



Homelessness and Housing Challenges of LGBTQ+ People in Finland

A Report by Sateenkaari-ikkuna ry

Syksy Waldén, 2024

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Investigative work: Syksy Waldén
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1. Introduction

International studies have shown that belonging to sexual and gender minorities is a factor that increases the risk of homelessness. Discrimination occurring in many areas of society and the minority stress it causes expose individuals to numerous risk factors for homelessness, such as poverty, as well as mental health and substance abuse issues (see e.g. Jaskari & Keski-Rahkonen 2021).

LGBTQ+ people experience homelessness more frequently than the general population. The European Federation of National Organisations Working with the Homeless (FEANTSA) has estimated that nearly 20 percent of LGBTQ+ individuals in Europe have experienced homelessness at some point in their lives. Especially people belonging to gender minorities have experienced homelessness more often than others. Among intersex people and trans women, approximately one third have experienced homelessness. (FEANTSA 2024.) A typical feature of homelessness among LGBTQ+ people is that its root causes are often related to broken close relationships. In addition to social causes, homelessness among LGBTQ+ people is also linked to structural factors, which were particularly emphasized in this report.

Examining homelessness among LGBTQ+ individuals helps to make visible the structural discrimination they face in many sectors of society. LGBTQ+ people encounter discrimination in the labor market, in the housing market, and within service systems. According to FRA, the European Union Agency for Fundamental Rights, 37 percent of trans people have experienced discrimination when seeking employment. About one fifth of trans people have faced discrimination in both healthcare and social services. (FRA 2014.) In Finland as well, LGBTQ+ people encounter discrimination in social and healthcare services (see e.g. Raittinen 2023).

Discrimination and the fear of discrimination in services further complicate the resolution of homelessness, as they can increase the threshold for seeking help. As a result, homelessness may be prolonged simply because services are not equipped to meet the needs of LGBTQ+ people. This survey also explored respondents' experiences with using various services.

Homelessness is a societal phenomenon, driven by factors such as inequality, the polarization of socioeconomic differences, high rents, and cuts to public spending. In other words, homelessness is a condition into which some people are forced. (VVA 2024.) The root causes of homelessness lie in the exclusionary mechanisms of society and the shortcomings of the service system—not in individual failure. Therefore, attention must be paid to the societal structures that generate and compound the risk factors for homelessness.

The aim of this study, conducted by Sateenkaari-ikkuna ry, is to examine the experiences of homelessness and inadequate living conditions among LGBTQ+ people living or residing in Finland. No prior research has been published in Finland focusing on homelessness or housing challenges faced by LGBTQ+ individuals living in or staying in the country. For this study, data were collected through an online survey. The dataset is small (N=66), but it can provide insights into which issues future research should focus on.

2. Materials and Methods

This survey study mapped the housing challenges faced by LGBTQ+ people in Finland. In this context, housing challenges refer to issues such as inadequate living conditions or temporary or long-term homelessness. These challenges may relate to factors such as finances, personal relationships, mental health issues, discrimination, or violence. Inadequate housing conditions may be due to high rent, lack of electricity or water, physically or psychologically unsafe environments, or an unstable housing situation.

Secondly, the study examined the use of services and support needs among LGBTQ+ individuals who have experienced housing challenges. The survey also explored what respondents themselves consider important in relation to housing and services. The aim of the survey was not solely to investigate homelessness but also to focus on the risk factors of homelessness, as well as on service usage and accessibility. Therefore, the questionnaire includes questions related to both housing and services.

The questionnaire was structured to first collect background information from respondents, such as age, place of residence, and sexual and gender identity. This was followed by questions about their current housing situation, then about their experiences using services as LGBTQ+ individuals, and finally about past experiences of homelessness or inadequate housing conditions.

The survey primarily collected quantitative data but also includes qualitative responses. The questionnaire consists of 33 structured questions. It includes multiple-choice questions, yes/no questions, and Likert-scale questions. In addition, there are open-ended questions, although responding to them was optional.

The structured questions were analyzed using statistical methods, with results presented in tables and charts. The open-ended responses were analyzed using data-driven content analysis, meaning the responses were categorized into overarching themes based on their content.

The data collection was planned by Syksy Waldén and Sari Rantaniemi. The data collection and analysis were carried out by Syksy Waldén. The questionnaire was based on a similar survey conducted by the Ljubljana Pride community in Slovenia. The data was collected using a snowball sampling method. The questionnaire was distributed through the social media accounts of Sateenkaari-ikkuna ry, the mailing lists of other LGBTQ+ organizations, and LGBTQ+ Telegram groups. The anonymized dataset is archived by Sateenkaari-ikkuna ry for future use and to minimize research burden.

The data was collected via an online survey, which was open from April 29 to June 9, 2024. The survey was targeted at all LGBTQ+ individuals aged 18 or older who live or reside in Finland and are currently facing or have previously faced housing-related challenges. A total of 66 responses were collected.

In 2023, the estimated number of homeless people in Finland was approximately 3,400 (Housing Finance and Development Centre of Finland, hereafter ARA, 2024). It is estimated that 5–15 percent of the population belong to sexual minorities. Estimates for the proportion of gender minorities range from 0.6 to 3 percent (Hodshire 2024; Williams Institute 2022). However, these are only estimates. It is difficult to assess the proportion of LGBTQ+ individuals in the population because definitions vary, and our understanding of gender and sexual diversity is constantly evolving.

In the case of this survey, assessing representativeness is especially challenging because it is difficult to estimate the proportion of both homeless people and sexual and gender minorities within the general population. Therefore, it was not possible to obtain a systematic sample from the target population. This means the results cannot be statistically generalized to the whole population. However, the data provides highly valuable insights, as no other data on this population group currently exists in Finland.

3. Results

Next, we will go through the results of the survey. First, we present the respondents' background information. Then, we examine their current housing situations, followed by an analysis of their experiences in using services as LGBTQ+ individuals. Finally, we review the respondents' previous experiences of homelessness or inadequate living conditions. The results are presented in the same order as the questions appear in the survey form. If the number of respondents to a particular question is smaller than the total number of survey respondents (N=66), it will be indicated.

3.1 Respondents' Background Information

All respondents are Finnish citizens. The survey was conducted only in Finnish, which excludes respondents who do not understand Finnish or have limited Finnish language skills. In the future, it will be important to collect data on LGBTQ+ people's housing and homelessness also in other languages, such as English, since the proportion of homeless people with a migrant background has been increasing. It is more difficult for migrants to find employment, their income levels are generally lower than those of the majority population, and they face discrimination in the housing market. All of these factors increase the risk of homelessness. (VVA 2024.) This population group, in particular, is subject to intersectional discrimination and racism. Limited language skills can make it more difficult to navigate the service system. Additionally, operating within an unfamiliar bureaucratic environment can be inherently challenging.

The age distribution of the respondents is as follows:

Nearly half of the respondents are between the ages of 21 and 29 (43.9%). One third are aged 31 to 39 (33.3%). Respondents aged 41 to 49 make up 10.6%, and those aged 18 to 20 account for 7.6%. Respondents aged 50 or older make up 4.6%.

Respondents' places of residence were categorized geographically in the questionnaire. It is known that homelessness is particularly concentrated in the Helsinki metropolitan area and other large cities (ARA 2024). More than half of those experiencing homelessness live in Helsinki alone (VVA 2024). For this reason, Helsinki and the rest of the metropolitan area were included as separate response options, and the focus of the options was on larger cities. The questionnaire did not include an "other" option, which means the response choices do not fully represent all areas of Finland.

Respondents' place of residence—or the place where they spend most of their time—was distributed as follows:

Asuinpaikkakunta	%	Vastaajaa
Helsinki	30,3 %	20
Pirkanmaa (esim. Tampere)	25,8 %	17
Muu pääkaupunkiseutu	10,6 %	7
Varsinais-Suomi (esim. Turku)	10,6 %	7
Itä-Suomi (esim. Joensuu)	10,6 %	7
Keski-Suomi (esim. Jyväskylä)	7,6 %	5
Pohjois-Suomi (esim. Oulu)	4,6 %	3
Ahvenanmaa	0 %	0

The largest number of respondents lived or stayed in Helsinki (30.3%) and the Pirkanmaa region (25.8%). Respondents living or staying elsewhere in the metropolitan area, in Southwest Finland (Varsinais-Suomi), and in Eastern Finland each accounted for 10.6% of the total. As previously mentioned, earlier studies have shown that homelessness is most common in large cities, where rent levels and other housing costs are higher (VVA 2024).

Respondents were asked about their status—that is, their main occupation or activity. The responses were distributed as follows:

Status	%	Vastaajaa
Opiskelija	33,3 %	22
Työntekijä	21,2 %	14
Työtön	19,7 %	13
Yrittäjä	10,6 %	7
Eläkeläinen	7,6 %	5
Muu	7,6 %	5
En osaa sanoa	0 %	0

One third of the respondents are students. Unemployed individuals and those outside the labor force each make up about one fifth of respondents (21.2%). Entrepreneurs account for 10.6%. Of the respondents, 7.6% are retired. Another 7.6% selected the option “Other.” Responses in this category included, for example, being unable to work due to disability and being on parental leave.

