



Sexuality and Homelessness

Brenda Roche
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About Crisis

Crisis is the national charity for single homeless people. We work year-round to help vulnerable and marginalised people get through the crisis of homelessness, fulfil their potential and transform their lives.

We work to develop innovative services which help homeless people rebuild their social and practical skills, join the world of work and reintegrate into society.

We enable homeless people to overcome acute problems such as addictions and mental health problems.

We run services directly or in partnership with organisations across the UK, building upon their grassroots knowledge, local enthusiasm and sense of community. We also regularly commission and publish research and organise events to raise awareness about the causes and nature of homelessness, to find innovative and integrated solutions and share good practice.

Sexuality and Homelessness

Sexuality issues are often overlooked for homeless people. Yet we know that issues related to sexuality and sexual identity can play a key role in the onset of homelessness¹. Difficulties due to intolerance and homophobia can contribute to the loss of stable housing or exacerbate periods of homelessness, particularly amongst those who are most vulnerable, such as gay, lesbian, bisexual or transgender (GLBT) youth². Beyond the experiences of GLBT youth though, we have a limited understanding of how the issues of homelessness and sexuality intersect. Only recently has interest emerged about the needs of adults and older people who are GLBT and homeless.

For single homeless people there is often a tendency to define them by their homelessness, overlooking the more complex aspects of identity such as personal preferences and experiences³. The failure to recognise issues of sexuality means that within systems of care the assumption is one of heterosexuality. For GLBT homeless people this creates one more area in which they feel marked or different in a negative way. This may contribute to or exacerbate the degree of isolation and distress for an already highly marginalised and vulnerable group.

In addition, the failure to appreciate the needs of homeless people related to sexuality has meant that sexual health issues remain largely ignored (regardless of sexual orientation). Yet we know that people who are marginalised within society may face particular risks related to sexual health or feel ill equipped to exercise risk reduction strategies^{4 5}. For health and social care professionals there is a need to recognise the importance of sexuality issues in the lives of homeless people. The issues of intolerance and homophobia have remained virtually unexplored for GLBT homeless people, and yet are likely to impact heavily upon their daily lives. A candid look at these issues can shed light upon the ways in which people are especially vulnerable, and highlight opportunities for action that may reduce some of the distress experienced by single GLBT homeless people.

Youth

There is a long-standing association between homelessness and the everyday lives of young men and women who are gay, lesbian, bisexual or transgender (GLBT)⁶. For young people intolerance may originate with family members and be openly promoted within the wider social context (i.e. in schools or other institutional settings) where bullying or harassment may be tacitly accepted⁷. Homelessness may then emerge due to the pervasiveness of homophobia – where ongoing intolerance, particularly by family members, precipitates a housing crisis. The loss of home for GLBT youth, as a runaway or as a result of being thrown out of their home is an all too common experience. Whether rough sleeping or part of the hidden homeless population (sleeping in temporary accommodation, squats, or relying upon friends, family or acquaintances) there is a continued sense of intolerance and isolation. Within many temporary housing sites, for example, sexual identity remains an issue – or can be perceived as one. This can negatively affect upon an individual's ability to reveal their sexual identity. People who 'out' themselves or are assumed to be gay or transgender may find that they are subject to ongoing harassment or even violence as a consequence⁸.

Estimates on the prevalence of GLBT persons amongst the wider homeless youth population have shown considerable variation. In the United States, national studies suggest that as many as 50% of all homeless youth may be gay or lesbian⁹, with estimates in the UK running as high as 30% in urban centres¹⁰, whereas current broader estimates of population-wide figures of homosexuality in the UK are roughly between 5-7%¹¹. The data on sexual identity and homelessness likely underestimates the

situation, reflecting underreporting by individuals and a lack of monitoring by researchers and service providers.

For many GLBT youth, migration to urban centres typically occurs shortly after leaving (or being forced out of) home. Moving to larger city centres may be prompted by the idea that within this new context there will be greater exposure to a more visible gay community or at least a community more appreciative of diverse identities^{12 13}. At the same time, this transition also exposes the individual to new situations of risk and potential exploitation¹⁴.

In homelessness services, however, sexual identity is often overlooked. Few agencies will record these details for people, instead erring on an assumption of heterosexuality, effectively discouraging young people from openly exploring their sexuality in a positive way. Young GLBT may find themselves only asked about this in relation to sexual and substance use risk behaviours – something they may be exposed to more as a result of their homelessness. For these individuals sexuality may then be viewed in a negative light, or not at all.

