

ABSTRACT

Title of Thesis: A SAFE SPACE: DESIGNING A LGBTQ+ YOUTH RESOURCE CENTER

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In the continuing struggle to combat youth homelessness it is necessary to evaluate the effectiveness of existing services and infrastructure. Somewhere between 1.6 and 2.8 million youth identify as homeless in the United States. 47% of homeless youth identify as LGBTQ+ in Washington DC, while only accounting for 7% of the population. Faced with a myriad of challenges, LGBTQ+ youth find themselves facing homelessness without access to services to meet their complex needs. Washington DC has a rich LGBTQ+ history and community that is connected through people and the built environment. Throughout its history and today the LGBTQ+ community has created safe spaces for its members to come and be together. Through the exploration of the adaptive reuse and addition of a historic building, this thesis seeks to create a LGBTQ+ youth resource center to aid in the development of supportive services and housing for at risk LGBTQ+ youth.

A SAFE SPACE: DESIGNING A LGBTAQ+ YOUTH RESOURCE CENTER

by

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Dedication

This thesis is dedicated to all those who could not find a space for themselves, so they made their own.

Acknowledgements

This thesis would not have been possible without the help and support of my committee members; namely, Professor Peter Noonan and Dr. Donald Linebaugh, who both always asked such thoughtful questions, provided insightful guidance, and challenged me to dive deeper and push myself further.

I would also like to thank my friends and family who supported me from the beginning and gave me the love and support I needed to complete this journey.

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List of Abbreviations

APA- American Psychological Association

DSM- Diagnostic and Statistical Manual of Mental Disorders

LGBTQ+ - Lesbian, Gay, Bisexual, Transgender, or Queer. + represents the other sexual identities.

POC- Person of Color

PTSD- Post Traumatic Stress Disorder

RHY- Runaway Homeless Youth

SRO- Single Room Occupancy

TiD- Trauma-Informed Design

Chapter 1: Historic Context

Washington DC's LGBTQ+ History

Introduction and Background

The United States is still amid a time of dramatic social change. Calls for social justice have grown in number. Movements led by the Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ+) communities have often been at the forefront of civil rights and social justice movements. LGBTQ+ activists have been organizing marches, protests, and drafting policy changes since the 1950s and continue to serve as leaders.¹ Washington DC has been the location of multiple vital LGBTQ+ activist demonstrations. DC has also been the home of LGBTQ+ national organizations, such as the Human Rights Campaign, the National LGBTQ Task Force, and the National Black Justice Coalition. It is also the home to DC based activist groups such as Gay and Lesbian Activist Alliance, Kush DC, and Rainbow History Project (RHP).²

To understand the development of the LGBTQ+ community and culture in Washington DC it is necessary to grasp “how normative social rules, often imbued with dehumanizing bigotry, were not only challenged [by LGBTQ+ people] but changed to create today’s climate of broader queer acceptance and understanding.”³

The United States has its roots in European society. By virtue of this, the U.S.

¹ Louis Berger, Historic Context Statement for Washington’s LGBTQ Resources. District of Columbia Office of Planning Historic Preservation Office, (September 2019): 1-1.

² Ibid.

³ Louis Berger, 2-1.

developed into a patriarchal society, imbued with the “religious beliefs of colonizers”⁴ even with the separation of church and state. These beliefs and associated cultural norms would have a continuous influence on society’s views of the queer community that are still felt today.

By the end of the nineteenth century, American intellectuals’ views on the human psyche were influenced by European intellectuals, philosophers, and doctors.⁵ The idea that “sex serves more than just the utilitarian purpose of procreation”⁶ gained traction during this period. Along with this emerged the view of homosexuality, the only recognized queer identity as an illness in society needed to be treated and eradicated.⁷ Human sexuality would remain a topic of academic discussion for years and would not enter the public realm until the late twentieth century. This century was unique in its “effort to identify, name, and categorize sexualities and genders”⁸ in relationship to the person, not the individual behavior. Exploring this distinction between the behavior and person led to a small positive change in the perception queer people in society. It was not met without opposition and legislative backlash, which would kickstart LGBTQ+ rights activists.⁹

Race and ethnicity had a major impact in the development of LGBTQ+ communities. In the late nineteenth and early twentieth century, the migration of many African Americans from the south to cities in the north, Midwest, and west, along with high immigration between 1880 and 1920 transformed cities. Major cities

⁴ Louis Berger, 2-1.

⁵ Ibid.

⁶ Ibid.

⁷ Ibid.

⁸ Meyer and Sikk, 03-13.

⁹ Louis Berger, 2-3.

like New York, Chicago, Atlanta, and Washington DC became “ideal places for newly freed blacks and burgeoning LGBTQ+ communities.”¹⁰ The diverse demographics and high populations in these cities made it possible for queer people to go without detection while still finding each other and creating their own unique spaces.

While these cities offered anonymity to the LGBTQ+ community, national segregation still divided the white and black populations in every community across the United States. This was no different for the LGBTQ+ community. White LGBTQ+ individuals did not frequent black LGBTQ+ establishments and vice versa. These additional social divides affected African American communities much more than their white counterparts, as white communities were the benchmark for accepted society.¹¹ For queer people of color the meant additional dynamics and challenges to overcome.

In addition to the influx of African Americans and immigrants, white flight caused a major shift in demographics in urban centers.¹² “These shifting demographics contributed to the separate worlds inhabited by DC’s black and white LGBTQ+ individuals, as their communities began to take shape in the late 1950s and 1960s.”¹³ LGBTQ+ communities were black or white and individuals and groups socialized and organized separately. With little to no interaction, these communities developed with their own characteristics and cultural spaces.

¹⁰ Louis Berger, 2-4.

¹¹ Ibid.

¹² G. Beemyn, 9.

¹³ Louis Berger, 2-4.

Great care and caution were found in the burgeoning development of LGBTQ+ communities. Who was included was just as important as who was excluded for the safety of the members. “The creation of a queer community--- link the creation of any other community--- is always about constructing boundaries--- boundaries that operate within communities as well as between emergent and existing communities.”¹⁴ Caution was prevalent in both black and white LGBTQ+ communities for fear of retaliation and harm. The LGBTQ+ community were targets for heavy policing and associated violence. Queer individuals had no choice but to keep their sexual identities hidden for the “sake of safety and social acceptance.”¹⁵ Barriers against the LGBTQ+ communities were religious bias, homophobia, segregation, heteronormality, racism, and gender normativity. All reasons the LGBTQ+ communities were closeted for so long since “exposure meant rejection, persecution, oppression, violence, and retaliation.”¹⁶

Social Spaces and Places

Despite racism, homophobia, and heavy policing, Washington DC’s LGBTQ+ communities created safe spaces to gather and grow. Queer individuals found one another throughout DC’s neighborhoods, social spaces, businesses, and residences.¹⁷ A main method LGBTQ+ individuals used to meet each other was cruising in parks and theaters. Unrestricted sites, like parks, were the first main areas for cruising. Downtown Washington DC had numerous parks “open to all races, classes, and

¹⁴ Meyer and Sikk, 03-19

¹⁵ Louis Berger, 2-12.

¹⁶ Ibid.

¹⁷ Louis Berger, 2-53.

ages.”¹⁸ At night the parks were free of undercover police officers so it could be assumed “only those interested in same gender loving relationships were likely to linger there at night.”¹⁹ Lafayette Square was the main white cruising spot in DC in 1885. Other popular cruising parks included Lincoln Park in Capitol Hill, Franklin Park, Judiciary Square, and Farragut Square.²⁰

After policing of these parks increased, neighborhoods and other semi-private spaces such as vaudeville houses and movie theaters became the popular cruising destinations.²¹ During the 1920s burlesque and vaudeville theaters could be found in DC’s Tenderloin District.²² Nearby cheap hotels made this the perfect area for queer individuals to meet each other. Due to segregation black queer individuals had to find different cruising locations. Gay black men frequented the cruising locations along Shaw and U Streets, NW since the Howard and Lincoln theaters were too visible within the black community.²³

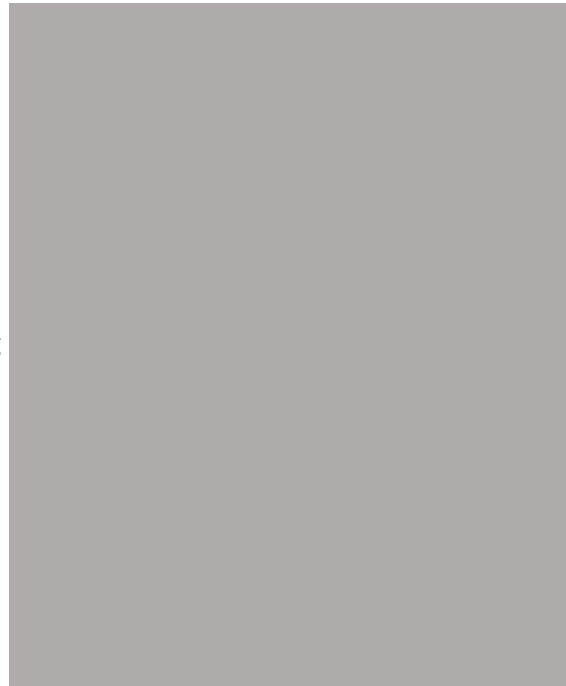


Figure 1: Historical photo of Keith's Theater (Muzzy 2005:98)

¹⁸ G. Beemyn, 18.

¹⁹ Ibid.

²⁰ Louis Berger, 2-55.

²¹ Ibid., 2-55-56.

²² Ibid., 2-56.

²³ Ibid.

Clubs, restaurants, and bars remain an important outlet for the LGBTQ+ community. Bars and nightclubs provided a space for queer individuals to meet each other in accessible spaces.²⁴ Some of the most popular bars for white LGBTQ+ individuals were the Chicken Hut, the Georgetown Grill on Wisconsin Avenue NW, Johnny's on 8th Street SE, and the Derby Room Restaurant formerly located at 1801



Figure 2: Nob Hill Ad (source: Preserving LGBTQ Sites in DC)

H Street, NW.²⁵ Black LGBTQ+ individuals never went to the white establishments, but they had their own spaces where they could gather. The Cozy Corner Bar & Grill at 708 Florida Avenue, NW, Kenyon Bar and Grill at 3119 Georgia Avenue, NW, Nob Hill Restaurant at 1101 Kenyon Street, NW, and Rosetta's Golden Nugget Restaurant at 2504 14th Street, NW, were a few of the queer black bars in DC.²⁶

LGBTQ+ owned and friendly businesses became places queer individuals could go and meet as well as learn about other aspects of their identity. LGBTQ+ bookstores, Community Bookshop and Lambda Rising in the Dupont Circle neighborhood offered the LGBTQ+ community literature on topics that were specific to their unique identities.²⁷ Lambda Rising would go on to be the oldest gay

²⁴ Louis Berger, 2-58.

²⁵ Louis Berger, 2-58-59

²⁶ Ibid.

²⁷ Louis Berger, 2-69.

bookstore in the country.²⁸ Other businesses, such as ENIK Alley Coffeehouse, would have tremendous roles in the arts and expression of DC's LGBTQ+ community.

The LGBTQ+ community found safe heavens in specific neighborhoods throughout the city. Three have had the “longest history and greatest impact on the historical and continued development”²⁹ of Washington DC's LGBTQ+ community:

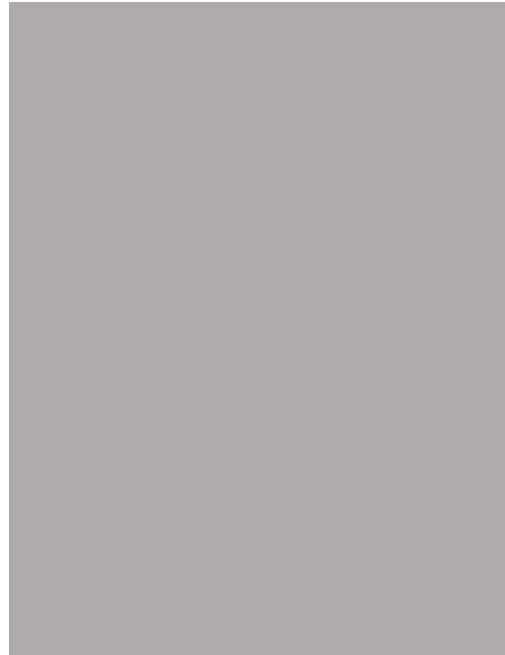


Figure 3: ENIK Alley Coffeehouse at 816 Eye Street, NE (photo by L. Berger).

Captiol Hill, Dupont Circle, and Howard University/Georgia Avenue. Capitol Hill has more than 50 years of LGBTQ+ history starting in the 1950s. The neighborhood has been a social and residential hub for DC's LGBTQ+ community. It has also served as a place for “innovative women's businesses, clubs, and communities.”³⁰ Dupont Circle's LGBTQ+ history began as a cruising spot in the late nineteenth century and developed into the home of numerous LGBTQ+ bars and businesses. The Howard University and Georgia Avenue area provided a home to DC's black LGBTQ+ community. Some of the most notable and long-lasting African American LGBTQ+ residences and establishments resided in these neighborhoods.³¹ Other neighborhoods had associations with the LGBTQ+ community. Adams Morgan

²⁸ Amanda Hess, Lambda Rising Bookstore's Closing May Open New Book, Washington City Paper, December 7, 2005.

²⁹ Louis Berger, 2-73.

³⁰ Ibid., 2-74.

³¹ Ibid., 2-20.

neighborhood served as the location for many LGBTQ+ friendly bars in the 1960s and 1970s. Today it remains an “eclectic mix of residences, commercial businesses, restaurants, and bars.”³²

Social Justice and Health Advocacy

As the LGBTQ+ community developed, organizations fighting for queer rights began to take shape. One of these groups was the Mattachine Society, co-founded by Dr. Franklin E. Kameny. Considered by many to be the father of gay activism, Kameny was one of the leaders in the gay civil rights movement of the 1960s.³³ The Mattachine Society’s agenda centered “on the protection and civil



Figure 4: Dr. Kameny (center) marching with the Mattachine Society of Washington in the first Christopher Street Liberation Day Parade, NYC, 1970 (Kay Tobin Lahusen, 1970)

liberties of homosexuals throughout the 1960s.”³⁴ These efforts included advocating for the removal of the Civil Service ban on homosexuals, the ban of homosexuals in the military, and protection against unlawful entrapment and arrest.³⁵

The furies Collective, founded in 1971, included “radical lesbian separatist feminists” who were “smashing monogamy” while producing “some of the most powerful and insightful writing” in the [women’s] movement.³⁶ The Collective published a newspaper that challenged the idea the patriarchy and capitalism’s role in

³² Louis Berger, 2-74.