Respondents were also asked about their sexual identity. The response options included only the most common terms describing sexual orientation, as statistical research requires categorizations that cannot be entirely comprehensive. Respondents also had the option to select “Other,” where they could freely write a term or a longer description that best represents their identity. It was also possible to select more than one option for this question. The distribution of respondents’ sexual identities was as follows:

Seksuaalinen identiteetti	%	Vastaajaa
Queer	42,4 %	28
Lesbo	30,3 %	20
Biseksuaali	28,8 %	19
Panseksuaali	19,7 %	13
Homo	18,2 %	12
Aseksuaali	6,1 %	4
Hetero	1,5 %	1
Muu	4,5 %	3
En halua vastata	0	

The most common sexual identity among respondents is *queer*. A total of 42.4% of respondents identified as queer. The next most common identities were *lesbian* (30.3%) and *bisexual* (28.8%). There were nearly equal numbers of *pansexual* (19.7%) and *homosexual* (18.2%) respondents.

Respondents were also asked about their gender identity. As with sexual identity, only the most common gender-related terms were included as response options, even though such classifications inevitably exclude some individuals. Additionally, grouping identity labels in this way may not reflect everyone’s understanding of these terms. When designing the questionnaire, care was taken to ensure that as many people as possible could find a term that matched their identity, while keeping the number of options manageable enough for analysis.

It was also possible to select more than one answer for this question. The respondents' gender identities were distributed as follows:

Sukupuoli-identiteetti	%	Vastaajaa
Muunsukupuolinen / ei-binääri	37,9 %	25
Transmies / transmaskuliini	33,3 %	22
Cisnainen	22,7 %	15
Sukupuoleton	13,6 %	9
Transnainen / transfeminiini	4,6 %	3
Cismies	4,6 %	3
Intersukupuolinen	1,5 %	1
Muu	1,5 %	1
En halua vastata	1,5 %	1

The most common gender identities among respondents are *nonbinary or genderqueer* (37.9%) and *trans man or transmasculine* (33.3%). *Cis women* make up 22.7%, *agender* individuals 13.6%, *trans women or transfeminine* individuals 4.6%, and *cis men* 4.6%.

This question also lacked the response option "I don't know." Two respondents (3%) selected "Other." One of them wrote "woman" in the additional information field, making it unclear whether the respondent is a cis or trans woman. The other respondent indicated they are a cis man, and therefore they have been included in the *cis man* category rather than under "Other."

3.2 Current Housing

When asked where they currently live or stay, 81.8% of respondents answered that they live in a rental apartment as the primary tenant. 6.1% reported living in a rental apartment as a subtenant. Thus, 87.9% of respondents live in rental housing either as primary or subtenants. 6.1% of respondents live in owner-occupied housing, and 4.6% stated that they still live in their childhood home.

1.5% of respondents (only one individual) reported currently being homeless. Therefore, the survey did not effectively reach individuals who are currently experiencing homelessness.

This question about current accommodation included a branching structure in the questionnaire. Respondents who reported being homeless were directed to questions specifically related to current homelessness, while others were directed to questions about

other housing challenges. The results of those questions will be discussed in the following section.

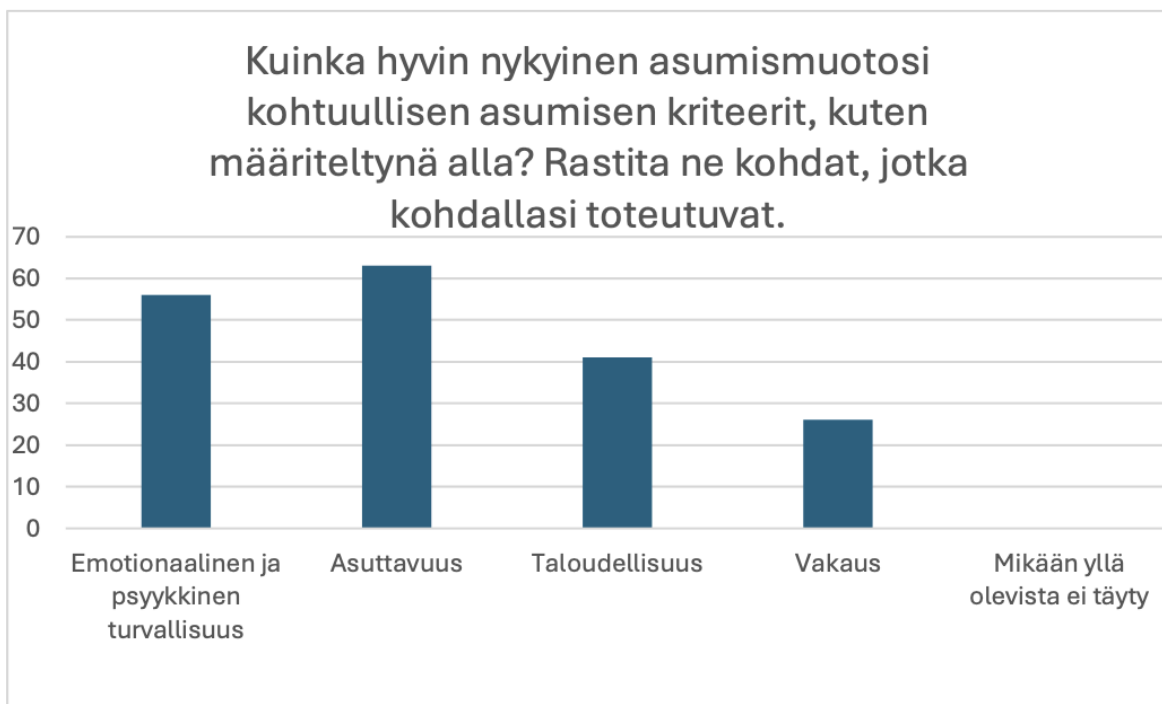
The respondent who reported currently experiencing homelessness was asked where they are currently staying. The only respondent in this category answered: “with relatives/friends/partner.”

3.3 Housing Conditions

Respondents were asked about adequate housing conditions. The criteria for adequate housing used in this survey are the same as those used in a corresponding survey conducted in Slovenia, which served as a basis for this study. However, the definitions of the criteria were reformulated to better reflect the societal context in Finland.

In this study, adequate or sufficient housing is defined by the extent to which the following four criteria are met:

1. **Emotional and psychological safety** – Feeling safe in one's place of residence.
2. **Livability** – Having access to the basic necessities of housing, such as running water and electricity.
3. **Affordability** – The ability to cover essential housing costs, such as rent.
4. **Stability** – Long-term security of the housing situation.



Respondents were asked to select the criteria that were fulfilled in their own housing situation.

- **95.5%** (63 respondents) stated that **livability**—i.e., access to basic housing necessities—is fulfilled in their case.
- **84.9%** (56 respondents) reported that **emotional and psychological safety** is currently met in their place of residence.
- **62.1%** (41 respondents) stated that **affordability**, meaning the ability to cover necessary housing expenses, is fulfilled for them.
- **39.4%** (26 respondents) reported that **stability**, defined here as long-term housing security, is fulfilled in their current situation.

Next, respondents were asked more specifically about any issues related to their current place of residence—particularly **discrimination and violence**. This was a multiple-choice question where respondents could select more than one answer.



57.6% of respondents (38 individuals) answered that none of the listed issues applied to them in their current place of residence.

22.7% (15 respondents) reported that they have to **hide their LGBTQ+ identity**.

16.7% (11 respondents) reported experiencing a **lack of privacy**.

12.1% (8 respondents) reported experiencing **discrimination** because of their LGBTQ+ identity.

4.6% (3 respondents) reported experiencing **economic violence**, and another **4.6%** (3 respondents) reported experiencing **psychological violence**.

1.5% (1 respondent) reported experiencing **physical violence**.

