

# GENDER NORMS PREVENT LGBT+ PEOPLE EXPERIENCING HOMELESSNESS FROM ACCESSING HELP

The Danish 2021 'LGBT+ Homelessness' research project by Projekt Udenfor highlighted gender and sexuality norms as both a root cause of LGBT+ homelessness, and a barrier to accessing help. Here, this concept is explored in combination with additional barriers within Denmark's social service system – e.g., the 'catch-22' of accessing gender affirming healthcare. The article emphasises the need to tackle social stigmas surround gender and sexuality, and for LGBT+ focused services and specialised training for homeless service providers.



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To obtain a better understanding of homelessness among LGBT+ people in Denmark and the particular challenges they might encounter, Projekt Udenfor carried out a pilot project from 2021 to 2022 that combined social work with a qualitative study. For several of the participants in the project a lack of recognition by the help system when first reaching out, mistrust due to previous experiences with neglect, and lack of safety or feelings of safety were barriers preventing them from accessing help for their situation.

LGBT+<sup>1</sup> people in Denmark, as in many other countries, experience poorer health and overall well-being compared to the rest of the population, are at risk of being the victims of discrimination and hate crimes, and may experience obstacles in relation to living fully and freely as who they are. Furthermore, international studies show that LGBT+ people are overrepresented among people who experience homelessness, where the risk of violence and social exclusion escalates.

Nevertheless, in a Danish context there is limited knowledge about the extent of and challenges faced by LGBT+ people experiencing homelessness (PEH), just as there is limited social initiatives with a specialised focus on their needs.

## PROJECT 'LGBT+ HOMELESSNESS'


To create awareness and bring insights and knowledge to the table in a Danish context, we launched a one-year pilot project in 2021 that combined social work with a qualitative study. During the project period, a social outreach worker sought out and worked with LGBT+ PEH to assess the need for a targeted initiative. At the same time, an academic worker collected qualitative data to investigate and map out the challenges that homeless LGBT+ people might encounter.

The qualitative study was based on semi-structured interviews with seven informants. In addition, the research involved interviews with four professionals from the social sector, a literature review, and field notes from 22 informal visits and conversations with institutions and employees in the field of homelessness.

The investigation points out that norms for gender and sexuality contribute to a process of alienation which can be an important factor as to why LGBT+ people experience homelessness, and likewise set up barriers for accessing help for their homeless situations.

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1 In the pilot project we used the shorter collective term LGBT+ instead of the longer LGBTQIA+ to reduce any potential language and comprehension barriers in interdisciplinary collaborations with actors in the field of homelessness. The target group was not considered a homogenous group that necessarily had the same struggles or needs.



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## LACK OF ACCEPTANCE IN THE FAMILY

Several of the informants experienced alienation within their families due to a lack of understanding or acceptance of LGBT+ people. This was, amongst other things, expressed through homophobic and transphobic statements from the parents or other family members. For three of the informants such statements and attitudes had been present throughout their upbringing – even before they became aware of or began to talk openly about their LGBT+ identity.

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As a result of the hostile environment at home, some of the informants chose to move out at a young age to be able to live openly as who they are, while others were kicked out or sent away; this, without the support of the family, eventually became one of the major factors leading them to experiencing homelessness.

Thus, not living up to norms for gender and sexuality estranged them from their families early on. The same norms, in combination with experiences of neglect and the mistrust that follows, became barriers to receiving help for their homeless situation from the welfare system.

## BARRIERS ACCESSING HELP TO THEIR HOMELESS SITUATION

Several of the informants reported that they felt misunderstood and rejected when they reached out for help from different parts of the welfare system for the first time. Such was the case for “Andy” (they/them). Andy didn’t reach out until they had no other choice than to sleep rough. Before that they had couch surfed, trying to avoid the system which they mistrusted.

When Andy contacted the local social services, they were met with a lack of understanding of why they couldn’t live with their family because of their sexual orientation and thus a reluctance from the municipality to recognise their situation as homelessness. After that, Andy did not reach out to the municipality again. Another informant, “Loui” (they/them), recounted being rejected because they did not fit into the municipality’s expectations of who a person experiencing homelessness might be, with a similar consequence: they went years without being in touch with the system. In both cases, the welfare system failed to identify or recognize the informant’s situation as homelessness, leaving them without help.

In addition to the lack of recognition, the fear of, and past experiences with, homophobic and transphobic harassment or even violence (both on the street and in the homeless services) prevented some of the informants from seeking help. Those who did and for example, checked in to a homeless hostel, described in several cases how discomfort or outright feelings of insecurity accompanied them while living there.