³³ Ibid., 2-20.

³⁴ Ibid., 2-32.

³⁵ Ibid.

³⁶ Biren, 2007.



Figure 5: Residence of the Furies Collective, 219 11th St., SE (photo by L. Berger)

the negative view of queerness. The paper placed “racism, classism, sexism, and homophobia” as results of the oppressive confinements of patriarchal and capitalistic societies.³⁷

A predominant activist group for the black LGBTQ+ community was the National Coalition of Black Lesbians and Gays (now the National Coalition of Black Gays). The Coalition was founded as a “unified voice” to address the

“systemic oppression of Black lesbians and Black

gay men.”³⁸ The organization was greatly involved in the first National March on Washington for Lesbian and Gay Rights, on October 14, 1979.³⁹ Today LGBTQ+ advocacy groups continue the work of numerous past organizations. Two of which are the Rainbow History Project and the Latino LGBTQ Project which both strive to complete their mission of documenting all of DC’s LGBTQ+ history.

³⁷ Louis Berger, 2-35.

³⁸ National Coalition of Black Gays [NCGB], Black & White Men Coming Out—Together, Habari-Habari (November 1980): 9-10.

³⁹ Louis Berger, 2-46.



Figure 6: The National Coalition of Black Gays marching in the 1979 National March on Washington for Lesbian and Gay Rights, October 1979 (Doug Barnes)

During the twentieth century people were trying to define “normal behavior and how to deal with non-conformists.”⁴⁰ The American Psychological Association (APA) defined homosexuality as “a sociopathic personality disturbance” in the Diagnostic and Statistical Manual of Mental Disorders (DSM) in 1952.⁴¹ The ‘treatments’ for this ‘mental illness’ ranged from counseling and recommendations of abstinence to the inhuman practices of medical castration, lobotomies, and shock therapy.⁴² St. Elizabeth’s Hospital in DC followed this homosexuality as a sickness theory and engaged in the inhumane medical methods in treating LGBTQ+ identities.⁴³

In stark contrast to St. Elizabeth’s Hospital, the care provided at the Whitman-Walker Clinic (now Whitman-Walker Health) has continued to embrace the LGBTQ+

⁴⁰ Louis Berger, 2-13.

⁴¹ Sarah Baughey-Gill, When gay was not Okay with the APA: A Historical Overview of Homosexuality and its Status as a Mental Disorder Occam’s Razor I (Article 2) (Western CEDAR, 2001), 6; Robert Paul Cabaj, MD, Working with LGBTQ Patients (nd. <https://www.psychiatry.org/psychiatrists/cultural-competency/education/best-practice-highlights/working-with-lgbtq-patients>).

⁴² Baughey-Gill 6-7; Miller, Out of the Past, 25; Terry, 40-73.

⁴³ Louis Berger, 2-94.

identities. This belief is exemplified in the provided programs and services specific to the needs of the LGBTQ+ community.⁴⁴ The Whitman-Walker Clinic was a critical resource for the LGBTQ+ community during the AIDs crisis in the 1980s. The clinic became a major resource for AIDs information and counseling, during a time when there were precious few places for AIDs patients to go.⁴⁵ Over the years the clinic continued to grow and today there are multiple locations providing inclusive health care for the LGBTQ+ community.

Friendship Baptist Church

African American Churches in Southwest DC

To understand the history and significance of the former church at 700 Delaware Avenue SW, it is critical to look at the development of African American churches in Washington DC. From the 1820s to 1900. From the late eighteenth century through the Reconstruction era Washington DC, like other major cities became a popular destination for free African Americans. Washington DC was viewed as a place for people of color to exercise their political freedoms.⁴⁶ It was a place that African Americans were organizing their own religious congregations and constructing their own churches to serve their community, separate from any existing white congregations.⁴⁷

⁴⁴ Louis Berger, 2-94.

⁴⁵ Ibid.

⁴⁶ Emily Thompson, "Redeemed Temple of Jesus Christ," National Register of Historic Places Nomination Form (Washington, DC: U.S. Department of the Interior, National Park Service, 2004), Section 8.

⁴⁷ Ibid.

In 1866, numerous African American Baptist first organized the First Baptist Church of South Washington on Sixth Street between G and H Streets SW.⁴⁸ As the congregation grew, members branched out to establish their own Baptist churches. In

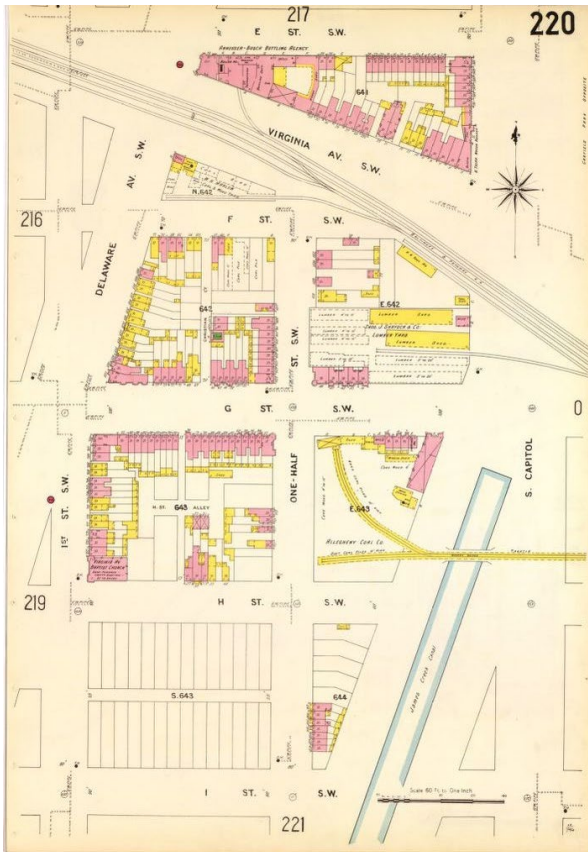


Figure 7: 1916 Sanborn Fire Insurance Map with location of Friendship Baptist Church (source: Sanborn Fire Insurance maps)

1875, Reverend R.S. Laws led fifty-four members of First Baptist to organize the Virginia Avenue Baptist Church. In preparation for this, a new church for the Virginia Avenue Baptist Church was constructed in 1886.⁴⁹ The building permit lists Reverend R.S. Laws as the owner. While no architect was listed, James A. Boyce is noted as the builder.⁵⁰ After the completion of construction the congregation rename itself Friendship Baptist Church.⁵¹

⁴⁸ Thompson, "Redeemed Temple of Jesus Christ," National Register of Historic Places Nomination Form, Section 8.

⁴⁹ Ibid.

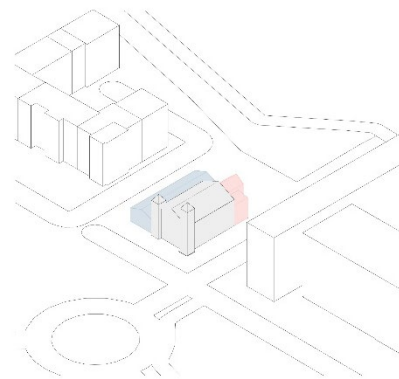
⁵⁰ The 1900 Federal Census indicates that James Boyce (born c.1845) was a white resident of Washington, D.C. and was employed as a watchman.

⁵¹ Washington Post, 23 Oct 2003, District Extra, p. 3.



Figure 8: Elevated view of 1st and H Streets, S.W. near Delaware Avenue, looking northeast from Randall School, showing Friendship Baptist Church, 1901 (source: Library of Congress)

The congregation continued to grow, and in the late 1940s a large addition to the church to serve an educational purpose was planned. While the original plans for the new addition show a grand three story addition,⁵² the build addition was a modest, one-story gabled roof addition to the north side of the main



1952 North Addition

Figure 9: Drawing of construction sequence of First Baptist Church (source: author's work)

⁵² Washington, D.C. Building Permit # A-23791.

building. The addition was designed by local African American architect R.I Vaughn and was completed in 1952.⁵³ Friendship Baptist Church became the community center for the surrounding residential neighborhood. The congregation provided community outreach programs as well as spiritual support for the community. This connection and relationship to the community would help the church survive the urban renewal of Southwest DC.

Urban Renewal in Southwest DC

Churches and religious organizations were at the center of traditional social and community structures developed by African Americans in Southwest Washington DC. Many of these institutions and communities faced harsh challenges in the 1950s due to urban renewal legislation. In 1946, congress created the Redevelopment Land Agency (RLA) and gave it the “unique authority to acquire land in blighted neighborhoods and oversee its improvement.”⁵⁴ This congressional authorization aimed at correcting all the perceived social ills of Southwest DC, a community that was viewed by outsiders as a poverty stricken and blighted area in need of major improvement.⁵⁵ In addition to the creation of the RLA, the National Capital Park and Planning Commission’s Comprehensive Plan, released in 1950, authorized the vast condemnation, demolition, and redevelopment of urban areas.⁵⁶ The comprehensive

⁵³ Ibid., cornerstone on addition indicates the year of construction.

⁵⁴ “L’Enfant Plan of the City of Washington D.C.,” National Register Registration Report.

⁵⁵ Thompson, “Redeemed Temple of Jesus Christ,” National Register of Historic Places Nomination Form, Section 8.

⁵⁶ Ibid.

plan emphasized decentralization of the federal core, changed zonings to create lower densities, and the overall “redevelopment of blighted areas within the city.”⁵⁷

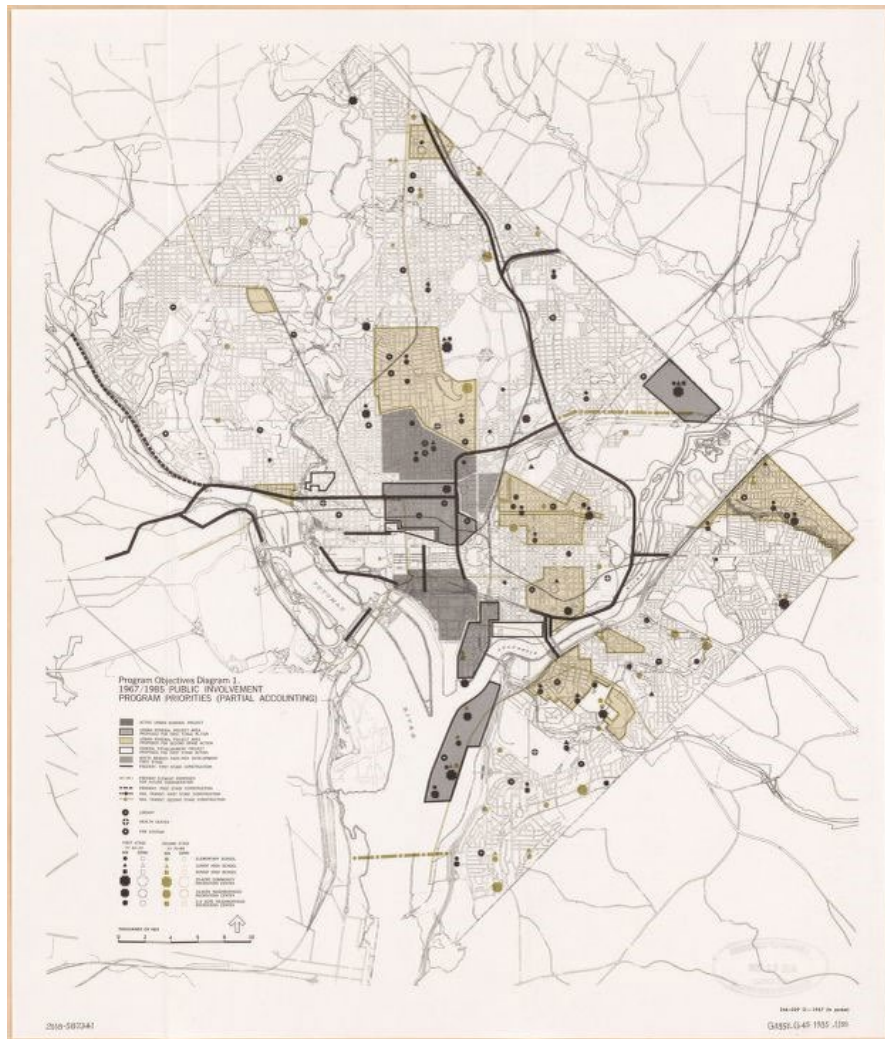


Figure 10: 1967-1985 public improvement program priorities (source: Library of Congress)

During RLA's urban renewal efforts in Southwest DC, community concern was voiced but all plans were ultimately approved by all reviewing agencies. The urban renewal program displaced 1,050 of the 1,300 families living in Southwest DC from 1953 to 1955.⁵⁸ The renewal erased almost all evidence of development and

⁵⁷ "City of the Future," *Washington Post*, 22 Nov 1950.

⁵⁸ "13 Churches To Be Demolished," *Washington Afro-American*, 15 Oct 1955, p. 1-2.

settlement patterns throughout the area.⁵⁹ In addition to the displacement of families, thirteen of the fifteen churches were demolished. The only remaining churches were St. Dominic's Catholic Church at 515 Sixth Street, SW and Friendship Baptist Church.⁶⁰

The preservation of Friendship Baptist Church can be attributed to its strong connection to the community and efforts of its congregation and pastor, Reverend Benjamin H. Whiting. Reverend Whiting used his political influence to press the RLA to keep the church building standing.⁶¹ He argued the church had a critical role in the community. "Friendship is one corner of the triangle that serves the people of Southwest. Randall Jr. High School and the Southwest Health Center makeup the other two corners, one serves the mind, one serves the body, and we serve the soul."⁶² In response to this advocacy the executive director of RLA, John R. Searles, Jr. was quoted telling the congregation that the church would "stand as a beacon between the old and the new in Southwest Washington."⁶³

⁵⁹ Thompson, "Redeemed Temple of Jesus Christ," National Register of Historic Places Nomination Form, Section 8.