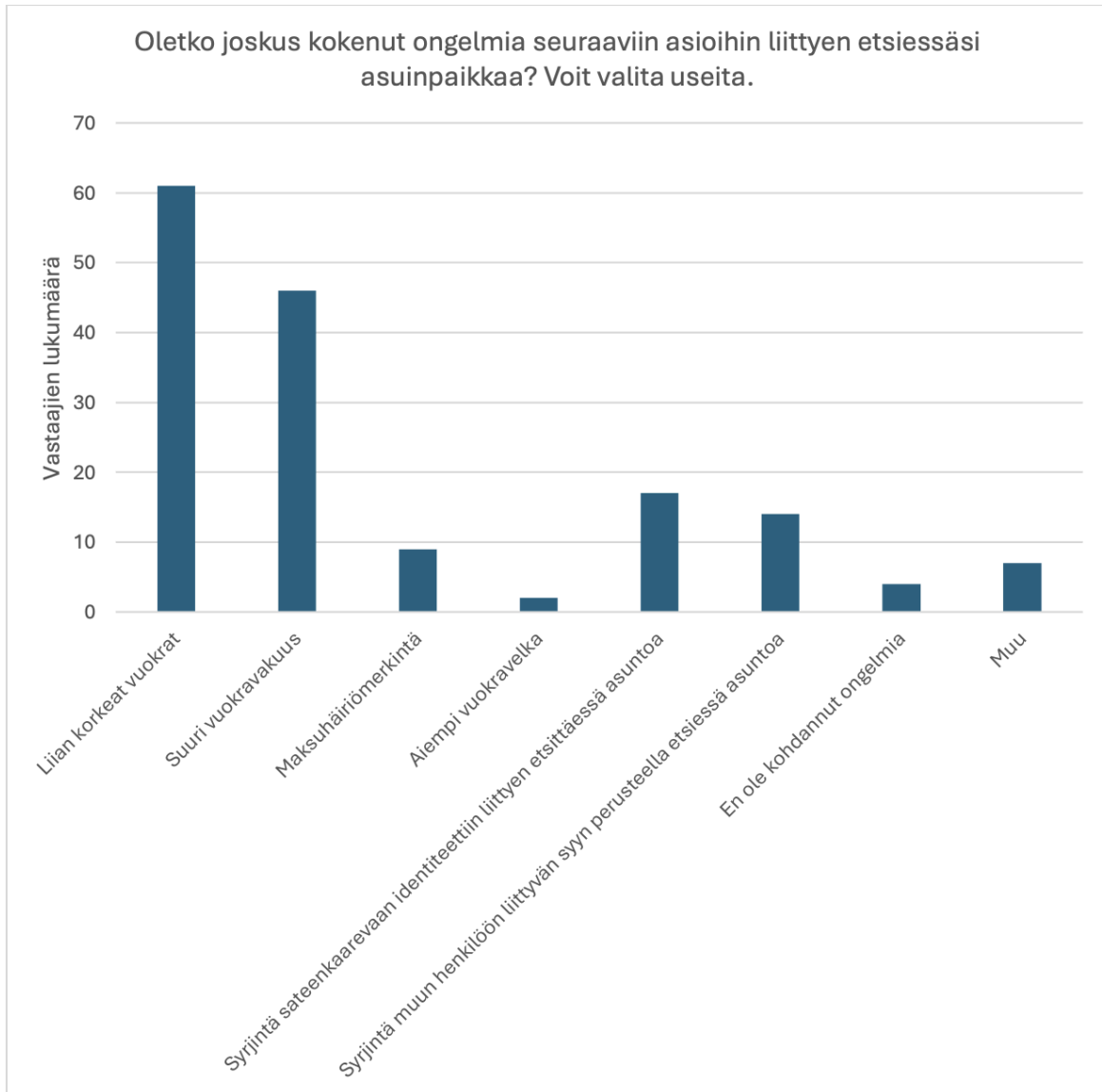
Those who selected the “Other” option had the opportunity to provide additional details about their living conditions. These responses described disturbances or unsafe conditions in the **surrounding environment** outside the actual home. One respondent mentioned experiencing **disturbing and even threatening behavior from neighbors**. Another wrote: *“Not a safe environment, the yard is restless,”* and another described *“occasional harassment”* and *“shouting outside the window.”*

One respondent who selected “Other” detailed:

“Sometimes I’m afraid to express my LGBTQ+ identity or show affection with my partner near my apartment, because I know a violent homophobe lives in a neighboring building and has threatened my queer female neighbor.”

As these responses show, the environment outside the home also significantly affects how safe a person feels in their living situation.

Respondents were then asked about potential **difficulties in finding a new place to live**.



92.4% of respondents (61 individuals) reported that **high rents** were a problem when searching for a new home.

69.7% (46 respondents) identified **large security deposits** as an issue.

Two respondents added in the comments that **unemployment** had made it more difficult for them to secure housing.

25.8% (17 respondents) said they had experienced **discrimination due to their LGBTQ+ identity** while looking for housing.

21.2% (14 respondents) reported **discrimination based on another personal reason** while house hunting.

One respondent wrote in the comments:

"I've feared that my LGBTQ+ identity might affect my ability to get housing, and because of that, I've avoided disclosing, for example, that I have a same-gender partner when applying for housing."

Fear of discrimination—and possibly past experiences of it—can lead to **additional emotional labor** when searching for housing.

13.6% (9 respondents) reported that a **credit default entry** had made it difficult to find housing, and **3%** (2 respondents) said **previous rent debt** had been a problem.

Regarding housing stability, respondents were asked whether they felt it would be easy to find a new home if they had to leave their current one:

- **68.2%** (45 respondents) answered “**No.**”
- **21.2%** (14 respondents) answered “**I don’t know.**”
- Only **10.6%** (7 respondents) answered “**Yes.**”

3.4 Income and Housing

Income level and overall socioeconomic status have a significant impact on the kind of living conditions a person has and how much control they have over them. No research has been conducted in Finland specifically on poverty among LGBTQ+ people (Pakkanen 2023, p. 4). However, international research shows that LGBTQ+ individuals are at a higher risk of poverty than the general population, and it is possible that up to one-third of LGBTQ+ people in Europe live in poverty. This is influenced, among other things, by discrimination in the labor market and in society more broadly (ILGA-Europe 2024).

Respondents were asked about the sources of their regular monthly income. They could select multiple options. The responses were distributed as follows:



31.8% of respondents (21 individuals) reported receiving regular monthly income from **salaried employment**.

24.2% (16 respondents) reported receiving regular monthly income from **self-employment**.

3% (2 respondents) received regular monthly income from **grants**.

16.7% (11 respondents) received **student benefits**, and an equal percentage received **unemployment benefits**.

15.2% (10 respondents) listed **social assistance** as a regular monthly income source.

13.6% (9 respondents) received **rehabilitation support or rehabilitation allowance**.

1.5% (1 respondent) received **disability support**.

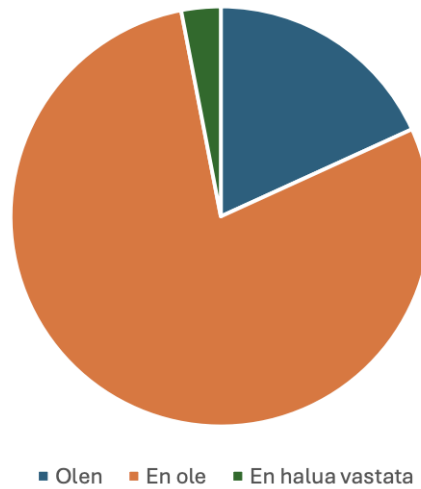
31.8% (21 respondents) reported receiving **other benefits from Kela** (the Finnish Social Insurance Institution).

7.6% (5 respondents) said they **do not have any regular monthly income**.

6% (4 respondents) selected "Other." In the additional details, respondents mentioned **pensions, a partner's unemployment benefits, financial support from parents, and sickness allowance** as sources of regular monthly income.

Respondents were also asked whether they had **ever exchanged sex for a place to sleep or temporary accommodation**. The responses were as follows:

Oletko joskus tarjonnut seksiä yöpaikkaa tai tilapäistä majoitusta vastaan?



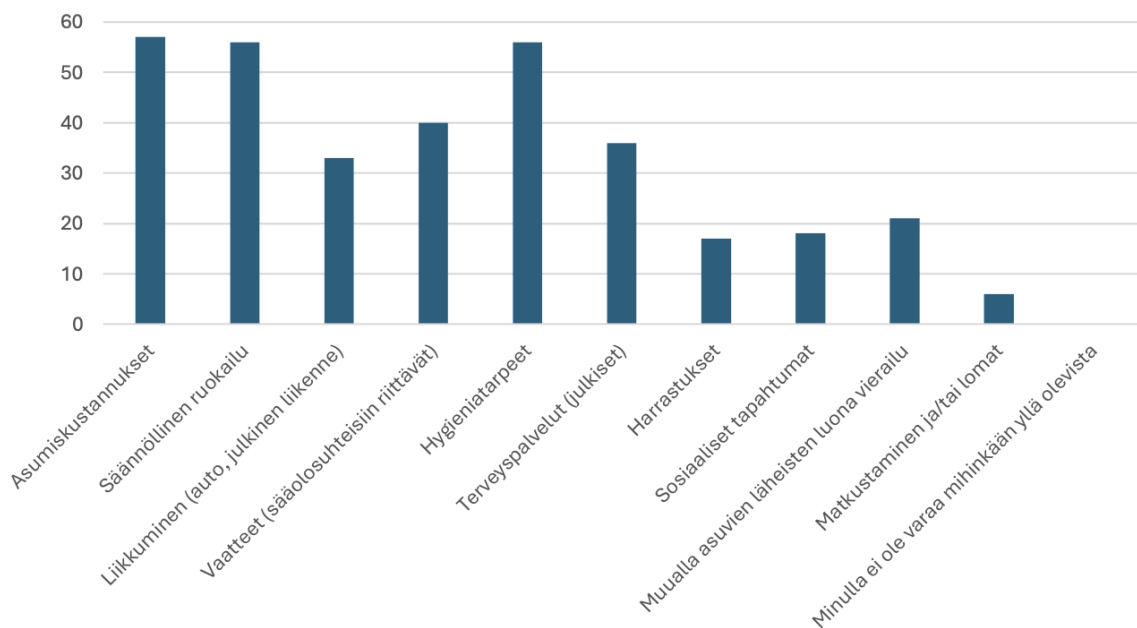
78.8% of respondents (52 individuals) answered that they **have not** exchanged sex for a place to sleep or temporary accommodation.

18.2% (12 respondents) answered that they **have at some point** done so.

3% (2 respondents) chose **not to answer** this question.

Respondents were then asked **what they can afford with their current income**. This question also allowed for multiple answer choices. The responses were distributed as follows:

Mihin sinulla on varaa nykyisillä tuloillasi?



86.4% of respondents (57 individuals) said they can afford **housing costs**, such as rent, electricity, and heating.

84.9% (56 respondents) can afford to **eat regularly**, at least twice a day.

84.9% (56 respondents) also said they can afford **basic hygiene products**, such as menstrual supplies.

