notable being that while the goal of the project was to illustrate how SD and TGD youth do not have the same experiences or service needs, we, the researchers, decided that for many TGD young people, their sexuality was a less central component of their identity than their gender. Yet, nearly two-thirds of TGD respondents indicated they were SD. Regardless, all TGD young people were grouped together when within-group comparisons of the queer demographic were performed. Similarly, trans and non-binary young people, in particular, may have very different lifetime experiences or needs (and certainly, a young trans person can also be non-binary). Again, we grouped trans and non-binary young people together for the purposes of this statistical analysis. Future research may want to consider comparing the experiences of heterosexual and sexually diverse TGD young people and also compare the experiences of trans and non-binary young people. Second, a large proportion of the sample did not respond to questions about sexuality and gender identity. We acknowledge that young people may not feel comfortable at intake disclosing their sexuality or gender to caseworkers before trust is established, particularly if that identity is new or emergent, or if they have not built a sense of personal safety or pride in their own identity (Butler & Vichta-Ohlsen, 2020). Conversely, as Butler and Vichta-Ohlsen (2020) noted, intake staff may skip questions that they feel are too sensitive, or that they are less comfortable asking, when a young person is in crisis, leading to under-reporting of sexual and gender diversity. This is a risk

when using a community sample, however, as the data collected was never intended for empirical research. However, we argue the value of using this large dataset outweighs these concerns, especially as we have considered differences between respondents and non-respondents. Finally, while the data spanned several years, client records are cross-sectional and update to the most recent intake. Longitudinal data would be valuable in understanding how the identified risk factors shift over time. As the sample selection illustrates, such longitudinal data could also be important in identifying the proportion of young people who "come out" about their sexuality and gender identify over the course of receiving support and increasing their personal safety—as well as how coming out changes a young people's needs.

Conclusion

Queer young people seeking housing assistance should not be considered a homogenous group. SD and TGD young people differed not only from their cis-hetero peers, but also from one another, particularly around experiences of victimization and violence, mental health, substance use, and support systems. Within the context of homelessness services, recognizing and responding to these differences takes on even more importance; our findings illustrate that assuming sameness between SD and TGD young people may lead service providers to miss both points of intervention (e.g. different life-stages in experiencing family violence) as well as potential strengths (e.g. community and intimate partner support) when working with young people. Recognizing these differences can lead to more effective and more appropriate interventions as we try to house every last young person.

Notes

1. Consistent with other scholars in this area, the authors acknowledge that homelessness is an experience rather than an identity and use people-first language throughout. However, as noted by McCarthy, there is a collective social construction of a "homeless identity" which includes "an amalgam of stereotypes [that while do] not exist per se, [this identity] continues to influence perceptions and has sever implications for those experiencing homelessness" (2013: 46). This externally ascribed identity, rather than a self-identity, pushed upon young people experiencing homelessness is ultimately at the core of minority stress theory as discussed in this manuscript.
2. "Queer" on the intake survey was not defined; as it was part of the sexuality and not gender questions, we treat it here as suggesting any same-sex or same-gender attraction. Queer elsewhere in the paper follows the definition as set out in the opening paragraph.
3. Please see Appendix A for statistical significance across all three sexuality and gender groups (e.g. cis-hetero *vs.* SD *vs.* trans and gender diverse). Tables 3 and 4 show the statistical differences between (a) cis-hetero and all-queer and (b) SD and TGD.

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Disclosure statement

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Appendix A. Statistical difference between all three categories (review of Tables 4 & Table 5)

Appendix Table A1. Chi-square tests of independence performed between all three categories: a) cis-hetero; b) sexuality diverse; and c) trans and gender diverse for demographic and housing factors. As the test was performed on all three categories, it does not tell the reader which two groups statistically differ from one another, hence the finer breakdown in the main text. "M" stands for marginal statistical significance ($p \leq 0.1$-0.051) and "NS" stands for "not significant ($p > 0.1$)

Factor	Cis/Hetero (N = 1,365)	SD (n = 240)	TGD (n = 57)	*p*-value	χ
Age, categorical					
Under-12	--	SUP	--	NS	2.7
12-15	3.8 (52)	2.9 (7)	SUP		
16-18	29.3 (399)	30.8 (74)	33.3 (19)		
19-24	63.6 (867)	60.4 (145)	57.9 (33)		
25+	3.3 (45)	5.0 (12)	SUP		
Aboriginal/Torres Strait Islander	28.2 (385)	21.7 (52)	12.3 (7)	0.006	10.3
Culturally and linguistically diverse (CALD)	20.8 (282)	12.2 (29)	19.3 (11)	0.010	9.1
Migrant or refugee	13.6 (172)	6.3 (14)	11.1 (6)	0.014	8.5
Education or employment status				0.001	28.4
Attending school	17.4 (234)	65.1 (153)	50.0 (25)		
Employed (including underemployment)	6.8 (92)	22.1 (52)	40.0 (20)		
Neither attending school or employed	63.3(853)	7.7 (18)	SUP		
Not in the workforce (e.g. disability, parenting, etc.)	12.5 (169)	5.1 (12)	SUP		
Accommodation at intake				M	10.7
Sleeping rough	13.7 (186)	11.0 (26)	SUP		
Couchsurfing	30.0 (406)	31.2 (74)	22.6 (12)		
Other unstable housing (e.g. with family, shelter, student housing, etc.)	46.8 (634)	50.6 (120)	66.0 (35)		
Institutional housing (e.g. incarceration, halfway house, treatment, etc.)	9.5 (128)	7.2 (17)	SUP		