⁶⁰ "13 Churches To Be Demolished," *Washington Afro-American*, 15 Oct 1955, p. 1-2.

⁶¹ Thompson, "Redeemed Temple of Jesus Christ," National Register of Historic Places Nomination Form, Section 8.

⁶² Charles S. Tyler, "Efficient Social Program Helpful," *Washington Afro-American*, undated clipping. Martin Luther King Jr. Memorial Library, Washingtonian Division, vertical file, "Churches, Baptist Friendship."

⁶³ "13 Churches To Be Demolished," *Washington Afro-American*, 15 Oct 1955, p. 1-2.



Figure 11: Delaware Avenue. Washington DC, 1992. Photo by Historic American Building Survey (source: Library of Congress)

The Church Today

In 1965 the congregation moved to a new church at Delaware Ave. and I Street, SW. The property was sold nine years later to Miracle Temple of Faith Baptist Church.⁶⁴ Then in 1982, Redeemed Temple of Jesus Christ purchased the property and occupied the church for nineteen years. The church closed its doors in 2001, as physical deterioration overcame the congregation's ability to maintain the building and no buyers could be found.⁶⁵ Three years later the property was listed on the National Register of Historic Places under criteria A and C, as it is an important

⁶⁴ *Washington Post*, 23 Oct 2003, District Extra, p. 3

⁶⁵ *Ibid.*

example of the critical “cultural and social role churches played in the late nineteenth and twentieth century development of Washington’s African-American communities.”⁶⁶ The property was purchased by a developer with the desire to convert the site into a lot of condominium units.⁶⁷ While the plans did include keeping the church structure on the site, the development did not move forward.⁶⁸



Figure 12: Photo of current conditions of building
(photo by author)

Today the property is used as an arts exhibit and event spaces known as Culture House DC (formally Blind Whino). The reuse of the historic church building and a new colorful mural, by Atlanta based artist HENSE, wrapping the building, the site strived to become “a bold beacon for creativity and community.”⁶⁹ The property is currently listed for sale as a perfect spot for redevelopment.⁷⁰

⁶⁶ Thompson, “Redeemed Temple of Jesus Christ,” National Register of Historic Places Nomination Form, Section 8.

⁶⁷ Patricia Sullivan, "Condominiums Proposed Around Historic Church," Washington Post, 3 June 2004, [http://www.washingtonpost.com/archive/local/2004/06/03/articleK/A9461-2\(J\)4Ji!ri2.html](http://www.washingtonpost.com/archive/local/2004/06/03/articleK/A9461-2(J)4Ji!ri2.html), accessed 5 August 2004.

⁶⁸ Historic Preservation Review Board. "Friendship Baptist Church." 27 May 2004. D.C. HPO.

⁶⁹ “Culture House DC,” *Culture House*, accessed December 7, 2021, <https://www.culturehousedc.org/>.

⁷⁰ “700 Delaware Ave SW 10,713 SF Specialty Building Offered at \$8,000,000 in Washington, DC,” *Loopnet.Com*, <https://www.loopnet.com/Listing/700-Delaware-Ave-SW-Washington-DC/21556064/>.

Chapter 2: Causes and Impacts of Homelessness in LGBTQ+ Youth

Homelessness and LGBTQ+ Youth

An Introduction

Homeless youth is defined as “youth aged 13 through 24 who are living independently of parents and/or caregivers and lack social supports necessary for transition from childhood to adulthood.”⁷¹ They face other challenges besides homelessness, such as not having a stable income, that prevent them from accessing support networks help them transition successfully into adulthood.⁷² It is important to recognize that homelessness does not look the same for every young person. Some find themselves completely unsheltered, living on the streets. Others find shelter with extended family, friends, other people, or at shelters and transitional housing programs.⁷³

⁷¹ Edward McCann and Michael Brown, “Homelessness among Youth Who Identify as LGBTQ+: A Systematic Review,” *Journal of Clinical Nursing* 28, no. 11–12 (March 11, 2019): 2062.

⁷² Ibid.

⁷³ Dworsky, A., Horwitz, B., (2018). *Missed opportunities: Counting Youth Experiencing Homelessness in America*. Chicago, IL: Chapin Hall at the University of Chicago: 7.



Figure 13: Graphic of different types of homelessness by Voices of Youth Count

LGBTQ+ Youth homelessness rates are as high as 30% - 45%.⁷⁴ A study found that “nearly one in three youths contacting a national LGBTQ+ crisis service program has experienced homelessness.”⁷⁵ These findings indicate that the vulnerabilities and trauma of homelessness is highly likely to be present in LGBTQ+ youth populations.⁷⁶ They are also at a higher risk for homelessness, compared to their heteronormative counterparts, who are less likely to face familial rejection.



Figure 14: A comparison of youth experiencing homelessness based on race and gender identity (source: Voices of Youth Count)

Those who had the highest rates of homelessness were those who identified as both LGBTQ+ and black. A national survey found that nearly one in four young black men ages 18 to 25, who identified as black or multiracial and

⁷⁴ Harmony Rhoades et al., “Homelessness, Mental Health and Suicidality Among LGBTQ Youth Accessing Crisis Services,” *Child Psychiatry & Human Development* 49, no. 4 (January 10, 2018): 643–651.

⁷⁵ Rhoades, 649.

⁷⁶ Ibid.

LGBTQ+, reported high rates of homelessness.⁷⁷ Seeing the disproportionately high number of LGBTQ+ youth and POC experiencing homelessness supports the idea to prioritize efforts for these groups to help prevent youth homelessness overall.⁷⁸

Causes of LGBTQ+ Youth Homelessness

Leaving or Aging out of Foster Care System

LGBTQ+ youth often experience unstable home life and source of income, as well as endure family conflict that can lead to ejection from the family home.⁷⁹ Faced with these challenges, it is natural for LGBTQ+ youth to search for alternative support systems to help them achieve stability in their lives. Since LGBTQ+ youth experience trauma and discrimination, they tend to only engage with service agencies that have been identified by the LGBTQ+ community to be allies.⁸⁰ The child welfare system has only recently begun to acknowledge LGBTQ+ youth within the system. They also have a “long history of cultural incompetence and heteronormativity that has imposed a great deal of damage on LGBTQ+ youth.”⁸¹

Studies have indicated a strong association between experiencing homelessness and having been in the foster care system. It was found that “as many as half of youth experience homelessness of housing instability within eighteen

⁷⁷ M. H., Morton, Dworsky, A., Matjasko, J. L., Curry, S. R., Schlueter, D., Chávez, R. & Farrell, A. F. (2018). Prevalence and correlates of youth homelessness in the United States. *Journal of Adolescent Health*, 62(1), 14-21.

⁷⁸ Morton, M. H., Samuels, G. M., Dworsky, A., & Patel, S. (2018). *Missed opportunities: LGBTQ youth homelessness in America*. Chicago, IL: Chapin Hall at the University of Chicago.

⁷⁹ McCann and Brown, 2061.

⁸⁰ Morton et al., *Missed opportunities: LGBTQ youth homelessness in America*.

⁸¹ Adam McCormick, Kathryn Schmidt, and Samuel Terrazas, “LGBTQ Youth in the Child Welfare System: An Overview of Research, Practice, and Policy,” *Journal of Public Child Welfare* 11, no. 1 (August 11, 2016): 37.

months of their exit from the foster care system.”⁸² There are two primary reasons why LGBTQ+ youth leave the foster care system. One being they age out of the programs and services. The other reason is they run away from an unwelcoming or abusive situation. These are often the only ways LGBTQ+ exit the foster care system, as they are less likely to be adopted or reunited with their families.⁸³ LGBTQ+ youth not only experience mistreatment from their foster families, but any LGBTQ+ youth in the foster care system have experienced harassment from peers, staff, and caretakers.⁸⁴ They have reported verbal harassment, exclusion, and rejection by peers and caretakers,⁸⁵ furthering their experienced trauma. The abuse may continue even further as many foster homes and shelters isolate LGBTQ+ youth out of fear of placing them with the same sex.⁸⁶ In addition to isolation and exclusion, many experiences of LGBTQ+ youth “suggest that caretakers are often more inclined to blame LGBTQ+ youth for their mistreatment than they are to intervene”⁸⁷ on their behalf. With all these negative experiences, many LGBTQ+ youth view living on the streets a far safer option to entering a system that historically mistreats and abuses them.

⁸² Nicholas Forge et al., “Out of the System and onto the Streets: LGBTQ-Identified Youth Experiencing Homelessness with Past Child Welfare System Involvement,” *Child Welfare* 96, no. 2 (2018): 49.

⁸³ Ibid.

⁸⁴ Forge et al., 29.

⁸⁵ Forge et al., 30.

⁸⁶ Ibid.

⁸⁷ Ibid.

Looking Beyond Parental Rejection

A commonly cited factor contributing to LGBTQ+ youth homelessness is parental rejection from revealing their gender identity. Negative consequences of “coming out” can include hostility, abuse, rejection, and even ejection from the family home.⁸⁸ It is not only a physical home that LGBTQ+ youth are at risk of losing, but also the emotional support and stability it provides. A home can be much more than a place to live; “it is a space that provides roots, identity, security and a sense of belonging and emotional well-being.”⁸⁹

Simply looking at parental rejection and not the surrounding circumstances can easily cause underlying factors to be missed when attempting to identify common causes of homelessness among LGBTQ+ youth. The majority of LGBTQ+ youth do not become homeless right after revealing their gender or sexual identity.⁹⁰ Instead it often happens much later. Before complete parental rejection and ejection from the home, there is commonly a “gradual escalation of the parent-child conflict overtime.”⁹¹ Families can face broader issues of instability such as poverty, loss, violence, addiction, mental health problems, etc. Coming out can add to the existing household tensions.⁹² Early family advocacy services have the potential to lessen the impact of coming out and may prevent some cases of LGBTQ+ youth homelessness.

Since parental rejection can result in the loss of both the physical and emotional support of a home, finding positive connections outside the biological

⁸⁸ McCann and Brown, 2062.

⁸⁹ Ibid.

⁹⁰ Morton et al., *Missed opportunities: LGBTQ youth homelessness in America*.

⁹¹ Ibid.

⁹² Ibid.

family is important. Social support from peers and nonfamily LGBTQ+ adults can begin to supplement the emotional network traditionally found in family.⁹³



Figure 15: Results of homelessness among LGBTQ+ youth (source: Voices of Youth Count)

Impacts of Homelessness

Key findings from a report conducted by the Voices of Youth Foundation found that LGBTQ+ youth has over twice the rate of early death among youth experiencing homelessness. They reported higher rates of trauma and adversity and transgender youth often faced more server types of discrimination and trauma.⁹⁴ Not only are LGBTQ+ youth at a higher risk for early death, but they are also exposed to a variety of other physical and psychological vulnerabilities such as exclusion, social isolation, abuse, exploitation, victimization, and self-harm.⁹⁵

⁹³ Morton et al., *Missed opportunities: LGBTQ youth homelessness in America*.

⁹⁴ Ibid.

⁹⁵ Ibid.

LGBTQ+ youth are more likely to develop mental health issues. Their risk for depression, anxiety, post-traumatic stress disorder (PTSD), suicidal behaviors, and substance misuse/abuse all increase with experiencing homelessness.⁹⁶ Homelessness increases the number of daily stressors an individual is under. Without the stability of a home and the associated benefits: food, ability to sleep, feelings of security, etc., LGBTQ+ youth find themselves experiencing a decrease in self-worth, exacerbating depressive symptoms.⁹⁷ LGBTQ+ youth must deal with the stressors of being homeless but also face “experiences of heterosexism, transgender bias, and distal stress associated with sexual and gender identity.”⁹⁸ All these are threats to the mental health of LGBTQ+ youth.

Without access to treatment services LGBTQ+ youth experiencing poor mental health are a high risk of suicide. Suicidal ideation rates are 9% to 20% higher in LGBTQ+ youth than their heterosexual counter parts.⁹⁹ Looking at the connection between homelessness and poor mental health in LGBTQ+, “is complicated by the fact that LGBTQ+ youth often experience homelessness because of parental rejection or other home-based issues related to their sexual orientation or gender identity.”¹⁰⁰ The loss of a stable home, emotional support system, and not having access to help can impact the mental of LGBTQ+ youth so negatively that they seek to escape any way they can.

⁹⁶ McCann and Brown, 11-12.

⁹⁷ Forge et al., 52.

⁹⁸ Ibid.

⁹⁹ Rhoades et al., 643.

¹⁰⁰ Ibid., 644.