60.6% (40 respondents) reported that they can afford **weather-appropriate clothing** with their current income. This means that **39.4%**—more than one-third—**cannot afford suitable clothing for the weather**, which is a significant issue in a country where weather conditions vary greatly between seasons.

Only **54.6%** (36 respondents) said they can afford to use **public healthcare services**—just over half.

50% (33 respondents) said they can afford **transportation**, whether by car or public transit.

31.8% (21 respondents) reported being able to afford **visits to family members, friends, or partners** living elsewhere.

Only **27.3%** (18 respondents) could afford **social activities**, such as going to the movies or having coffee out.

25.8% (17 respondents) said they could afford **hobbies**, and only **9.1%** (6 respondents) could afford **travel or vacations**.

Based on these responses, we can conclude that **most respondents are able to afford basic needs** like housing, regular meals, and hygiene products—but their **current income often does not stretch beyond those essentials**.

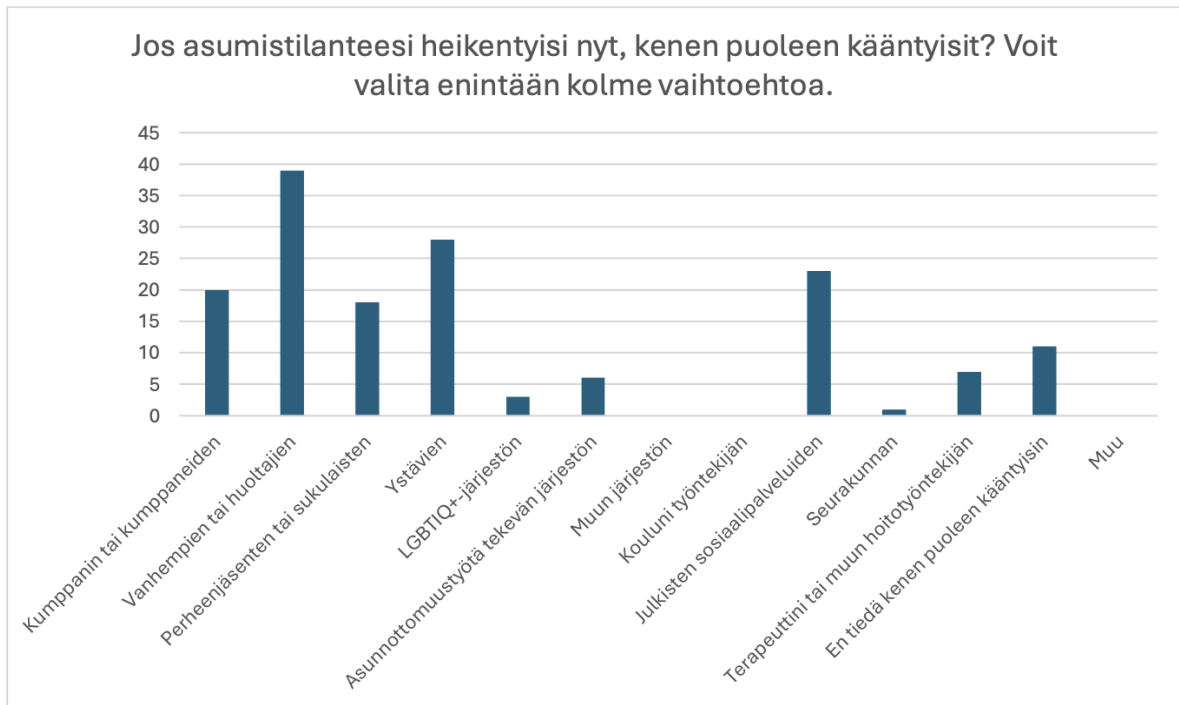
3.5 Use of Services

LGBTQ+ individuals may avoid using services due to **discrimination, fear of discrimination, or previous experiences of being discriminated against**. Previous research has shown that LGBTQ+ people experience, for example, **health issues more frequently** than the general population (Council of Europe 2011, p. 106).

Marginalized groups often **receive help more from NGOs and their own communities** than from public services. This is why international organizations have emphasized the importance of developing **targeted state support** (ILGA-Europe 2024). Underuse of services is closely linked to **risk factors for homelessness**, as in many cases homelessness could be prevented with sufficient and appropriate support measures.

For this reason, this survey also aimed to explore LGBTQ+ people's **need for and use of services**.

Respondents were asked **whom they would turn to** if their housing situation were to deteriorate. They were allowed to select up to three options. The responses were distributed as follows:



59.1% of respondents (39 individuals) said they would turn to their **parents or guardians** if their housing situation worsened.

42.4% (28 respondents) would turn to **friends**.

34.9% (23 respondents) would turn to their **municipality's social services**.

30.3% (20 respondents) would turn to their **partner or partners**.

27.3% (18 respondents) would seek help from **other family members or relatives**.

10.6% (7 respondents) said they would turn to their **therapist or another healthcare professional**.

9.1% (6 respondents) would turn to a **homelessness-focused NGO**.

4.6% (3 respondents) would turn to an **LGBTIQ+ organization**.

1.5% (1 respondent) said they would turn to a **church**.

16.7% (11 respondents) stated that they **don't know who they would turn to**.

In this dataset, the most common response was that in the event of a housing crisis, respondents would rely on their **close personal network**. Only just over 30% would turn to **public social services**. This result aligns with previous research, which suggests that LGBTQ+ people often seek help **from their community rather than from public services** (ILGA-Europe 2024).

Respondents were also asked about their **use of and need for services** in a multiple-choice question that allowed them to select several options. The responses were distributed as follows:



89.4% of respondents (59 individuals) reported that they have **used or felt a need for municipal mental health services.**

57.6% (38 respondents) said they have **attended or needed rehabilitative psychotherapy.**

40.9% (27 respondents) have **used or needed neuropsychiatric rehabilitation.**

39.4% (26 respondents) have **used or needed adult social work services.**

18.2% (12 respondents) have **used or needed substance abuse services.**

12.1% (8 respondents) have **used or needed services related to homelessness.**

9.1% (6 respondents) have **used or needed child protection services.**

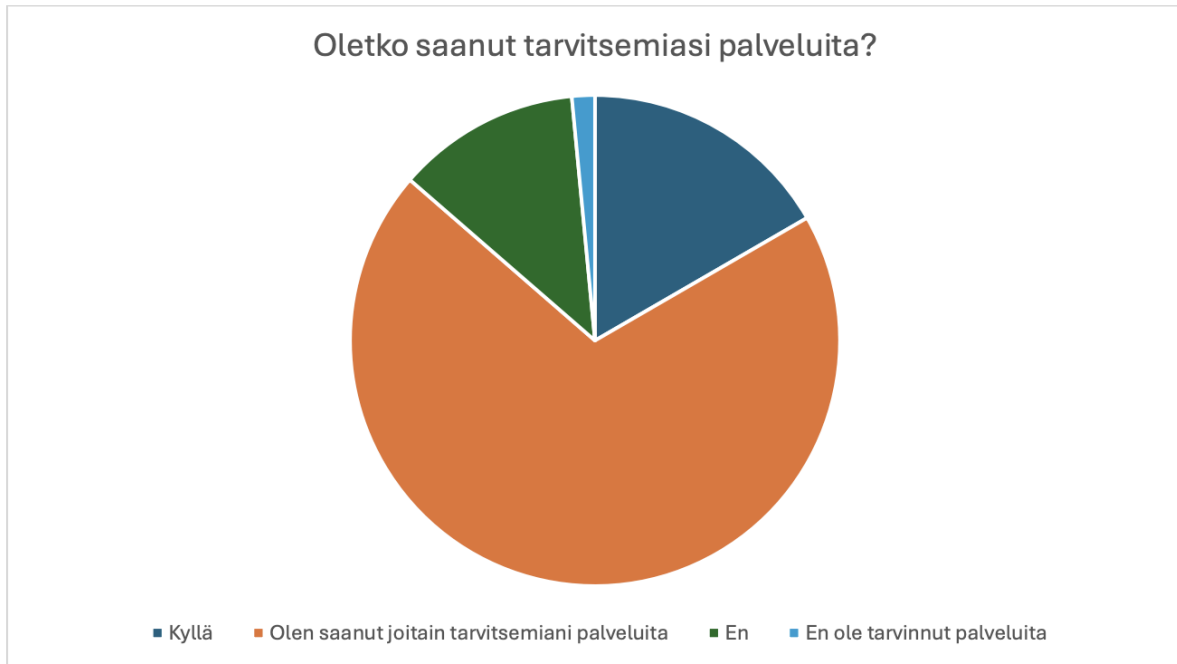
6.1% of respondents (4 individuals) said they have **not used or needed any services.**

Another **6.1%** (4 individuals) selected "Other." Additional responses in this category included **rehabilitation, youth outreach work, and family counseling.**

One respondent who said they had not used or needed services added:

"I don't know how to navigate the jungle of support services."