Adults

While there is some attention directed towards the experiences of young people who are GLBT and are homeless, the same is not true of adults or older people. For adults – who comprise the bulk of the homeless population across the UK – there is even less attention paid to sexuality and sexuality issues¹⁵. Homeless people often experience complex and multiple health and social needs, amplified by substance use (and misuse) as well as physical and mental health problems. The enormity of these problems may make issues related to sexuality and sexual health difficult to see. However, this can leave providers with a superficial understanding of the individual and their needs. In reality there is likely to be a more complex relationship between distress and substance abuse for homeless individuals who are also marginalised because of sexual identity.

Older people are typically overlooked as a distinct sub-group of the homeless population, owing in part to their low numbers within the broader homeless population (reflecting a poor life expectancy). Often viewed in stereotypical ways, the specialised needs of this population tend to be ignored. Recent research has raised some of the critical issues that are of particular concern for older homeless people, especially declining health, increasing isolation^{16 17}. This work suggests that older homeless people comprise a critical and highly overlooked sub-group of the hidden homeless.

For GLBT older homeless people, this invisibility is heightened. This is true of older GLB individuals in general. Recent work by the charity Polari¹⁸ highlights the difficulties faced by older GLBT individuals, particularly as they find themselves forced to adapt to new housing arrangements including living in sheltered accommodation and long term residential or nursing facilities.

Particular vulnerabilities?

Mental ill health and substance abuse pose considerable problems for homeless people in general. The prevalence rates of mental illness and addiction (and often the two simultaneously) are commonly cited as critical health issues for this population^{19 20}. Prevalence figures however fail to reflect the nature or extent of the complexities of dealing with these problems in everyday life. For example, estimates of health issues facing homeless people fail to account for the many homeless are out of contact with health care providers. As a result, they may be suffering with undiagnosed conditions,

including psychological trauma and distress that are related to the experience of homelessness itself.

For certain subgroups, such as GLBT individuals, there may be additional vulnerabilities that are unaccounted for. There is substantial evidence of targeted violence against individuals who are GLBT²¹. A national survey of homophobic crimes documented exceptionally high levels of victimisation. In a sample of over two and a half thousand people, 2/3 acknowledged at least one homophobic incident²². The vast majority of such incidents go unreported to authorities or health professionals. For single homeless people who are GLBT, the risks for violence likely escalate.

Recent research by LSE and Crisis highlights the extent of victimisation in the daily lives of homeless people²³. Compared to the general public they are 13 times more likely to have experienced violence. Despite these alarming rates of violence and victimisation, few homeless people felt confident making use of existing services and supports within the community. The homeless tend not to report crime in any numbers; they make modest use of health services and make little use of support services. These findings point to a system wide failure to address the needs of homeless individuals. Turning a blind eye to the experiences of homeless people as victims of crime and violence only contributes to their vulnerability. For those individuals who are GLBT, there is a heightened vulnerability as they may find themselves specifically targeted because of their sexuality. These vulnerabilities may fuel adverse psychological risks for homeless GLBT. For example, self-harm and suicidality are all-too common risks amongst gay and lesbian homeless youth²⁴.

In addition, 'minority stress' may be amplified as they encounter exceptional levels of stress as a result of ongoing multiple discriminations²⁵. This concept has been aptly applied to the experiences of gay, lesbian and bisexual populations (GLB)^{26 27 28}. Somewhat more controversial is the idea of 'internalised homophobia' for GLB whereby people struggle with the stigmatised identity that they have been given. However, elements of this concept may have particular relevance for homeless GLBT who may feel a need to conceal their sexual identity (for fear of reprisals). People may feel pressure to 'pass' or pretend that they are 'straight' in order to avoid conflict or harassment. For individuals who are homeless, there may be an added pressure to 'pass', under the belief that disclosure may jeopardise access to housing and support in a climate of stretched resources.

For people who are homeless and struggling with issues around their identity, the pressure to do this may be especially profound. People who are GLBT and homeless are dealing with multiple levels of marginalisation that operate at once and compound each other. Social exclusion and marginalisation "happens systematically through the daily actions of individuals"²⁹. For individuals who are stigmatised by multiple identities (homeless, GLBT, mentally ill or a drug user), distress and isolation may be cumulative.