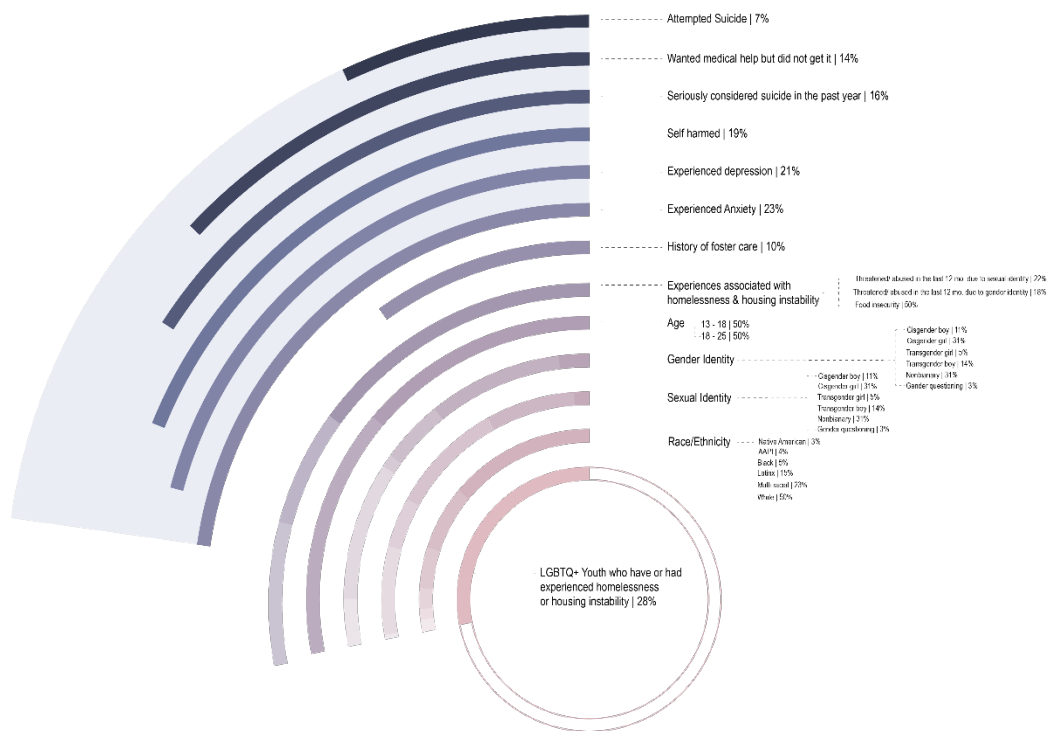


Figure 16: Data from the 2020 survey conducted by the Trevor Project on Homeless and Housing Instability Among LGBTQ Youth (Data source: The Trevor Project, graphic: author's work)

Chapter 3: Meeting the Unique Needs of LGBTQ+ Youth

Culturally and Linguistically Competent Programs

What is Cultural and Linguistic Competence?

The needs of LGBTQ+ youth are just as unique as the individuals who have need of them. LGBTQ+ youth frequently deal with a multitude of challenges, leading to feelings of isolation, alienation, and depression.¹⁰¹ While experiencing all these damaging emotions, LGBTQ+ youth must navigate their understanding of their sexual or gender identity.¹⁰² It is not an easy feat for child-serving agencies to address the complex needs of LGBTQ+ youth. There are many challenges that agencies seeking to provide these services must address and overcome.

Having a greater understanding of the experiences, cultures, and backgrounds of LGBTQ+ youth will help agencies create robust programs that address the multifaceted needs of LGBTQ+ youth. It is important that those who are designing these programs are both culturally and linguistically competent. To culturally competent organization must have “a defined set of values and principles, and demonstrate behaviors, attitudes, policies, and structures that enable them to work effectively with people of diverse backgrounds.”¹⁰³ They must prioritize valuing diversity, conducting self-assessments, managing the dynamics of difference,

¹⁰¹ J.M. Poirier, et al. Practice Brief 1: Providing Services and Supports for Youth who are Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex, or Two-Spirit. Washington, DC: National Center for Cultural Competence, Georgetown University Center for Child and Human Development.: 1.

¹⁰² Ibid.

¹⁰³ Ibid., 3.

acquiring and integrating cultural knowledge, and adapting to the diversity and cultural contexts of the communities they serve.¹⁰⁴ If organizations and their programs are unable to adapt to the individual needs and challenges of LGBTQ+ youth, there will be little success in providing the needed services and care.

Language is a powerful tool, which can be used to heal or harm a community. It is important for staff working with LGBTQ+ youth to have linguistic competence, which allows respectful and effective communication. Staff must have the skills to convey information in way that is easily understood by all.¹⁰⁵ Linguistic competence skills are critical when working with those who have limited English proficiency, those with lower literacy rates, and those who have communication challenges. Taking the time to implement policies, structures, procedures, and resources that support the linguistic needs of the diverse populations being served, can better help organizations to achieve linguistic competence. Using the correct language is critical when interacting with those who are frequently misunderstood and underserved. Without these skills the needs of LGBTQ+ youth will continue to be misunderstood and remain unaddressed.

Understanding and applying cultural and linguistic competence is vital when working with LGBTQ+ youth, as they belong to a distinctive cultural group.¹⁰⁶ Cultural groups share cultural identity, which is defined by a set of norms, societal events, styles, and use of language.¹⁰⁷ The LGBTQ+ community is no different. There are nuances that may never be completely understood by outsiders but

¹⁰⁴ Poirier, et al., 3.

¹⁰⁵ Ibid.

¹⁰⁶ Poirier et al., 2.

¹⁰⁷ Ibid.

acknowledging the importance of culture to the LGBTQ+ community will help in designing services tailored to their specific needs. LGBTQ+ youth also come from diverse racial and ethnic backgrounds adding to the nuances of their cultural identity. This can lead to a double stigmatizing by society due to both sexual orientation/gender identity and their cultural, racial, or ethnic identity.¹⁰⁸ If LGBTQ+ youth experience dual discrimination at a shelter, it can further deter them from ever attempting to access resources again.

Cultural and Linguistic Competency Training

To achieve cultural and linguistic competency, staff will need to undergo training to learn and continually improve their skills. LGBTQ+ youth in shelters often expressed feeling unsafe and disrespected during their stay.¹⁰⁹ These negative experiences motivate LGBTQ+ youth to remain on the streets instead of staying at a place they feel is unsafe. Cultural and linguistic competency training can begin to make shelters and temporary housing environments more respectful, safe, and welcoming for LGBTQ+ youth. This training can make way for the creation of more identity-affirming environments “that offer integrated services to LGBTQ+, heterosexual, and cisgender”¹¹⁰ youth.


While LGBTQ+ and heterosexual/cisgender youth belong to different cultural groups, there is still a cultural connection between those who have experienced

¹⁰⁸ Poirier et al., 2.

¹⁰⁹ Elaine M. Maccio and Kristin M. Ferguson, “Services to LGBTQ Runaway and Homeless Youth: Gaps and Recommendations,” *Children and Youth Services Review* 63 (April 2016): 52.

¹¹⁰ Ibid.

homelessness. Services for these groups are not always interconnected. Instead, they are often segregated, which can have a negative effect on the identity of LGBTQ+ youth. When services are separate it is difficult for LGBTQ+ youth to grow both personally and culturally, simply because they are receiving the message that they are and always will be different.¹¹¹ This separation can become a reflection of the segregated families, communities, and environments LGBTQ+ youth sought to escape by running away. If they are experiencing the same situation, they have just run away from, they will most likely run away again in the search for a safer and more affirming place. It is vital that organizations and staff who work with LGBTQ+



youth understand the need for culturally competent approaches for, “without trained, culturally competent agency staff who can administer LGBTQ+-affirming interventions and services, LGBTQ+ youth will at best receive inadequate care and worst, avoid seeking needed services all together.”¹¹²

Figure 17: Example of cultural and linguistic competency in an intake assessment form (source: 3/40 Blueprint)

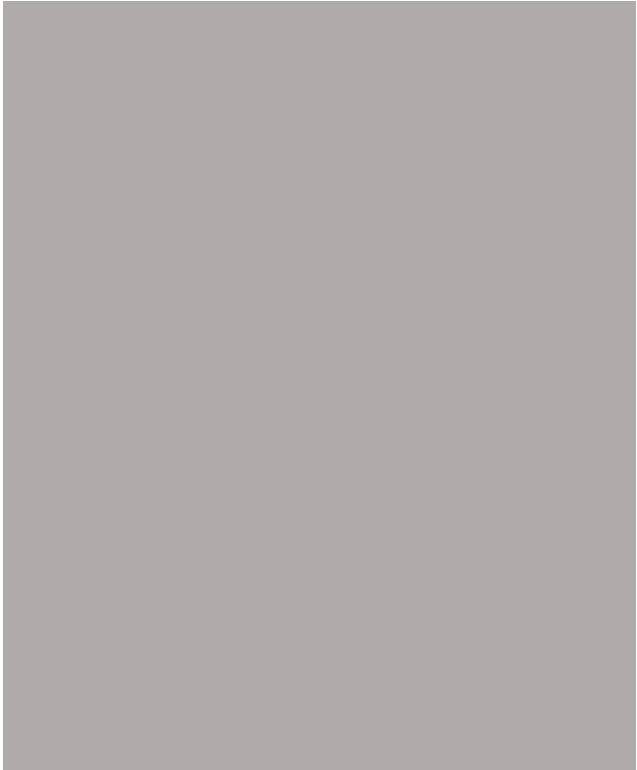
¹¹¹ Maccio and Ferguson, 52.

¹¹² Ibid., 55.

Emotional and Physical Safety

Developing a Safe and Affirming Space

Youth often conceptualize safety in two ways: emotional and physical safety.¹¹³ Both are important to consider when designing program services and spaces intended to help LGBTQ+ youth. Emotional safety in this context can be defined as the supportive and affirming relationships staff develop with LGBTQ+ youth.¹¹⁴ LGBTQ+ youth found that a space was emotionally safe when they felt that the staff has a genuine interest in their well-being, both mentally and physically, as well as actively engaging with them.¹¹⁵ To create emotionally safe spaces staff need to be



aware of “how their language and actions can stigmatize and pathologize LGBTQ+ youths’ identities.”¹¹⁶ Staff should strive to interact with youth on a daily basis, in a meaningful way. These interactions build trust and collaborative relationships which can improve the quality of programs and services provided.

Figure 18: Achieving physical and emotional safety (source: 3/40 Blueprint)

¹¹³ A.J. Dettlaff et al. 3/40 Blueprint: Needs Assessment. Chicago, IL: James Addams College of Social Work, University of Illinois at Chicago. (2017): 4.

¹¹⁴ Ibid.

¹¹⁵ Ibid.

¹¹⁶ Ibid.

LGBTQ+ youth view a space as physically safe if it protects them from violence, threats of violence, and if the environment is stable.¹¹⁷ LGBTQ+ youth “describe feeling stable and secure when they have their basic needs met and when agencies have clear, transparent, and universally enforced rules and policies.”¹¹⁸ With these policies in place, shelters and temporary housing organizations can provide LGBTQ+ youth with that physical safety missing from prior living situations. Without these policies and rules the shelter or housing resource will become just another unstable environment LGBTQ+ youth are forced to navigate.¹¹⁹

There are numerous ways service and resource providers for LGBTQ+ youth can begin to support physical and emotional safety. Incorporating physical and material components valued highly by LGBTQ+ youth into spaces, such as locked doors, private areas, duty staff, and security cameras, will increase the sense of safety. Implementing program policies which protect a youth’s housing location and are anti-violence, begin to address both physical and emotional safety concerns.¹²⁰ LGBTQ+ youth have a safe, stable place to live and do not have to worry about past abusers finding out their location. This reduces both the physical and emotional stress experienced by many LGBTQ+ youth.

Physical and emotional safety can be further supported through staff who may have comparable identities and/or have knowledge of LGBTQ+ identities.¹²¹ Having staff members with comparable identities increases the probability that LGBTQ+

¹¹⁷ Dettlaff et al., 5-6.

¹¹⁸ Ibid.

¹¹⁹ Ibid., 7.

¹²⁰ Ibid.

¹²¹ Ibid.

youth will feel welcome and affirmed. LGBTQ+ youth may also feel that “they are more likely to be understood and have someone who could relate to their experiences.”¹²² Staff who do not have similar experience or identities should still be required to understand LGBTQ+ identities and always use affirming language when interacting with LGBTQ+ youth. This knowledge becomes critical when trying to design a “safe and affirming environment.”¹²³ Often LGBTQ+ youth must become the teachers when discussing their identities and experiences. Having staff who already possess this knowledge creates an open space where LGBTQ+ youth are free to express themselves.

Meeting both the Emotional and Physical Needs of LGBTQ+ Youth

LGBTQ+ Affirming Services

LGBTQ+ affirming services are “those that fully embrace a youth’s non-heterosexual identity.”¹²⁴ These services acknowledge that life challenges experienced by LGBTQ+ youth can come from different places. Through this understanding, LGBTQ+ affirming services aim to “mitigate risk and promote healthy identity development and outcomes.”¹²⁵ Some affirming services are LGBTQ+ specific programming, LGBTQ+ affirming medical services, LGBTQ+ affirming case management services, and LGBTQ+ youth friendly mental health

¹²² Dettlaff et al., 7.

¹²³ Ibid., 8.

¹²⁴ Maccio and Ferguson, 47.

¹²⁵ Ibid.

services.¹²⁶ All these services better help an organization address the complex and unique needs of LGBTQ+ youth.

LGBTQ- Affirming Services

LGBTQ-Specific Programming:

Many programs integrate services for heterosexual, cisgender, and LGBTQ+ RHY
Very few LGBTQ-specific opportunities exist
Types: Supports groups to work with LGBTQ youth pre, during, and post coming out
Groups for transgender youth with health and/or legal needs



LGBTQ-Affirming Medical Services:

Lack of providers who are familiar with LGBTQ+ specific issues especially transgender medical issues



LGBTQ-Affirming Case Management Services:

Assist LGBTQ+ youth in accessing resources and navigating systems and providers that can be difficult or discriminatory against them



LGBTQ- Youth Friendly Mental Health Services:

There are fewer mental health services for LGBTQ Youth
Seeking mental health services geared towards adults can be intimidating
Need for high quality mental health resources, counseling and residential substance abuse treatment programs



Figure 19: LGBTQ+ affirming services description (source: author's work)

Access to safe housing is one of the most desired services for LGBTQ+ youth. While LGBTQ+ make up a large portion of the homeless youth population, many agencies do not provide LGBTQ+ specific services, like LGBTQ+ supportive housing. The most cited reason be agencies for not providing these services is that there is no federal government funding for LGBTQ+ specific homeless services.¹²⁷ If

¹²⁶ Ibid., 52.

¹²⁷ Maccio and Ferguson, 48.

organizations want to provide services for LGBTQ+ youth they must generate the funds themselves and may not have the resources to do so.