Respondents were also asked whether they had **received the services they needed.** The answers were distributed as follows:



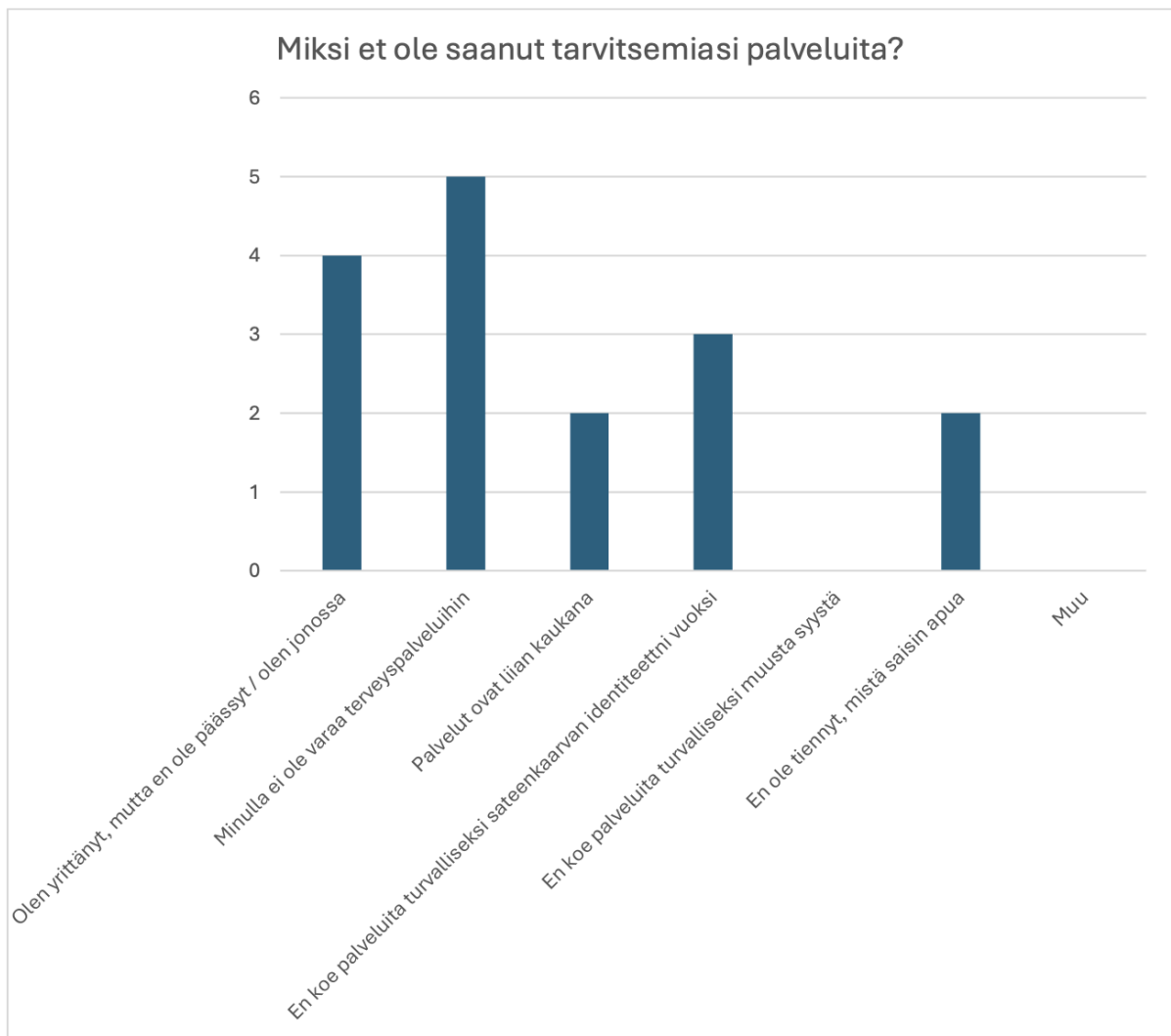
69.7% of respondents (46 individuals) said they had received **some of the services they needed**.

Only **16.7%** (11 respondents) reported receiving **all of the services they needed**.

12.1% (8 respondents) stated that they **had not received the services they needed**.

1.5% (1 respondent) said they **had not needed any services**.

Next, respondents were asked **why they had not received the services they needed**. They could select multiple answer options.



There were **eight respondents** in this survey who stated that they had **not received the services they needed**, which corresponds to **12.1%** of all respondents. Therefore, the group of respondents for this question is quite small.

- **62.5%** said they **could not afford health services**, such as health center fees or the co-payment for rehabilitative psychotherapy.
- **50%** answered: *“I’ve tried, but I haven’t been able to get access / I’m on a waiting list.”*
- **37.5%** said they **do not feel safe using services due to their LGBTQ+ identity**.
- **25%** said that **health services are located too far away**.

Although the number of respondents (N=8) is small for this question, the answers are still in line with previous research. **Socioeconomic status affects health disparities**, and in Finland this is a growing issue. Inequality in the service system is caused by, among other things, **service fees, regional differences, and discrimination** (THL 2024).

Clients belonging to sexual and gender minorities are known to experience **discrimination in healthcare services** due to their LGBTQ+ identity (see e.g., Raittinen 2023).

Next, respondents were presented with **two statements**, to which they responded based on whether they **strongly disagreed, somewhat disagreed, were neutral, somewhat agreed, or strongly agreed**. These statements were designed to assess **how LGBTQ+ individuals experience using services specifically as LGBTQ+ people**. A total of **57 respondents** answered this question.

	Täysin eri mieltä	Jokseenkin eri mieltä	Ei eri eikä samaa mieltä	Jokseenkin samaa mieltä	Täysin samaa mieltä
Palveluita käyttäessäni olen voinut olla täysin avoimesti oma sateenkaareva itseni.	10,5 %	29,8 %	8,8 %	43,9 %	7 %
	6 vastaajaa	17 vastaajaa	5 vastaajaa	25 vastaajaa	4 vastaajaa

The **first statement** asked whether the respondent feels they can be **completely open about their LGBTQ+ identity when using services**.

- **10.5%** of respondents **strongly disagreed**, and
- **29.8%** **somewhat disagreed**.

Thus, **40.3%** of respondents **somewhat or strongly disagreed** with the idea that they could be completely open about their identity in services.

- **43.9%** somewhat agreed, and
- **7%** strongly agreed.

This means **50.9%** of respondents **somewhat or strongly agreed** that they can be completely open about their LGBTQ+ identity when using services.

Nearly half of the respondents (**43.9%**) somewhat agreed that they can be fully themselves in service settings.

The **next statement** asked about respondents' **experiences of discrimination in services**.

	Täysin eri mieltä	Jokseenkin eri mieltä	Ei eri eikä samaa mieltä	Jokseenkin samaa mieltä	Täysin samaa mieltä
Palveluita käyttäessäni olen kohdannut syrjintää sateenkaarevan identiteettini vuoksi.	31,6 % 18 vastaajaa	17,5 % 10 vastaajaa	17,5 % 10 vastaajaa	26,3 % 15 vastaajaa	7 % 4 vastaajaa

The **second statement** assessed whether respondents feel they have experienced **discrimination in services because of their LGBTQ+ identity**:

- **31.6%** of respondents **strongly disagreed** with the statement,
- **17.5%** somewhat disagreed, and
- **17.5%** were **neutral**.
- **26.3%** somewhat agreed, and
- **7%** strongly agreed.

So, **33.3%** of respondents **somewhat or strongly agreed** that they had experienced discrimination in services due to their LGBTQ+ identity. Meanwhile, **49.1%** somewhat or strongly disagreed.

In summary, about **half of the respondents** did **not** feel they had experienced discrimination in services, while about **one-third** felt that they **had**.

It's important to note that **not all LGBTQ+ identities are visible**, and not everyone feels a need to disclose them when using services. This varies between types of services—e.g., in maternal health clinics, **it is not possible for a same-gender couple to remain "in the closet"**. The experience of discrimination also differs between **sexual and gender minorities**. For instance, trans people require an **official diagnosis based on international classification** to access certain treatments. This diagnosis becomes visible in health records, making it harder for trans people to avoid disclosure.

Respondents were also invited to **freely describe** how they had been treated in services or why they felt they couldn't be fully themselves while using services. A total of **23 responses** were received. The most frequently raised issues were:

- **Disrespect toward LGBTQ+ identities**

- **Hiding or not disclosing identity**
- **Bias and dismissiveness**
- **Lack of knowledge**

Disrespect was often reported in the form of **misgendering**. This sometimes stemmed from ignorance, but several respondents noted they were misgendered **even after correcting** the staff. Others reported their identities were **directly questioned or ignored**.

Hiding one's identity or **choosing not to disclose** were grouped together in analysis, though they are not the same: hiding often stems from fear of discrimination, whereas not disclosing can mean the issue simply didn't come up. In both cases, the result is that the identity remains **invisible**, often as a protective mechanism.

However, for some, **concealing identity is not possible**: not all LGBTQ+ people are perceived as cisgender or heterosexual, and **trans identity appears in medical records** if diagnosed.

Bias and dismissiveness included experiences such as:

- LGBTQ+ families not being seen as "real" families (e.g., lesbian couples)
- Staff focusing on a person's LGBTQ+ identity even when it had **nothing to do with the appointment**
- Assuming the LGBTQ+ identity was the **cause of all problems**
- Talking exclusively about trans identity during appointments unrelated to gender
- Writing biased notes in patient health records (e.g., about sexual orientation even when irrelevant)

One respondent reported being asked **inappropriate questions** about their sexuality.

Lack of knowledge showed up in:

- **Cisnormative and heteronormative assumptions** by staff
- Staff over-focusing on LGBTQ+ identity out of good intentions, thereby **distracting from the actual reason for the visit**
- Lack of understanding about **minority stress**, which affected how well the respondent was understood and supported

One respondent wrote:

“I’ve talked about my nonbinary identity with my therapist. It didn’t change how I was treated as a person, but it also didn’t seem like they knew how to engage with it meaningfully—even though I experience a strong sense of otherness.”