The failure to acknowledge sexuality issues also means that sexual health goes unnoticed in the everyday lives of homeless people. Little attention has been focused upon the sexual risks and risk reduction strategies that may be a part of everyday life for people who are homeless in general³⁰. Yet there are critical sexual health needs ranging from the prevention and treatment of sexually transmitted diseases, to regular reproductive health practices to the health implications of sexual violence and sex work (which are all too frequent in the lives of homeless individuals)^{31 32}. For vulnerable individuals who are GLBT and homeless, there may be a greater pressure to take sexual risks. Ongoing social exclusion and discrimination can also mean that people are more

susceptible to coercion and abuse. In contrast, the strategies that GLBT homeless people make use of to navigate and avoid risks remain unexplored. These can be of instructive value to others if made visible and transparent³³. Greater attention to the resiliencies that GLBT homeless people employ on a daily basis can help to inform and shape meaningful health and social care strategies.

Monitoring

Questions emerge quickly for individuals who are GLBT about disclosure issues within services. Sexual identity can be viewed as a marker of difference in some settings, opening up the individual to greater scrutiny and harassment. The open identification or disclosure of sexual identity may be interpreted as forcing the individuals to categorise themselves or to feel that they are a minority under a greater surveillance. When information is not collected or asked about sexual identity, however, the assumption is usually that the individual is heterosexual. The fear of surveillance may lead people to opt out of certain settings or place themselves in more ambiguous (and potentially risky) situations (e.g. trading sex for a place to stay).

However, this is not always the case. Recent peer-led research in Camden openly and routinely included questions on sexual identity as part of its evaluation of the homelessness strategy³⁴. As a project developed by and for homeless people, this research suggests that for some homeless, sexual identity is viewed as worth paying attention, and that it may impact on needs or experiences specific to homelessness. Such work de-mystifies the issue of sexuality for homeless people and instead encourages a pro-active approach to reclaiming sexual rights for people who happen to be homeless.

In addition, recent work in homelessness has begun to examine the ways in which hostels and shelters can be transformed into environments that are more positive for GLBT persons stressing the need to create atmospheres that are non-judgemental and respectful of diversities in sexual and gender identity^{35 36}. Mottet and Ohle³⁷ focus specifically upon the needs of transgender persons – stressing the need to create atmospheres that are non-judgemental and respectful of diversities in gender identity. This work challenges us to think more about the unique needs of people within the GLBT communities, and design programmes accordingly.

Health and social care providers often strive to work in holistic ways with people who are homeless. However, despite these intentions, there may be a greater focus upon those issues that are simply more visible. Establishing the 'basics' of care, such as food, shelter and safety clearly requires immediate and decisive intervention. Likewise, health issues related to severe mental health problems or drug and alcohol use may simply be viewed as more urgent. High visibility may then be perceived as being more critical and operating in isolation from the rest of the individuals' life. Yet GLBT homeless people find themselves experiencing some greater needs or difficulties due to the inability to openly explore or express their sexual identity³⁸.

The issues that are linked with sexuality for homeless people (identity, expression and health) require direct and unflinching recognition. Sexual identity forms a core aspect of who we are and how we seek to live our lives. For disenfranchised populations, however, the tendency to neglect this only serves to highlight them as problematic.

Future directions?

- Homeless agencies need to transform their services towards recognising sexuality issues as an important aspect of people's lives.
- Policies and practices within services for homeless people need to be explicit and unambiguous in adopting a non-judgemental stance on sexuality issues. Services need to ensure that they do not promote atmospheres of that are negative or unsafe for all homeless people.
- Disclosure and monitoring is a delicate area. Services need approach this with sensitivity and balance. The nature of monitoring must be clarified within any agency, and its intent driven by a desire to address the needs and interests of homeless people. Fears about the uses of this information need to be tackled head on to ensure a climate of safety and security for service users.
- There is a fundamental need across services for homeless people for the introduction of comprehensive sexual health information and education. Health promotion in this area is critical and needs to address issues related to sexual risk practices, and risk reduction strategies.

Endnotes

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⁷ Flowers P., and Buston K. (2001) "I was terrified of being different": exploring gay men's accounts of growing-up in a heterosexist society. *Journal of Adolescence*. Vol. 24: 51-65.

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- ¹⁸ Polari is an organisation that works on behalf of older gay, lesbian and bisexual individuals to improve services and advocate on their behalf. See <http://www.casweb.org/polari/>.
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