When LGBTQ+ youth have access to safe supportive housing, it reduces their fear of victimization and provides a space where they feel they can be themselves and their identities are celebrated, supported, and affirmed.¹²⁸ Unfortunately there are usually more individuals than available beds. With the increasing numbers of LGBTQ+ runaway and homeless youth (RHY) access to certain housing services are in high demand. Crisis beds, permanent supportive housing, and housing options for older LGBTQ+ youth are all needed but availability is lacking. LGBTQ+ specific crisis beds provide a safe temporary space for LGBTQ+ youths to find shelter off the streets. In traditional crisis bed centers, LGBTQ+ youths often do not feel safe from “the discrimination, harassment, and violence that occur in general shelters.”¹²⁹ This contributes to LGBTQ+ youth’s choice to “remain on the streets or in precarious housing situations, both of which can expose them to dangerous adults and peers as well as increase their risk of exploitation, trauma, and victimization.”¹³⁰

Permanent supportive housing is another service that is beneficial meeting the housing needs of LGBTQ+ youth. Not Only does it provide housing for LGBTQ+ youth who cannot be reunified with their families, but also addresses privacy and safety concerns found in traditional shelter layouts. Many of the housing models used to develop permanent supportive housing programs, such as independent living facilities and transitional living programs (TLPs), focus on single occupancy rooms

¹²⁸ Dettlaff et al., 57.

¹²⁹ Maccio and Ferguson, 50.

¹³⁰ Ibid.

(SROs) and the integration of other services to meet the needs of LGBTQ+ youth.¹³¹

The integration of housing, clinical, educational, health, legal, and social services help to address the multi-faceted barriers LGBTQ+ youth face when trying to obtain and maintain housing security.¹³²

As LGBTQ+ youth age out of the foster care systems the challenges of obtaining and maintaining housing can become more difficult. Many existing youth housing programs are only for youth twenty-one and under. There are few long-term housing programs for the vulnerable sub-population of older LGBTQ+ youths.¹³³ Just like their younger peers, young adults need intensive supportive services. Having a stable living space is the foundation for many LGBTQ+ young adults to seek education, employment, mental health, and social services.¹³⁴ Being able to access these things help older LGBTQ+ youths to have a successful transition to adulthood with economic self-sufficiency and independent living. Without access to these services their chance of chronic adult homelessness continues to increase.¹³⁵

Acceptance and Support

In many situations when LGBTQ+ youth leave their home they not only lose the physical shelter but also the acceptance and emotional support it provides. The lack of permanent connections can leave LGBTQ+ youth feeling isolated and alone.¹³⁶ Having access to peer support was a top need identified by LGBTQ+ youth.

¹³¹ Maccio and Ferguson, 51.

¹³² Ibid.

¹³³ Ibid.

¹³⁴ Ibid.

¹³⁵ Ibid.

¹³⁶ Dettlaff et al., 60.

This most likely stems from a great desire for support from others like themselves. A desire so great, that LGBTQ+ youth will seek this connection out and go anywhere they can find it.¹³⁷ Peer support helps LGBTQ+ youths develop a permanent connection which in turn has the potential to “provide youth with psychological stability, emotional security, and simply someone to turn to for advice and support.”¹³⁸

Mental Health and Health Care

LGBTQ+ RHY regularly come from abusive and discriminatory environments. Continually living in survival mode can lead to mental health problems such as depression, anxiety, and suicidal ideation. Providing access to mental health services is imperative in treating the traumas LGBTQ+ youth sustain.¹³⁹ In addition to providing mental health services it is essential to ensure that LGBTQ+ youth also have access to mental health providers who are trained and competent to meet the specific needs of LGBTQ+ youth.

Physical and sexual health services are needed especially among transgender youth. Transgender youth require access to transgender specific health care. This includes having access to safe and correct hormone doses, resources for gender-related surgeries, and general transitioning support.¹⁴⁰ More often than not private health insurance does not cover the costs of transitioning. This leaves many transgender youths relying on black-market hormones, treatments from uncertified and untrained practitioners, and needle sharing resulting in HIV transmission.¹⁴¹ Providing access

¹³⁷ Maccio and Ferguson, 49.

¹³⁸ Ibid.

¹³⁹ Dettlaff et al., 61.

¹⁴⁰ Ibid.

¹⁴¹ Maccio and Ferguson, 48.

to these needed health care services can protect LGBTQ+ youth from further harm. Acknowledging the specific health needs, both physical and mental can begin to create a positive relationship between LGBTQ+ youths and health care providers.¹⁴²

Educational and Employment Services

Educational services for LGBTQ+ youth primarily focus on providing the opportunity to continue education that may have been disrupted due to living situations. For those youths still in high school, services that offer GED preparation or reconnection with a traditional high school setting are beneficial to start their education again.¹⁴³ For LGBTQ+ youth seeking to pursue college education, services need to be more tailored to their specific situations. It is important that college preparatory programs are designed with the understanding that “many LGBTQ+ youth cannot count on their family for financial, housing, or emotional support as part of their college experience.”¹⁴⁴ Therefore the education services programs need to work with LGBTQ+ youth to identify other support systems while also helping prepare other college-related documents.¹⁴⁵

Traditional education to employment pathways may not work for everyone. Employment and career planning services can take on an educational role as well. Beneficial employment services are where LGBTQ+ youth can acquire employment skills, receive mentoring in the job-search process, engage in job shadowing, participate in mock interviews, and learn the soft-skills needed to be successful in the

¹⁴² Dettlaff et al., 61-62.

¹⁴³ Maccio and Ferguson, 51.

¹⁴⁴ Ibid.

¹⁴⁵ Ibid.

workplace.¹⁴⁶ Having access to employment services and life-skill classes can help LGBTQ+ youth develop a sense of independence, agency, and stability. This encourages them to pursue and achieve their life goals.

¹⁴⁶ Maccio and Ferguson, 51.

Chapter 4: Trauma-Informed Design

Trauma-Informed Approach to Design

Trauma and its Impacts

Trauma can be experienced by anyone at any time. It can stem from a multitude of factors including violence, abuse, neglect, loss, disaster, war, and other emotionally harmful experiences.¹⁴⁷ There are no boundaries for who trauma impacts. Trauma is not dependent on age, ethnicity, gender, wealth, etc. Just as trauma affects different people, there are different types of traumas. Trauma can be categorized in two, three, or seven types. Most often trauma is split into two categories: big traumas or life-threatening situations and little traumas or events that are non-life threatening. The three most common types of traumas are acute, chronic, and complex.¹⁴⁸ Acute trauma generally stems from a single incident. Trauma that is repeated and prolonged, such as abuse, is defined as chronic. Complex trauma is “exposure to varied and multiple traumatic events.”¹⁴⁹ Trauma can be further categorized into more specific types such as life transitions, vicarious trauma, historic trauma, inter-generational trauma, and collective trauma. While each of these categories have distinct difference there are overlaps.

¹⁴⁷ Substance Abuse and Mental Health Services Administration. *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

¹⁴⁸ Trauma-Informed Care,” *Early Connections*, accessed October 12, 2021, <http://earlyconnections.mo.gov/professionals/trauma-informed-care>.

¹⁴⁹ Ibid.

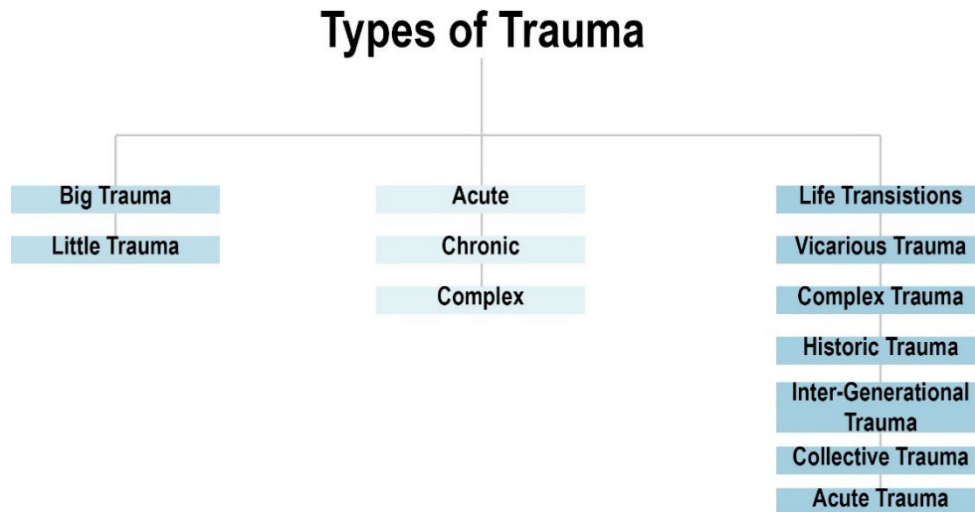


Figure 20: Categories of Trauma (source: author's work)

Trauma can have lifelong physical and mental health consequences. The path to experiencing trauma begins with stressors. There is positive stress, eustress and negative stress, distress. Distress can be caused by abuse, domestic violence, neglect, homelessness, etc.¹⁵⁰ When a person is experiencing any of these stressors the brain's response is one of three things: flight, fight, or freeze. All these responses cause the brain to enter survival mode.¹⁵¹

A brain in survival mode focuses on simply surviving stress and trauma. To do this, the brain produces a chemical reaction that shuts down the prefrontal cortex. This part of the brain is responsible for unique human functions such as critical thinking, comprehension, logic, and rationality.¹⁵² All of this causes the brain to be in a constant stress response. A person experiencing stress or trauma is continually on high alert, always scanning their surroundings for the next threat of danger. They

¹⁵⁰ Brandi Tuck, "How Trauma-Informed Design Can Transform Homeless Shelters," Video, TED Talks, n.d., accessed October 12, 2021, http://www.ted.com/talks/brandi_tuck_how_trauma_informed_design_can_transform_homeless_shelters.

¹⁵¹ Ibid.

¹⁵² Ibid.

experience slow thinking, lack of concentration, and understanding. Regulating emotions becomes a challenge and can result in indifference to their situation. This hypervigilant state leads to negative health outcomes. It becomes extremely difficult for people to escape a negative situation due to the brain being unable to process information because of the impacts of trauma.¹⁵³

While trauma is damaging, treatment is possible. Its effects can be mitigated through various programs, resources, and even the built environment. The responsibilities of designing and providing these services to those in need cannot solely fall on those in social services. Those in the design and development fields should take an active role in designing spaces that address the trauma experienced by people.

Defining Trauma-Informed Design

Currently trauma-informed design (TiD) does not have a unified definition. Generally, the approach is recognized as a design process for the built environment that is guided by trauma-informed care principles: safety, trustworthiness and transparency, peer support, collaboration and mutuality, empowerment, voice, choice, and cultural, historical, and gender issues.¹⁵⁴ Projects that follow a TiD framework make all design decisions through the overlapping lenses of psychology, neuroscience, physiology, and cultural factors.¹⁵⁵ Taking these factors into account

¹⁵³ Brandi Tuck, “How Trauma-Informed Design Can Transform Homeless Shelters.”

¹⁵⁴ Substance Abuse and Mental Health Services Administration. *SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach*. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014. 10.

¹⁵⁵ “Trauma Informed Design,” accessed October 12, 2021, <http://traumainformeddesign.org/>.

allows a design to holistically address the needs of those who have or are experiencing trauma.

The overarching goal of TiD is to generate well designed spaces that allow all users to feel safe and comfortable.¹⁵⁶ The spaces that follow TiD promote feelings of respect, connection and community, dignity, and joy. Each TiD project will be unique. This ensures that the design is responding to the specific needs of its users.¹⁵⁷ Common, helpful, and healing design elements may look different in projects to better address the needs of the people they serve.

Creating a Trauma-Informed Design Framework

There is no clearly accepted definition for TiD or extensive research as to how to successfully implement its principles into the built environment. For projects that use this approach to elevate the user experience, many frameworks are based on the trauma-informed care principles created by the Substance Abuse and mental Health Services Administration (SAMHSA).¹⁵⁸ SAMHSA provides what they refer to as the four “R’s” of the trauma-informed care approach. These are key assumptions about the approach and the organizations that utilize it. The four “R’s” are realization, recognizes, responds, and resists re-traumatization.¹⁵⁹

It is assumed that people have a basic realization about trauma and its effects on families, communities, and individuals. Those who seek to apply trauma-informed

¹⁵⁶ “Trauma Informed Design,” accessed October 12, 2021, <http://traumainformeddesign.org/>.

¹⁵⁷ Ibid.

¹⁵⁸ Substance Abuse and Mental Health Services Administration. *SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach*. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014: 9.

¹⁵⁹ Ibid.

care recognize signs and symptoms of trauma in their clients. In order to serve those who have experienced trauma, those who seek to have respond by integrating knowledge about policies, procedures, and resources. Finally, those in positions to provide aid to those in need, actively resist the re-traumatization of their clients.¹⁶⁰

Frameworks for TiD can be further developed by referencing SAMHSA's six key principles: safety, trustworthiness and transparency, peer support, collaboration and mutuality, empowerment, voice and choice, and cultural, historical, and gender issues.¹⁶¹ While these are not the only principles that are helpful in developing a project specific TiD framework, they provide a solid foundation to build upon.

SAMHSA's 6 Key Principles



Figure 21: SAMHSA's 6 Key Principles (source SAMHSA & author's work)

There are other resources besides SAMHSA that can help form a TiD framework. Looking at what fundamental human needs and values people experiencing trauma actively seek re critical building blocks for a successful TiD framework. These principles often include dignity and self-esteem, empowerment and personal control, security, privacy and personal space, stress management, sense of community, and beauty.¹⁶² When these principles are applied correctly in

¹⁶⁰ Substance Abuse and Mental Health Services Administration. *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*, 9.

¹⁶¹ Ibid., 10.

¹⁶² "About Trauma-Informed Design – Design Resources for Homelessness," accessed October 12, 2021, <http://designresourcesforhomelessness.org/about-us-1/>.

architectural design and therapy, the space can provide users a “place to create their plan to exit homelessness in an environment that exudes optimism, calmness, and respect that can support their sense of dignity and self.”¹⁶³

Building on the fundamental human needs that those experiencing trauma actively seek out, the process of developing a TiD framework should account for the needs of all people. Using Maslow’s hierarchy of needs,¹⁶⁴ a TiD framework can start to address the basic needs of anyone who may be impacted by the design. Maslow’s hierarchy consists of five levels. The lower levels must be met before an individual can move on to a higher level.¹⁶⁵

Maslow’s Heirarchy of Needs



Figure 22: Maslow's Hierarchy of Needs (source: Maslow & author's work)

For those who have experienced trauma, safety and physiological needs are often the first and only needs that are addressed. They are perceived as the most

¹⁶³ “About Trauma-Informed Design – Design Resources for Homelessness,” accessed October 12, 2021, <http://designresourcesforhomelessness.org/about-us-1/>.