This illustrates how even a **neutral or well-meaning response may not be enough**. It’s important that professionals in health and social care have **specific knowledge about LGBTQ+ issues** and understand how **discrimination can affect mental health**, for instance.

Another respondent wrote:

“I haven’t experienced outright discrimination in the form of conversion efforts or treatment being denied. But my identity has not been understood, which has significantly reduced the quality of help I received.”

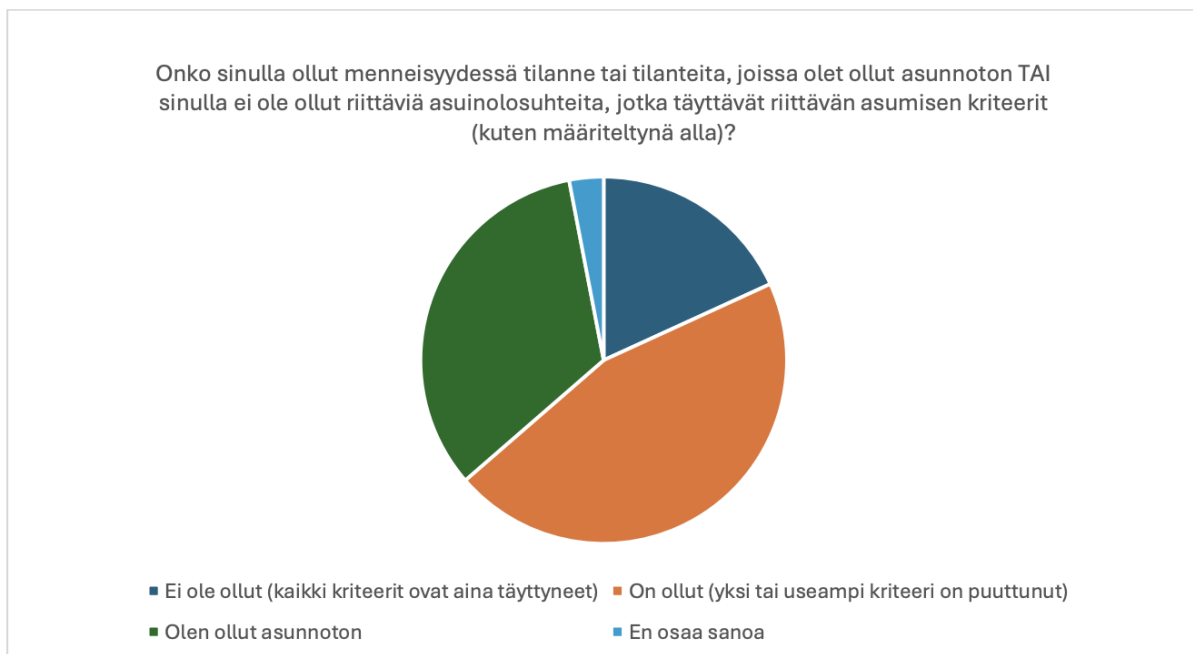
This shows how **definitions of discrimination vary between individuals**. Discrimination isn’t always explicit; it can also appear in subtle forms—such as a lack of understanding that undermines service quality. This is an example of **structural discrimination**.

3.6 Experiences of Homelessness and Inadequate Housing

The final questions of the survey aimed to examine respondents’ **past experiences** of homelessness or of **living in conditions that did not meet the criteria for adequate housing**—namely emotional and psychological safety, livability, affordability, and stability.

Respondents were asked whether they had ever been in a situation in which they were **homeless** or lacked **adequate housing conditions**.

The responses were distributed as follows:



8.2% of respondents (12 individuals) reported that they **had not experienced** homelessness or lived in a situation where housing conditions were inadequate.

45.5% (30 respondents) said they **had experienced inadequate housing conditions**.

33.3% (22 respondents) said they **had been homeless at some point**.

Thus, **78.8%** of respondents—**52 individuals**—had **either experienced homelessness or lived in inadequate housing conditions**.

At this point in the questionnaire, a branching logic was applied: questions about **homelessness and inadequate housing** were shown **only to those 52 respondents** who answered that they had such experiences.

These respondents were asked:

"Have you ever been in a situation in the past where you were homeless OR did not have adequate housing conditions that meet the criteria for sufficient housing (as defined below)?"

Response options included:

- I have not (all criteria have always been met)
- I have (one or more criteria were not met)
- I have been homeless
- I don't know

Next, those respondents were asked **how long** they had been homeless or in a situation with inadequate housing conditions. **This question did not separate experiences of homelessness from experiences of inadequate housing**.



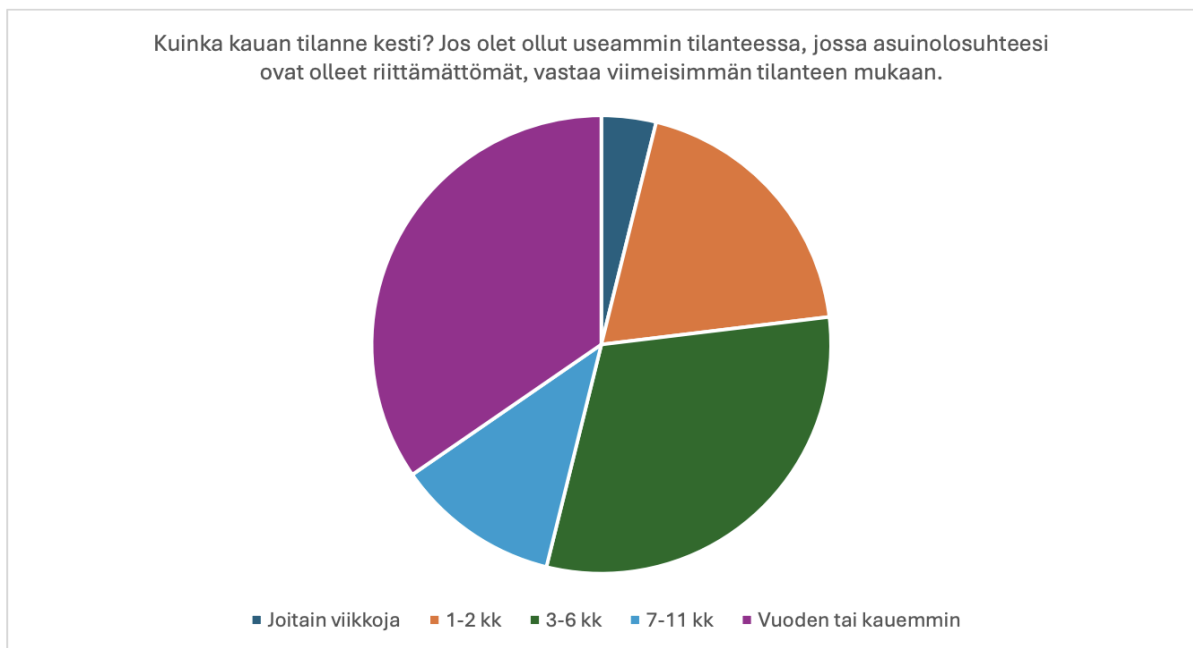
53.9% of respondents (28 individuals) had been **in such a situation once**—either homeless or living in inadequate housing.

21.2% (11 respondents) had been in such a situation **twice**,

13.5% (7 respondents) **three times**, and

11.5% (6 respondents) had experienced **homelessness or inadequate housing four times or more**.

Next, respondents were asked **how long their most recent experience** of homelessness or inadequate housing lasted. If they had experienced such situations more than once, they were instructed to **answer based on their most recent occurrence**.



3.9% of respondents (2 individuals) said their experience of homelessness or living in inadequate housing lasted **a few weeks**.

19.2% reported that the situation lasted **1–2 months**.

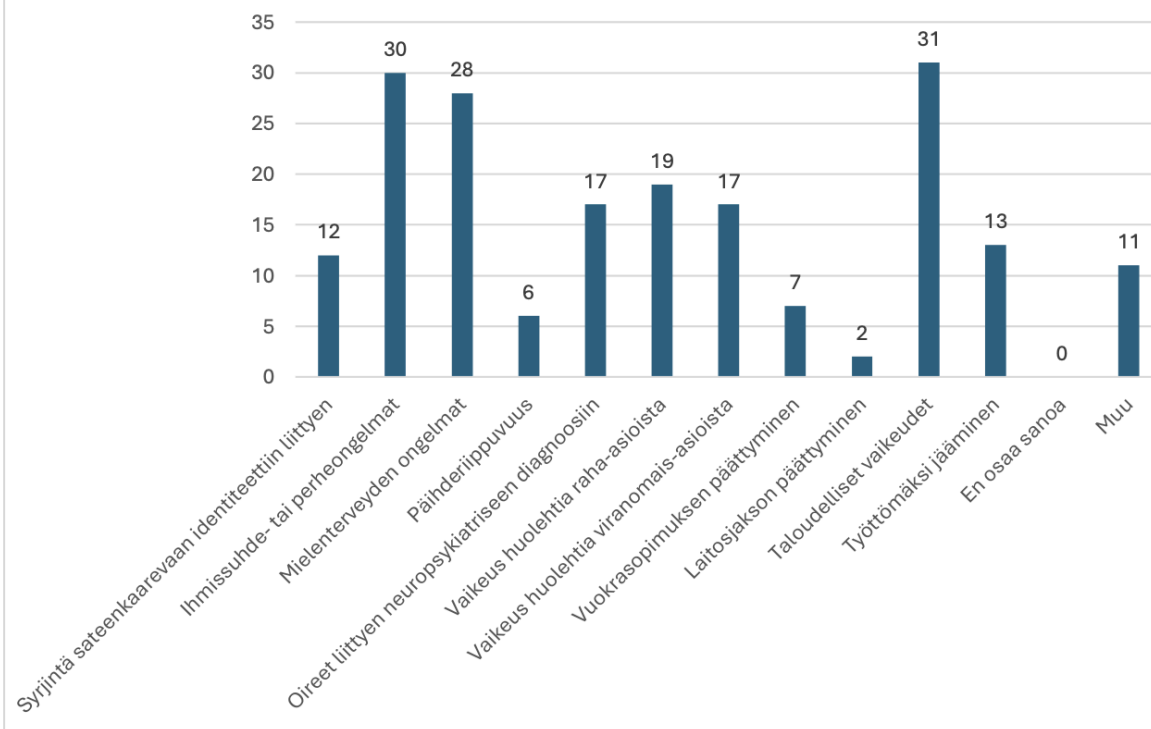
30.8% experienced it for **3–6 months**.