The barriers for LGBT+ PEH accessing support thus consist of a lack of recognition by the help system, mistrust due to previous experiences with neglect, and the lack of safety or feelings of safety. Adding to these barriers, the Danish welfare system is designed in a way that compartmentalises help for the social-, physical- and mental health issues that some of the informants struggled with, even though the issues are intertwined. An example of this compartmentalisation can be seen in relation to the health sector.

## A CATCH 22 KEEPS HOMELESS LGBT+ PEOPLE IN A VULNERABLE SITUATION

Several of the informants used substances to cope with unpleasant experiences, homelessness, and bodily discomfort and dysphoria, which several of the trans people in the project struggled with. Such was the case again for “Andy”, who explained that they consumed alcohol to avoid feeling their body.

To receive hormone treatment as a trans person in Denmark, you must acquire approval from the Centre for Gender Identity.<sup>2</sup> The overall assessment takes into account the person’s stability, and substance use is usually considered as a negative indication. However, in Andy’s case, the lack of hormone treatment and the associated dysphoria was part of the reason for their use of substances.

<sup>2</sup> Centre for Gender Identity (CKI) works with citizens who wants health professional help in connection with gender identity matters.

To complicate matters even further, Andy also explained how receiving hormone treatment as part of their transition process was made difficult by the fact that they were struggling with mental illness. When consulting a doctor, they were told that they could only be referred to Centre for Gender Identity once they had been treated for PTSD. But since psychiatric treatment and treatment for addiction are managed separately in the public system, addiction can make it difficult to access psychiatric treatment and vice versa.

Andy's experiences illustrate how both mental health issues and addiction can prevent trans people from receiving trans-specific healthcare services. In Andy's case, the catch 22 thus consists in the fact that the health services that could be a part of the solution to problems related to mental illness and the use of substances (problems often linked to the risk of homelessness), thereby providing stability, are not provided due to an assessment of lack of stability, which in turn is exacerbated by their homeless situation.

## **SOCIAL WORKER: “IT’S AS IF TRANSWOMEN OWE IT TO EXPRESS THEMSELVES IN A FEMININE WAY”**

Gender norms also create barriers in a much more explicit way. At some women-specific homeless services, it is the Danish civil registration number<sup>3</sup> that determines whether a person can enter. If a person has a civil registration number that ends with an even number, that person is legally a woman in the Danish system and will therefore have access to these services. In other women-specific homeless services the access is based on which gender the person identifies as.

However, in both cases the interviews with the professionals indicated that there is an underlying, and sometimes explicit, expectation that a person must ‘look like a woman’ or act ‘feminine’ to be able to use a women-specific service. As one of the social professionals explained: *“It’s as if transgender women really owe it to express themselves in a feminine way. No one says anything about a cisgender woman not wearing make-up, having short hair, or wearing jeans and a hoodie.”* This can set up barriers specifically for trans women that either do not want to, or are unable to, express themselves as feminine enough to pass, or who are not far along in their transition process.

One professional in the investigation explained that it can be a challenge to meet the needs of women who have been exposed to violence and abuse by men, and the needs of trans women who do not pass as women, but who need a shielded place where they are able to live out their gender identity in a safer environment.

<sup>3</sup> The civil registration number (CPR-number) consists of ten digits, the first of which contain your date of birth. It is personal and unique and is used by all authorities for identification and as a case number. It is given to all citizens and people with a residence permit in Denmark.

## NEXT STEPS IN SECURING ACCESS TO HELP

The investigation thus concluded that LGBT+ PEH lack concrete places to go where they feel safe and can receive help from social professionals that recognise them and pay attention to their specific needs – and that, without it, they are in risk of not receiving help at all. Based on this conclusion, Projekt Udenfor will launch a new project later this year. During the project, two professionals will establish a safe space in Copenhagen where LGBT+ PEH can show up and get help that responds to their specific needs, and where they can meet others like them in a similar situation. At the same time, educational material will be developed for social professionals at homeless services nationally to prevent LGBT+ PEH from being further excluded when seeking help.

Although the pilot project pointed to serious lacks in the help system, attention to the situation for LGBT+ PEH in Denmark has grown during the project period, and several initiatives have sprung up. Our experience is that there are many social professionals who want to better themselves about the specific issues raised in this report. We look forward to contributing to that process in the new project.

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