¹⁶⁴ Abraham H. Maslow and General Press, *A Theory of Human Motivation* (GENERAL PRESS, 2019).

¹⁶⁵ Ibid.

important and are prioritized over any other needs. To truly develop a holistic TiD framework, all needs must be met through design interventions. This way a “holistic, user-centered, trauma-informed approach to design”¹⁶⁶ can address the higher-level needs of love and belonging, esteem, and self-actualization. Through all these principles, key findings, and human needs, TiD can begin to create spaces that “not only prevent and mitigate further harm but actually promote healing.”¹⁶⁷

Recovery from Homelessness through Trauma-Informed Design

Transforming Shelters for Human Habitation

Homelessness is defined as sleeping in places not meant for human habitation.¹⁶⁸ This can be sleeping on the street or in a car. Many traditional shelters can be considered unsuitable for human habitation, as their design amplifies the stress response. They are often set up in messy and chaotic ways, with little space for dignity or privacy for those who are staying.¹⁶⁹ This contributes to the powerless feelings among those experiencing homelessness. There is a way to change shelter design to better serve people. The first step is “understanding how the physical environment affects an individual’s sense of identity, worth, dignity, and

¹⁶⁶ Shopworks Architecture, Group 14 Engineering, and University of Denver Center for Housing and Homelessness Research, *Designing for Healing Dignity & Joy: Promoting Physical Health, Mental Health, and Well-Being Through Trauma-Informed Design*, 2020. 7.

¹⁶⁷ Ibid.

¹⁶⁸ Brandi Tuck, “How Trauma-Informed Design Can Transform Homeless Shelters,” Video, TED Talks, n.d., accessed October 12, 2021, http://www.ted.com/talks/brandi_tuck_how_trauma_informed_design_can_transform_homeless_shelters.

¹⁶⁹ Ibid.

empowerment.”¹⁷⁰ The form, materiality, and layout of a space has the potential to either positively or negatively impact a person’s well-being and self-perception.

The interior environment is just as important as the exterior environment for homeless shelter design. Major emphasis is placed on ensuring the external context is favorable, but little attention is given to how the interior of a shelter or housing center can impact its residents. The interior layout, materials, and aesthetics of the spaces are often overlooked. To meet all principles of trauma-informed care, there needs to be a focus and critical analysis of the spaces on an intimate level of “human and built-environment interactions.”¹⁷¹

TiD can address multiple issues related to homeless shelter design. One critical issue is the diversity of the user population. Each person’s experiences and needs will be unique to them and the trauma they experience. While there may be intersections, no one will have come from the exact same background.¹⁷² There is no one size fits all solution. Aesthetics can also greatly influence the perception of a shelter. Visual perception of spaces is often an afterthought for homeless shelter facilities. This is usually out of practicality and funding, so shelter facilities adopt an institutional, sterile approach for interior spaces.

¹⁷⁰ Design Resources for Homelessness, *A Review of Research: Designing the Built Environment for Recovery from Homelessness*. 13.

¹⁷¹ “About Trauma-Informed Design – Design Resources For Homelessness,” accessed October 12, 2021, <http://designresourcesforhomelessness.org/about-us-1/>.

¹⁷² Design Resources for Homelessness, *A Review of Research: Designing the Built Environment for Recovery from Homelessness*. 14.

General Guidelines for Homeless Shelter Design

To help guide the design of homeless shelters, Design Resources for Homelessness has compiled a report that includes research and case studies. The report outlines eight general guidelines for the design of homeless shelters.

Design Resources for Homelessness: General Design Guidelines

1. Reduce & remove known adverse stimuli
2. Reduce & remove environmental stressors
3. Engage the individual actively in a dynamic, multi-sensory environment
4. Provide ways for the individual to exhibit their self-reliance
5. Provide & promote connectedness to the natural environment
6. Separate the individual from others who may be in distress
7. Reinforce the individual's sense of personal identity
8. Promote the opportunity for choice

Figure 23: General design guidelines for homeless shelters from Design Resources for Homelessness (source: author's work)

In addition to the general guidelines, the report goes into detail about areas of homeless architecture design which can be positively impacted by TiD.¹⁷³ Simple and overlooked details, like color palette, can greatly influence people's reactions to spaces. It is suggested to avoid sterile or deeply warm colors (reds, oranges, yellows)

¹⁷³ Design Resources for Homelessness, *A Review of Research: Designing the Built Environment for Recovery from Homelessness*. 35-36.

since these may invoke negative emotions or associations. Instead, the use of lighter, cool toned colors is encouraged. Rooms with these color palettes are often perceived as “more open, less crowded, and thus safer and more calming.”¹⁷⁴ Intake and reception areas should strive to be open and welcoming with clear wayfinding elements. Carpeting on floors and various wall coverings can be used as noise and abatement strategies to diminish loud, abrupt sounds and create a quiet, relaxing atmosphere.¹⁷⁵ Spatial layouts should be simple and easy to navigate. Breaking up space is critical to enhance the sense of privacy and safety. Visual barriers should be used to create a sense of privacy but not obstructing sightlines. The use of partitions, screens, and curtains can help provide a sense of personal space for residents.¹⁷⁶

Precedents in Trauma-Informed Design

Laurel House

Laurel House Apartments were designed to help Karis Inc. with their goal of aiding the homeless youth of Mesa County, Colorado. Karis Inc.’s mission is for every youth experiencing homeless to find hope and a future.¹⁷⁷ They accomplish this through multiple programs and locations, create a network of outreach. Each location provides a different service. The House is the organization’s temporary shelter for

¹⁷⁴ Design Resources for Homelessness, *A Review of Research: Designing the Built Environment for Recovery from Homelessness*. 35.

¹⁷⁵ Ibid.

¹⁷⁶ Ibid.

¹⁷⁷ “Get To Know Us at Karis Inc. - A Safe Place for Western Slope Teens,” *The House*, last modified April 8, 2019, accessed October 13, 2021, <https://thehousegj.org/karis/>.

homeless, runaway, and unaccompanied youth ages thirteen to twenty.¹⁷⁸ Zoe House, Asset House, and the Transitional Living program provide safe transitional housing for youth and adults.¹⁷⁹ Bonnie's house is the organization's only permanent supportive housing.¹⁸⁰ Karis Inc. also has a Street Outreach program to help inform youth about the services available and for the organization to learn what the youths need.¹⁸¹

Wanting to add a larger supportive housing resource, Karis Inc. worked with Shopworks Architecture to develop a trauma-informed design for supportive housing.

The design of the apartment building followed TiD practices. Some TiD element can be seen in the reception lobby. Instead of adhering to the traditional reception desk and the power dynamics associated with it, Laurel Apartments have a café-style lobby. This encourages residents and staff to interact casually with each other.¹⁸² The project's material palette also follows TiD principles. Wood, natural elements, and colors are used throughout the rooms to

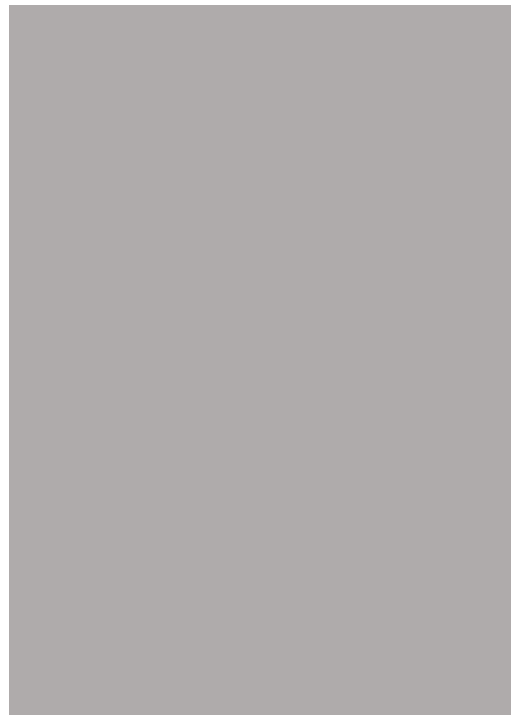


Figure 24: Laurel House Apartment common area informed by TiD principles (source: Shopworks Architecture Portfolio)

¹⁷⁸ "Getting Involved at The House - A Safe Place for Western Slope Teens," *The House*, last modified April 8, 2019, accessed October 13, 2021, <https://thehousegj.org/ourprograms/>.

¹⁷⁹ Ibid.

¹⁸⁰ Ibid.

¹⁸¹ Ibid.

¹⁸² Shopworks Architecture, Group 14 Engineering, and University of Denver Center for Housing and Homelessness Research, *Designing for Healing Dignity & Joy: Promoting Physical Health, Mental Health, and Well-Being Through Trauma-Informed Design*, 2020. 18.

ground and warm spaces. Corridors are designed with safety and comfort in mind, keeping them short, wide, and with clear sightlines. Outdoor and indoor amenity spaces are spread throughout the project, ensuring that youth have spaces to gather, connect, and unwind.¹⁸³

ABC House

ABC House, located in Albany Oregon, is a child abuse intervention center. To expand their space for providing services, the center purchased an 8,000 square foot building built in 1980. Originally used for financial services, the building underwent an adaptive reuse project to create a new center design with a trauma-informed lens.¹⁸⁴ The expansion of the first and second floors allowed for more space for trauma counseling and community education on child abuse awareness and prevention. In addition, the increased area on the second floor had the potential to double the number of children receiving assessments to identify abuse and connect them to the necessary resources.¹⁸⁵

All the spaces were designed using TiD principles. One of the elements that can from the TiD approach was the exterior mural. Not only did the mural engage with a local muralist, but also brightened the covered parking area, created a connection between interior and exterior spaces, served as a wayfinding guide, and was a visual representation of dignity, restoration, and whimsy.¹⁸⁶ Further notes were

¹⁸³ Broz, "Laurel House," *SWARC*, last modified November 22, 2020, accessed October 13, 2021, <https://shopworksarc.com/works/laurel-house/>.

¹⁸⁴ Harte, J. Davis. (2020). The ABC House Renovation: Trauma-Sensitive Design to Benefit a Child-Abuse Intervention Center. 10.13140/RG.2.2.12721.40801.

¹⁸⁵ Ibid.

¹⁸⁶ Ibid.

taken from TiD to ensure the privacy and comfort of families were addressed. By covering the windows with cut lace, vinyl graphics light could enter the room without loss of privacy. TiD allowed ABC House to become a safe space for abused children and their families to seek the treatment and services needed for recovery and healing.



Figure 25: ABC House Mural (source: J. Davis Harte)

Chapter 5: Site Selection and Analysis

Site Selection Criteria

Critical Site Elements

The site for a LGBTQ+ youth resource center is critical for the successful delivery of its resources and services. An unfavorable location has the potential to greatly diminish the center's ability to help those in need. A first step is identifying where a LGBTQ+ youth resource center is most needed. Introducing a new center in an area where existing resources already meet LGBTQ+ youth needs, becomes redundant and deprives another area of needed resources. Placing the youth resource center in a community that does not have access to similar programs, provides LGBTQ+ youth in the area access to the unique services and resources they need but may not have had access to.

The center's placement can also begin to extend the network of safe places across Washington DC for the LGBTQ+ community. This increases the availability for LGBTQ+ youth to seek and receive the help they may need. Another critical site condition is ensuring that LGBTQ+ youth can access the resource center. If the site is only accessible by car, many of those in need will not be able to reach it and take advantage of its services. Placing the center near public transit and within walking distance of existing infrastructure increases its accessibility.

Site Selection Matrix		A Safe Space: Designing a LGBTQ+ Youth Resource Center			
Criteria	Site A	Site B	Site C	Site D	Site E
Need for LGBTQ+ Youth Center					
Safety					
Community Acceptance					
Proximity to Infrastructure					
Walkability					
Access to public transportation					
Size					
Space for addition					
Connection to LGBTQ+ Community					
Light & Air Access					
Historic Structure suitable for adaptive reuse					
Total					

Scoring System:
Criteria are scored on a 1-5 scale (1- not meeting, 5 fully meeting the criteria)

Figure 26: Site selection matrix used to rank potential sites for selection (source: author's work)

700 Delaware Avenue SW

Existing Infrastructure

Placing a LGBTQ+ youth resource center in an area devoid of existing infrastructure will not help the center to be successful. Having existing infrastructure that the center can use and create relationships with will increase the likelihood of success and number of people reached. The surrounding area of the site, 700 Delaware Avenue, SW, has many of these established resources that can benefit the new center, such as educational, medical, transportation, and civic.



Figure 27: Map of existing infrastructure (source: author's work)

Site Conditions

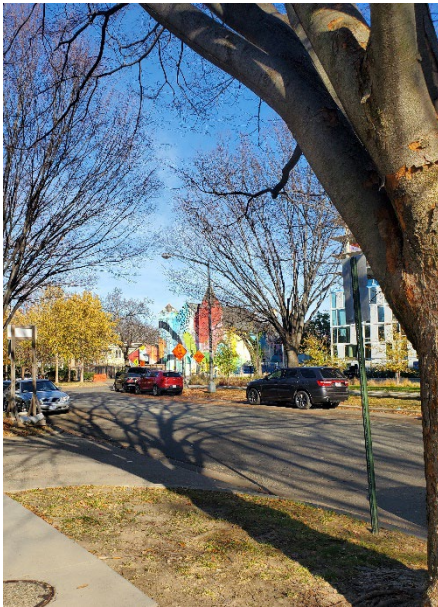


Figure 28: Photo of 700 Delaware Avenue SW looking northeast (photo by author)

The site sits in a relatively quiet context, tucked away in a residential area. It is south of the 695 Southeast Freeway. To the northeast is Randal Park and directly to the south is construction for a new apartment development. The building is situated on a level parcel of land that historically faced First Street, SW. The building's façade faces a portion of First Street that was cut off from the rest during the mid-twentieth century



Figure 29: Photo of Delaware Avenue SW looking south (photo by author)

urban renewal effort that reconfigured the historic street plan.¹⁸⁷

The parcel is around 18,000+ square feet, with the former church building placed almost in the center. A fence surrounds the west, north, and east sides of the site and is covered with vegetative overgrowth. A gravel driveway allows access from H Street to the front courtyard.