11.5% said it lasted **7–11 months**, and

34.6% of respondents said their situation lasted **one year or longer**.

Respondents were then asked what, in their own estimation, had led them to a situation of homelessness or inadequate housing. This was a **multiple-choice question**, and respondents could select several options.

Mikä tai mitkä seuraavista johti(vat) mielestäsi siihen, että päädyit tilanteeseen, jossa olit asunnoton tai asuinolosuhteesi olivat riittämättömät? Voit valita useita.



In this question, the **most frequently selected reasons** for why respondents ended up homeless or in inadequate housing were:

- **Financial difficulties** (59.6%)
- **Relationship or family problems** (57.7%)
- **Mental health problems** (53.9%)

More than half of the respondents selected these three options.

The next most common reasons were:

- **Difficulty managing finances** (36.5%)
- **Difficulty dealing with official matters** (32.7%)
- **Symptoms related to a neuropsychiatric diagnosis** (either diagnosed or suspected) (32.7%)

Neuropsychiatric conditions such as ADHD and autism may manifest as difficulties in handling bureaucratic or financial matters.

Other reported reasons:

- **Unemployment:** 25% (13 respondents)
- **Discrimination related to LGBTQ+ identity:** 23.1% (12 respondents)
- **Termination of a rental agreement:** 13.5% (7 respondents)
- **Substance use disorder:** 11.5% (6 respondents)
- **End of an institutional stay** (e.g., hospital or prison): 3.9% (2 respondents)

21.2% (11 respondents) selected “Other.” These included:

- **Loss of functioning and disability**
- Specific family or relationship problems that created **psychologically and emotionally unsafe environments**, such as:
 - Living with a violent partner
 - Living with parents who did not allow the respondent to be their authentic self

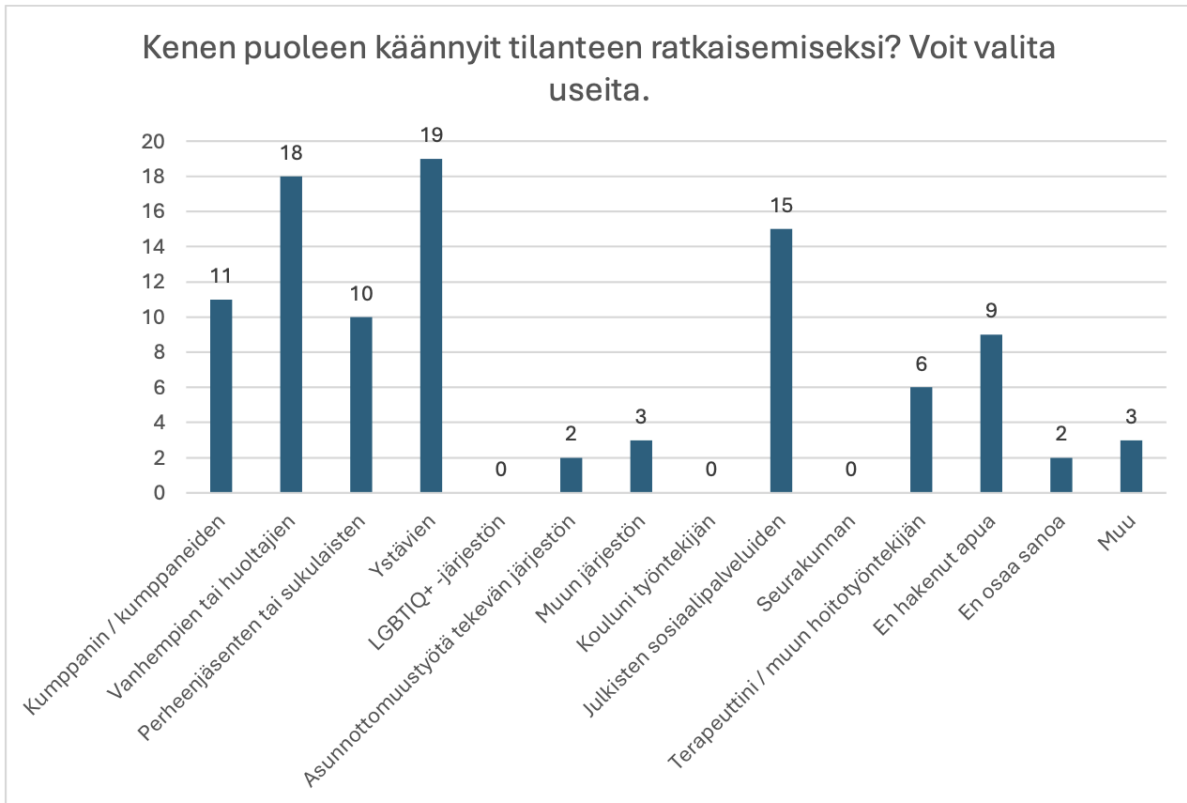
Several responses also described **sudden life changes** that led to homelessness or inadequate housing. Examples included:

- **Breakup**
- **House fire**
- **A roommate moving out** with just two weeks’ notice, which forced the respondent to **couch-surf for three months**, as they could not afford the rent alone.

The responses to this question clearly show that **ending up homeless or in inadequate housing is not necessarily directly linked to LGBTQ+ identity**. Rather, the reasons often include **financial hardship** and **mental health problems**—both of which are known to be affected by discrimination against LGBTQ+ people.

Next, respondents were asked **whom they turned to for help** in resolving their housing situation. This was a multiple-choice question, and respondents could select more than one option.

The responses were distributed as follows:



In this question, the most frequently selected sources of help were:

- **Friends** (36.5%)
- **Parents or guardians** (34.6%)
- **Public social services** (28.9%)

The next most common answers were:

- **Partner or partners** (21.2%)
- **Other family members or relatives** (19.2%)
- **“I did not seek help”** (17.3%)
- **Therapist or other healthcare professional** (11.5%)

Only **3.9%** of respondents said they turned to a **homelessness-focused NGO**, and **none** reported turning to an **LGBTIQ+ organization**. **5.8%** sought help from **some other type of organization**.

Notably, **59.8%**—over half of respondents—sought help from **someone in their personal network**, including friends, partners, parents/guardians, or other relatives.

40.4% turned to **public services**, with nearly a third (28.9%) reaching out to **social services**, and **11.5%** to a **therapist or care worker**.

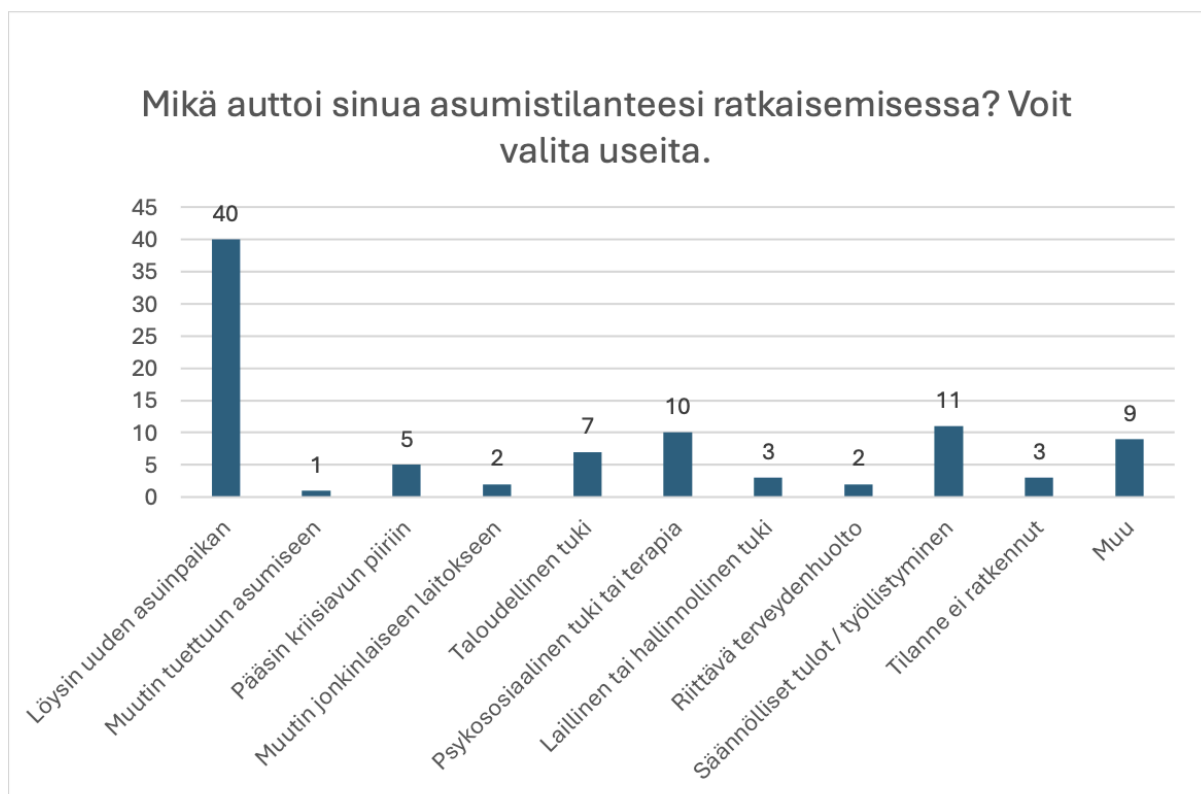
Within this group of respondents, it was **more common to turn to close personal contacts** than to public services. This aligns with both previous research and earlier responses in this same survey. It's also important to highlight that **not everyone has access to such a support network**.