Appendix Table A2. Chi-square tests of independence performed between all three categories: (a) cis-hetero; (b) sexuality diverse; and (c) trans and gender diverse for justice system involvement, victimization and violence, health, substance youth, and self-assessed support networks. As the test was performed on all three categories, it does not tell the reader which two groups statistically differ from one another, hence the finer breakdown in the main text. "M" stands for marginal statistical significance ($p < 0.01$-0.051) and "NS" stands for "not significant ($p > 0.01$). Self-assessed health and support network analysis relied upon a one-way ANOVA rather than a chi-square test

Factor	Cis/Hetero (N = 1,365)	SD (n = 240)	TGD (n = 57)	p-value	χ
Justice System Involvement					
Child Safety- As Child (%Yes)	10.7 (136)	13.3 (29)	SUP	NS	3.7
Pending legal troubles (%Yes)	29.0 (390)	23.3 (54)	18.0 (9)	M	4.8
Court (%Yes)	48.0 (187)	55.6 (30)	66.7 (6)	NS	1.9
Probation (%Yes)	17.4 (68)	13.0 (7)	SUP	NS	2.8
Parole (%Yes)	8.0 (31)	SUP	SUP	NS	3.7
Youth Justice (%Yes)	4.6 (18)	SUP	SUP	NS	1.4
DVO- Victim	15.1 (59)	SUP	SUP	NS	2.3
DVO - Aggressor	5.9 (23)	SUP	SUP	NS	0.5
Victimization and violence					
Family violence - Past	64.9 (843)	80.5 (182)	70.8 (34)	0.001	22.2
Family violence- Present	20.7 (264)	23.4 (53)	38.3 (18)	0.012	8.9
Intimate partner violence- Past	40.6 (525)	46.0 (103)	27.1 (13)	0.042	6.3
Intimate partner violence- Present	13.3 (171)	14.4 (32)	SUP	NS	0.63
Experienced threats or other forms of violence	33.5 (430)	38.1 (86)	43.8 (21)	NS	3.5
Experience physical or sexual assault	25.8 (324)	37.6 (82)	35.4 (17)	0.001	14.4
Identified the person who committed the violence	20.4 (238)	21.7 (47)	28.9 (13)	NS	2.1
Health					
Mental health diagnosis (%Yes)	41.0 (535)	66.1 (152)	82.4 (42)	0.001	75.2
Self-assessed mental health, mean (SD)	3.0 (1.0)	2.6 (1.0)	2.6 (1.0)	Prob > F = 0.000	F = 18.8
Self-assessed physical health, mean (SD)	3.5 (0.9)	3.2 (0.9)	3.3 (0.9)	Prob > F = 0.000	F = 16.7
Diagnosed physical or mental disability (%Yes)	15.7 (194)	21.3 (46)	39.5 (17)	0.001	19.2
History of self-harm (%Yes)	16.4 (216)	35.9 (80)	36.0 (18)	0.001	54.1
History of suicide attempts (%Yes)	24.8 (327)	45.7 (102)	49.0 (24)	0.001	50.8
Substance Use					
Alcohol use	55.7 (725)	67.1 (149)	52.0 (26)	0.007	9.9
Tobacco use	61.2 (798)	66.8 (151)	40.8 (20)	0.003	11.3
Other substance use	41.1 (531)	53.7 (117)	31.3 (15)	0.001	14.7
Injection drug use	26.7 (142)	24.8 (29)	40.0 (6)	NS	1.7
Support Networks					
Support from Family (mean)	2.5 (1.2)	2.4 (1.1)	2.4 (1.1)	Prob > F = 0.08	F = 2.5
Support from Friends (mean)	2.8 (1.2)	2.9 (1.3)	3.1 (1.3)	NS	F = 1.9
Support from Partner, if applicable (mean)	3.6 (1.3)	3.7 (1.3)	4.1 (1.1)	NS	F = 1.0
Support from Community Organizations (mean)	2.7 (1.2)	2.7 (1.2)	3.4 (1.1)	Prob > F = 0.001	F = 6.7