Cracked concrete walkways surround the building, deteriorated from vegetative growth and lack of maintenance. Sparse patches of grass can be found along the south side of the site, but gravel is the primary ground covering.



Figure 30: Figure ground of surrounding site (source author's work)

¹⁸⁷ Thompson, "Redeemed Temple of Jesus Christ," National Register of Historic Places Nomination Form, Section 7.

Existing Historic Church

Original Main Building

The original and main block of the former church is a two-story, brick building with a simple rectangular footprint. The original interior is a basilican plan with modifications to accommodate the current use of the building as an arts/event venue. The former church's architectural style has element of both Romanesque Revival and Gothic Revival architecture. The building sits on a solid concrete foundation and is capped by a front gabled roof. The exterior is pressed brick, currently painted with a brightly colored mural by artist HENSE.¹⁸⁸

The façade (west elevation) originally faced First Street, before the urban renewal projects of Southwest DC capped the through street. The three bay central block is marked by a large gable and flanked by two square towers that rise above the gable's peak. The towers are capped with pyramidal-shaped roofs. The roof of the south tower is significantly higher than the north tower roof. This is typical of churches in the period of construction. The corbeled brick at the edges of the towers created paneled pilasters with bases and capitals.

¹⁸⁸ "Culture House DC," *Culture House*, accessed December 7, 2021, <https://www.culturehousedc.org/>.

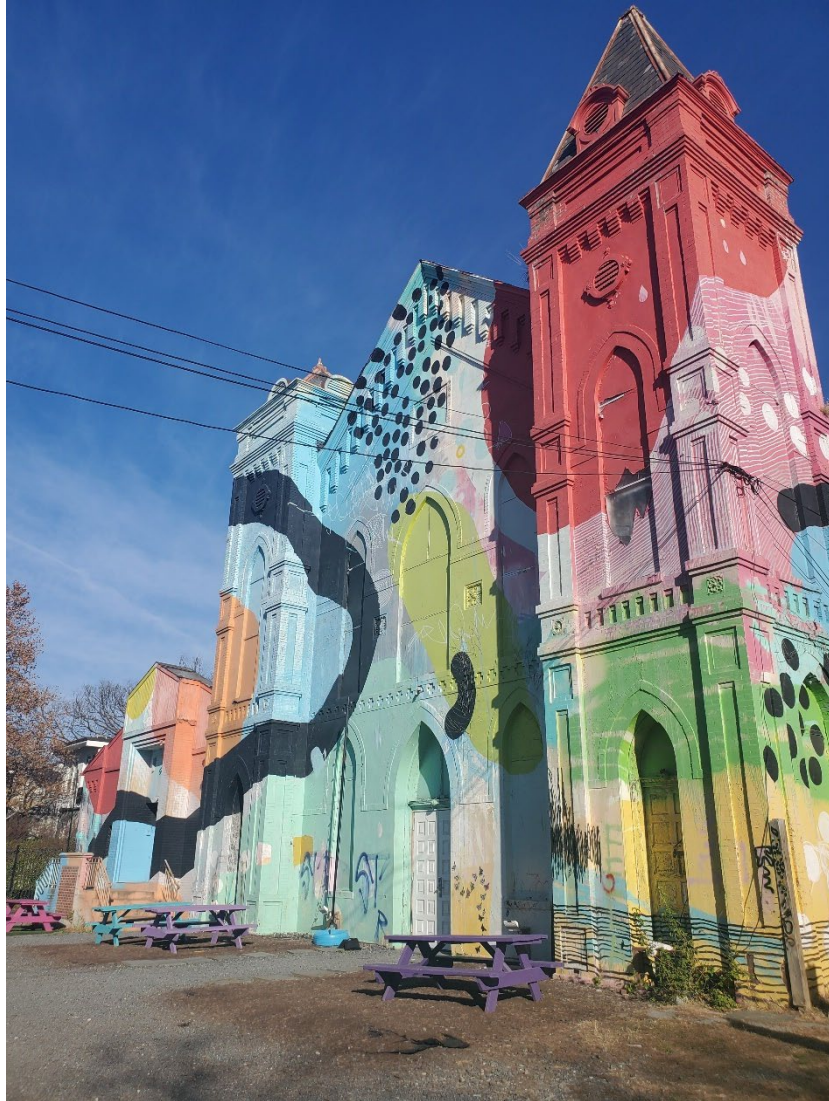


Figure 31: Front facade of former church (photo by author)

The principal entry is located at the center of the main block. There are two subentries on each tower. Gothic inspired lancet arched openings puncture the main façade. Stained glass windows are located on the first and second stories. A large, paired window with a lancet arc at the second story, flanked by a single lancet window on either side is the main focal point of the façade. The decorative brick corbelling found on the front façade is typical of buildings in the Romanesque

Revival style. The spaced corbelling emphasizes the steep angle of the roof cornice, delineates the separation between stories, and accentuates windows and doors.

The north and south elevations are much simpler in ornamentation. Each is five bays deep and are marked with evenly spaced segmental-arched windows are divided by simple brick pilasters suggestive of medieval buttressing. A corbeled brick string course links the sills of the windows. Currently the stained-glass windows are boarded up, but originally, they were of simple geometric patterns.



Figure 32: South Elevation (photo by author)

Additions

The former church had two additions built, the first on the eastern elevation and the second on the northern elevation. The original rear (east elevation) was a plain brick wall with two small stained-glass windows. Currently this historic elevation is obscured by the 1930 additions. These additions consist of two simple, two-story additions. The first, located at the center of the rear elevation is a front gabled addition supported by two free standing piers with no ornamentation. The second addition is capped by a shed roof and accommodates a rear stair. The north addition, constructed in 1952, is a modest one-story, concrete block structure clad in brick veneer. It has a shallow sloped front gable roof and a projecting central entry with recessed doors.



*Figure 33: Photo of shed roof east addition (left), east additions (center), and east central addition on piers (right)
(photos by author)*



Figure 34: Photo of east elevation (left), north elevation (center), and east elevation (right) of north addition (photo by author)

Building Condition

Overall, the building is in moderate condition. Many of the exterior elevations have multiple instances of graffiti and general discoloration and fading in the mural. There is vegetative growth on most elevations. This is especially present on the north addition, where ivy appears to be growing up the brick façade. The window openings on the north addition are boarded up with plywood, indicating that they were covered after the painting of the mural. Much of the building has suffered general wear and tear, most likely from lack of consistent maintenance.

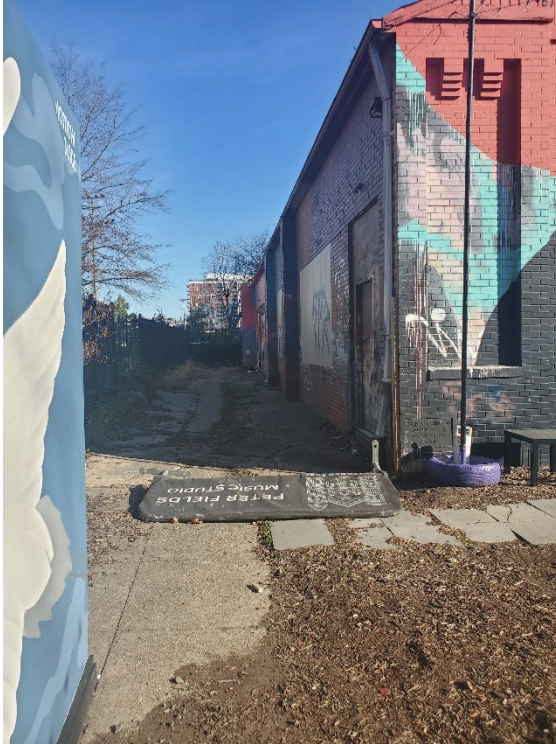


Figure 35: Photo of cracked concrete along north elevation (photo by author)

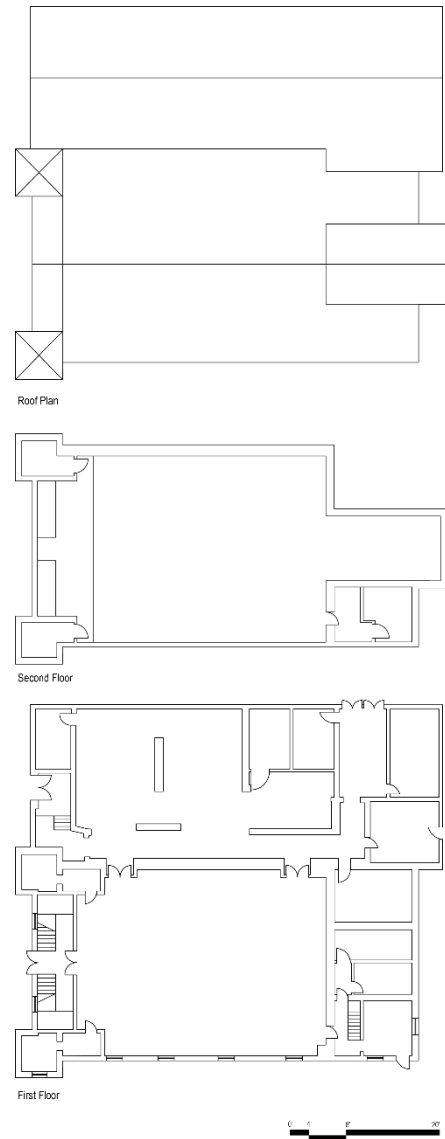


Figure 36: Existing floor plans
(source: author's work)

Chapter 6: Design Proposal

Design Approach

Human Centered Design

Everyone has a different idea of what makes a safe space. When people hear the words “a safe space” a specific place may come to mind, or it might even be a series of feelings or emotions. While everyone decides for themselves whether a place is safe for them there are common characteristics that people associate with spaces that are deemed “safe” such as security, safety, belonging, community, to name a few. Many of these characteristics overlap with the driving factors of trauma informed design. Understanding how to integrate and respond to these characteristics through architectural design, can provide designers with the opportunity to give users access to these characteristics, which without a stable home or community they may not have access to.

Adaptive Reuse + Addition

Navigating Additions

Identifying a place that has the potential to begin to create those characteristics of a safe space can be a challenge. There needs to be a sense of security, but also opportunity for social interactions and community building. Constructing a completely new building has its advantages, but many existing buildings are in good condition for reuse and can have those positive characteristics

associated with them due to their history. This historic identity can be a great tool when transitioning a building's use from one to another.

Navigating additions to historic buildings poses challenges that provide rich design interventions. There are multiple ways to add on to a historic building, finding the best way depends on the historic building, program, and site. No two projects are exactly the same and should not be treated as such no matter how great the similarities. Due to the site conditions, the decision was made to remove the 1930 and 1952 additions. Removing these old additions did not harm the original 1886 church's role as the center and anchor of the site. This opened the site, providing more room for new additions that could house the proposed program in a more practical way.

Initial design investigations focused on three primary parti diagrams. The first named enclosure focused on introducing a new addition which would enclose the site and offer a great sense of security. The second, link, looked at linking the church and new addition through the use of a traditional bridging method known as a hyphen. The third and final parti looked at using the new addition as a backdrop for the historic church. The final design parti takes parts of each of the initial parti diagrams to create a design that connects the old and new, as well as provide a sense of security and place to build community.

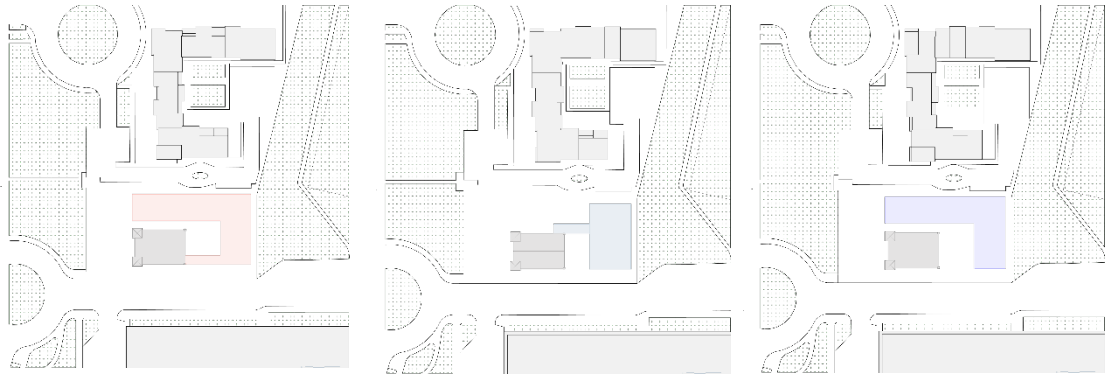


Figure 37: Figure 38: Initial parti diagrams, left to right: enclosure, link, frame (source: author's work)

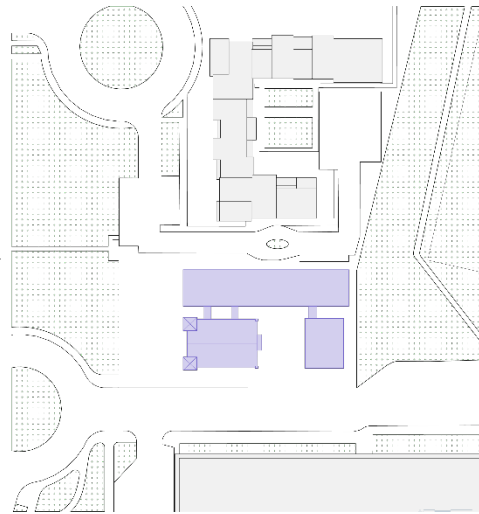


Figure 38: Final parti diagram (source: author's work)

At the beginning of the design process, looking at the historic context of the site provided some unique insights, which influenced the site design of the project. A series of diagrams, overlayed on a 1916 Sanborn Fire Insurance map, illustrates how Delaware Avenue was a strong diagonal axis adjacent to the site and First street created the edge for the church and surrounding street blocks.