Another critical point: **17.3%** of respondents did **not seek help at all** for resolving their housing situation.

Respondents were then asked **why they did not seek help**. This question was answered by **12 respondents**. The most common themes were:

- Not knowing **where to get help**
- Not believing that **help would be available**
- Fear of **how they would be treated by professionals**
- A sense that they had to **cope alone**, and in some cases, a **lack of close ones** to turn to for help

Finally, respondents were asked **what helped them resolve their housing situation**. This was a multiple-choice question, and respondents could select more than one option.



In this question, the most frequently selected response was **"I found a new place to live"** (76.9%). However, this answer alone does not indicate **what helped them find that new place**.

In addition to finding a new place, the most common forms of support in resolving the housing situation were:

- **Regular income or employment** (21.2%)
- **Psychosocial support or therapy** (19.2%)
- **Financial aid** (13.5%)
- **Access to emergency help**, such as **shelters or crisis accommodation** (9.6%)
- **Legal or administrative support**, like help filling out forms or information about available services (5.8%)

3.9% of respondents said that **moving into an institution**, such as a group home or prison, resolved their housing situation.

Similarly, **3.9%** said that **adequate healthcare** helped resolve the situation.

17.3% selected "Other." These responses often referred to **relationship-based solutions**. For example:

- In some cases, **living with someone** had previously created inadequate housing conditions.
- For others, **temporarily staying with someone** or **moving in with a partner** resolved the situation.
- **Moving to a cheaper city** or **being granted a municipal rental apartment** also helped in some cases.

Respondents were also asked what they **would have needed** for the situation to be resolved **more quickly and effectively**. This question received **32 responses**.

The most common themes included:

- The **importance of financial stability**
- The **need for affordable housing**
- The **need to improve the accessibility of the service system**

Many responses emphasized that the service system **felt inaccessible**. It was difficult to even begin seeking help due to the **lack of clear information** about where and how to access support.

There is also a need for more **accessible financial assistance programs**.

Several respondents said they would have needed the **help of a social worker** but didn't receive it. Help was needed for issues such as:

- **Domestic violence**
- **Practical everyday support**
- **Material needs**, such as new shoes or assistance finding housing

Many also highlighted the need for **mental health support**.

4. Key Findings

By examining homelessness and its risk factors, it is possible to shed light on the **structural discrimination experienced by LGBTQ+ people**. Discrimination occurs in areas such as the labor market, housing market, and service systems (FRA 2014). All of these sectors play a significant role in the background of homelessness and housing challenges.

In this dataset, fewer than 20% of respondents were employed or self-employed. The majority were **students, unemployed individuals, or retirees**. Most respondents received their regular monthly income through **social benefits**. Several basic benefits—such as unemployment support and student allowances—have been shown to be insufficient to cover the minimum reasonable cost of living (Amnesty & Finnish League for Human Rights 2021, p. 18). Therefore, **most respondents live in poverty or are at risk of poverty**.

Most respondents could afford **basic living expenses**—such as housing costs, hygiene supplies, and at least two meals per day. However, they **often could not afford much beyond that**. For example, **more than a third** could not afford **weather-appropriate clothing**, and **only about half** could afford to use **public healthcare services**.

Homelessness and housing challenges are strongly tied to **economic factors**, such as **income inequality** and **rising housing costs**. On an individual level, they are also linked to the **accumulation of different problems** and the **failures of the service system**. It is also crucial to recognize that **poverty increases vulnerability** to mental health and substance abuse issues, as well as physical health problems. Health issues, in turn, can worsen poverty due to **service fees and medication costs** (Eskelinen & Sironen 2017, pp. 43–45).

Only about **a third of respondents** reported being able to afford **social activities** like going to the movies or out for coffee, or participating in hobbies. Only **half** could afford transportation, whether by car or public transit. **Poverty leads to social exclusion**, making

it difficult or impossible to participate in society. In a consumer society, **not participating is not always a choice—it is often a necessity** (Eskelinen & Sironen 2017, p. 42).

In this study, the most common reasons for experiencing homelessness or inadequate housing were **financial difficulties, relationship or family problems, and mental health challenges**. These situations were not necessarily directly related to the respondent's LGBTQ+ identity. However, discrimination against LGBTQ+ individuals has been shown to increase the risk of these challenges.

Over **80% of respondents** in this study reported having **used or needed mental health services**. As noted earlier, LGBTQ+ people are at **higher risk of poverty and health issues** than the general population. Therefore, it is vital that **social and healthcare professionals have competence in LGBTQ+ issues**.

When respondents were asked what they would have needed for their housing situation to be resolved more quickly and effectively, they most frequently mentioned the importance of **financial stability, affordable housing, and greater accessibility of services**.

Only about a **third of respondents** turned to public social services for help with their housing situation. It was more common to turn to **personal networks**. Marginalized populations often receive help from **family, community, and NGOs** (ILGA-Europe 2024). While **community-based help is valuable**, not everyone has close relationships or a support network to rely on. And if someone finds it difficult to seek services—due to **fear of discrimination** or simply **not knowing where to turn**—they can be **left completely alone**.

In this dataset, about **17% of respondents** reported that they **did not seek help** when they experienced homelessness or inadequate housing. The reasons included **not knowing where to get help, believing they wouldn't be helped, and fearing how professionals would treat them**. It is therefore **crucial to increase the accessibility of services**—both in general and specifically for LGBTQ+ individuals.

Equally important is the need to **communicate clearly** that services are **inclusive and welcoming of LGBTQ+ people**, and that **staff are trained to meet their needs** (Pakkanen 2023, p. 12).

5. Conclusion

This survey aimed to explore the **experiences of homelessness and housing challenges among LGBTQ+ people in Finland**. The results are **indicative rather than representative**, as we do not know the size of the total population, and it was not possible to form a systematic sample. Nevertheless, the data provides **valuable insights into a phenomenon that has not been previously studied in Finland**.

The survey reached **only one respondent who was currently experiencing homelessness**, and **22 respondents** who had experienced homelessness in the past. It can be challenging to reach people experiencing homelessness through survey research. However, the responses included **a wide range of experiences related to risk factors for homelessness and inadequate housing conditions**.

The survey was conducted **only in Finnish**. In the future, it would be important to conduct a **similar survey in English** as well, to better reach **particularly vulnerable LGBTQ+ individuals** living or residing in Finland **without Finnish citizenship** and with **limited Finnish language skills**, which can significantly impact access to services. This group is also affected by **structural racism**, which makes it harder to access both housing and employment.

Future research should also include **comparisons between trans and cis respondents**. When LGBTQ+ populations are studied, **internal differences within the community** are not always taken into account. According to FEANTSA (2024), **one in five** LGBTQ+ people in Europe has experienced homelessness. The proportion is **even higher among gender minorities**: around **one-third of intersex people and trans women** have experienced homelessness, as have **nearly one-third of non-binary individuals**.

It is also essential to recognize that **being LGBTQ+ is a risk factor for homelessness on an individual level**. In addition, **systemic factors** that cause homelessness—such as rising rents and overall living costs—**disproportionately affect those already in vulnerable positions**.

The number of LGBTQ+ people in Europe experiencing **unemployment and housing difficulties is increasing** (ILGA-Europe 2024). At the same time, **hate crimes and harassment** targeting LGBTQ+ people are also on the rise (see e.g. FEANTSA 2024).

There is a **clear need for more data** on homelessness and housing challenges among **LGBTQ+ people living in or residing in Finland**. This group represents a “**minority within a minority**” and faces **multiple and intersecting forms of discrimination**.

When compiling statistics on homelessness in Finland, it would be important to consider **whether sexual and gender minorities could be included in the data**. **Recognizing LGBTQ+ identity as a risk factor** for homelessness would allow for the **development of targeted preventive measures** within the service system.

Increasing knowledge about LGBTQ+ populations and implementing a **LGBTQ+ sensitive approach** in **all social and health services** is essential.

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