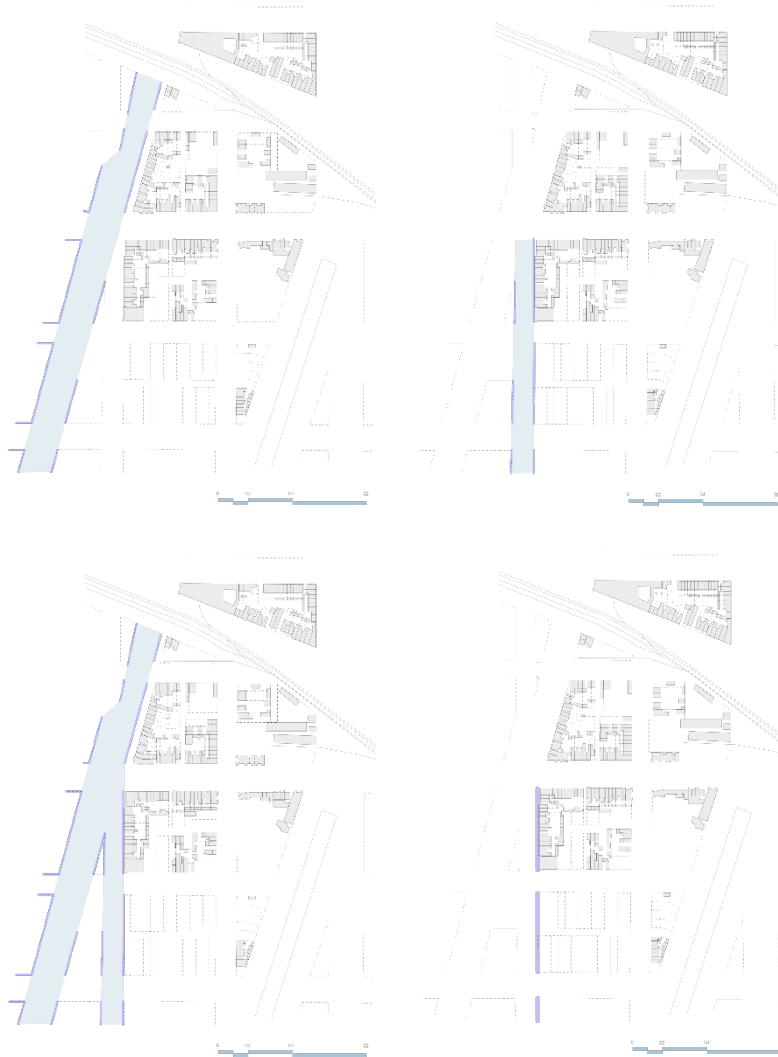


Figure 39: Series of diagrams of historic site context (source: author's work)

These findings from the historic site context, informed the site design. The site design begins to reference the historic landscape of the church. Looking outside the immediate site, the landscape is redesigned through reintroducing the historic axis of Delaware Avenue as a tree lined walkway, reconnecting the existing greenspaces to the northwest of the site. The footprint of 1st street, becomes a new edge or front for the site, now reimagined as a green plaza for people to come and gather.

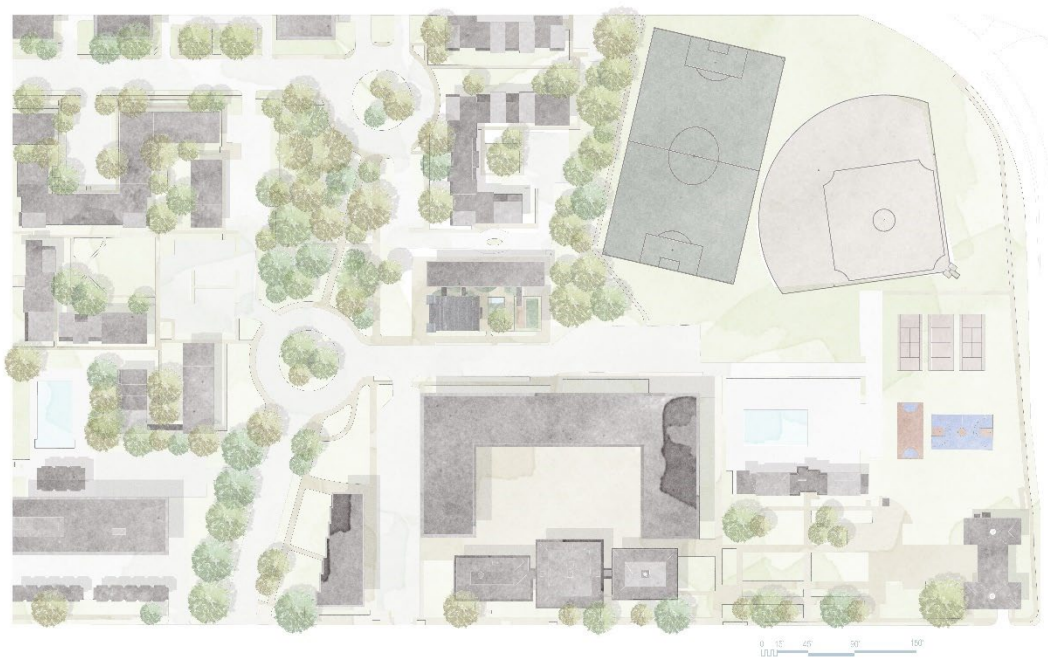


Figure 40: Site plan (source: author's work)



Figure 41: Artistic rendering of front plaza (source: author's work)

Taking notes from the church's history of providing sanctuary and serving the community, helped inform the layout of the program. It revealed the importance of retaining the church's use as a space that serves the community and allows the new additions to house the other program elements. The physical architecture of the church served as a guide for the façade design. Exploring the physical rhythm and materiality of the church created a framework to help organize and connect the new to the existing.



Figure 42: West facade architectural rhythm diagram (source: author's work)

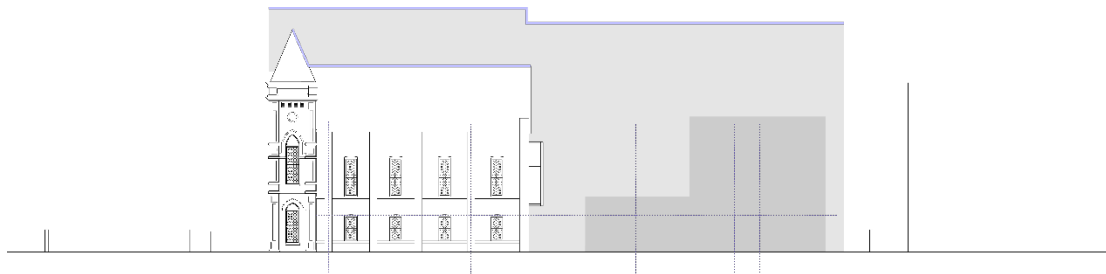


Figure 43: South facade architectural rhythm diagram (source: author's work)

For example, on the west elevation the idea of a tower is abstracted from the church's façade and is created by a change in materiality from brick to slate. On the

southern elevation the idea of using the northern addition as a backdrop for the historic church begins to be seen. Its muted façade allows the brightly colored church to stand out and remain the focus of the site.



Figure 45: West Elevation (source: author's work)



Figure 44: South Elevation (source: author's work)

Program

Housing + Community + Services

To begin to address the needs of homeless LGBTQ+ youth the primary focus of the program is transitional housing, supported by community spaces and small clinic. Providing personal space for these youths can help them start to heal and address the trauma of experiencing homelessness. Having a stable place to stay, with access to counseling relieves some of the pressure they have been experiencing. It lets them stop, take a breath, and rest.

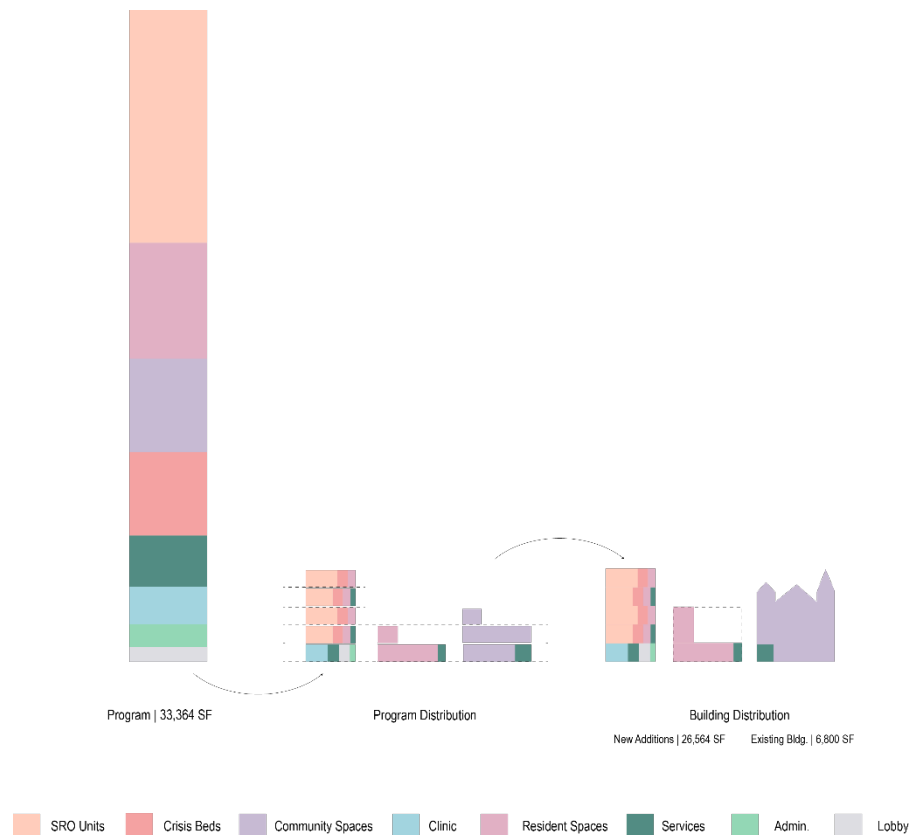


Figure 46: Program distribution diagram (source: author's work)

The program is split between the historic church and the new additions, linked through a series of bridges placed at existing openings in the church's north façade.

Using the existing openings already present in the church guided where and how to connect the north addition to the historic church. Sliding into the buildings, the bridges, become their own piece of architecture, separate from the church and north addition, while still serving as the connectors to the two structures.



*Figure 47: Section perspective illustrating linking bridges
(source: author's work)*

A driving factor of program placement is to retain the church's identity of serving the surrounding community, while providing security and safety to the center's residents. Due to this the church houses community spaces open to the public, continuing the church's legacy of being a space where people can come and gather. Providing security and safety for the residents is of great importance, they most likely lacked these elements in their life when facing housing insecurity or homelessness. Using a single room occupancy (SRO) typology for the long-term housing units, instead of a dorm style layout provides the residents with a sense of

ownership of their own space, and the decision-making power of who may enter their space. This idea of ownership of space extends to the temporary housing or crisis beds located on the second through fifth floor. Individual sleeping zones provide increased privacy and a greater sense of personal space compared to a traditional shelter layout. Even though someone may need to stay only for a few days, they still deserve to feel safe and in their own space.

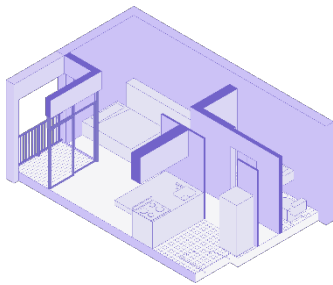


Figure 48: Isometric of SRO unit
(source: author's work)



Figure 49: Artistic render of SRO unit (source: author's work)

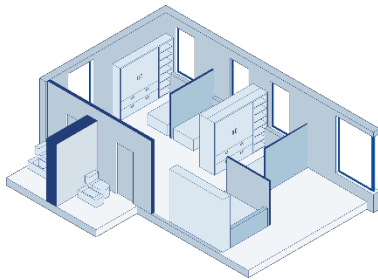


Figure 51: Isometric of crisis bed unit
(source: author's work)



Figure 50: Artistic render of crisis beds (source: author's work)

Moving Through the Spaces: private, semi-private, public

When a resident first arrives, they may choose to stay primarily in their room, needing that privacy. As they begin to become more comfortable, they may start to interact with the other residents in the communal spaces found throughout the additions. There are two types of resident spaces in the north addition. The first as the informal areas found along the main corridor that act as an extension of the SRO units, almost as an abstracted front porch. The other space is a resident community room located on each housing floor. It is a space where residents can come together and begin to build a sense of belonging.

Once a resident is ready, they may venture to the communal kitchen in the eastern addition or the exterior courtyard, which both act as a bridge between the private spaces in the north addition and the public spaces in the church. Eventually they may work their way up to events held in the public spaces in the church.



Figure 52: Artistic render of resident space (source: author's work)



Figure 54: Artistic render of resident space (source: author's work)



Figure 53: Artistic render of resident community room (source: author's work)



Figure 55: Artistic render of communal kitchen (source: author's work)

Having spaces with different levels of social interaction gives the decision-making power back to the residents and provides them with different opportunities to interact with those in their communities and build a safe space on an individual level and for all the youths of the LGBTQ+ community.



Figure 56: Artistic render of exterior courtyard (source: author's work)

Conclusion

This thesis is an example of the rich design that can come from old and new architecture working together. The integration of the church's historic identity pushed the design to explore the relationship between old and new. Questions like how the two forms influence and respond to each other guided the design throughout its development. Considering the existing relationships the church had, has, and may have in the future, attempted to shape the new buildings not simply as additions on the site, but an extension and continuation of the church's rich history of adapting, providing sanctuary, and servicing community.



Figure 57: Artistic aerial rendering (source: author's work)

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