



Child Welfare

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Journal of Policy, Practice, and Program

Special Issue

**Sexual Orientation,
Gender Identity/Expression,
and Child Welfare**

(First of two issues)

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Child Welfare Journal — About this Special Issue

In 2013, the Child Welfare League of America published the CWLA *National Blueprint for Excellence in Child Welfare (National Blueprint)*. The *National Blueprint* provides a vision for child welfare that “all children will grow up safely, in loving families and supportive communities.” Fundamental to this vision is the belief that while the formal child welfare system is accountable for its specific role as it relates to children who are at risk of or have experienced abuse or neglect, it will take the combined efforts of families, communities, other child and family systems, and the public as a whole to fully actualize the vision. The *National Blueprint* is intended to challenge individuals, groups, communities, and providers, inside and outside of the formal child welfare system, to understand that they play an important role in advancing improved outcomes for children and families.

The *National Blueprint* also serves as the foundation for all of CWLA’s work. It makes it clear that the needs of the children and families that come into contact with the formal child welfare system cannot be addressed by the child welfare system alone; the system must do its work by leveraging the knowledge and resources gained from families, communities, and other child- and family-serving systems. The core principles of the *National Blueprint* include Rights of Children; Shared Responsibility and Leadership; Engagement/Participation; Supports and Services; Quality Improvement; Workforce; Race, Ethnicity, and Culture; and Funding and Resources. In particular, one of the standards for the principle on race, ethnicity, and culture is that individuals, families, communities, organizations, and systems should develop expertise in understanding the unique perspectives and needs of children, youth, and adults who identify as LGBTQ. It elaborates that “Children and youth who identify as LGBTQ often face discrimination and expulsion from their homes, communities, and the

programs that serve them. Each entity should include LGBTQ identity and issues among the core components of cultural competence training. Providers may develop a cohort of staff with expertise in serving this population of children, youth, and families. Children, youth, and families that identify as LGBTQ may need specialized services and supports that do not currently exist in many communities. These children, youth, and families should be supported in advocating for development of appropriate services and supports.”

The principle on the Rights of Children specifically states that “It is the responsibility of all members of society to work toward the shared goal of advancing the fundamental rights and needs of children.” As part of that, two of the accompanying Standards state that “Children should be able to have their own gender identity and sexual orientation” and “...should be protected from discrimination on the basis of race, color, age, disability, gender, familial status, religion, sexual orientation, gender identity, genetic information, language, religion, national, ethnic or social origin, political beliefs, or citizenship.”

This special issue of *Child Welfare*, “Sexual Orientation, Gender Identity/Expression, and Child Welfare,” highlights the impact for the population of children and youth that identify as LGBTQ when these principles and standards are not in place, gives voice to the experiences of the youth and the need for their involvement in any research and service development, and highlights the need for focusing on effective practices for identifying and serving this population of youth to meet the vision of the *National Blueprint* so that they too “grow up safely, in loving families and supportive communities, with everything they need to flourish—and with connections to their culture, ethnicity, race, and language.”

Child Welfare thanks our colleagues at the Annie E. Casey Foundation for their contributions to this special issue.

A Note on Terminology

Young people may identify their gender using a variety of terms such as gender non-binary, genderfluid, genderqueer, and agender, among others. In this *Child Welfare* special issue, “gender expansive” is used to encompass the range of genders and gender expressions beyond the gender binary of “man” and “woman,” and “masculine” and “feminine.” *Child Welfare* and this issue’s guest editors prefer this to the commonly used “gender non-conforming,” which implies individual pathology. “Cisgender” in this issue refers to someone who identifies with the sex/gender they were assigned at birth.

Additionally, CWLA strives to use person-first language (i.e., “youth who identify as transgender” instead of “transgender youth”) in its publications. This is not necessarily the case, however, in other research, or in the broader human services field. Attempts to use only person-first language in this special issue created some challenges because of the way the data was captured, how persons are often referred to, and how people might refer to themselves; therefore, there are occasions in this volume where person-first language was not used.

From the Editor:

Gay and No Place to Go, Redux

Twenty-six years ago, in 1992, I published one of the first peer-reviewed articles I ever wrote: *Gay and No Place to Go* (Mallon, 1992) in this journal, *Child Welfare*. It was also the first article on this topic that had ever been published in *Child Welfare*. As a young academic, being the first to research and write about a topical area can be exciting—but it is a lonely place, too, to be the only one writing about a topic that was considered then to be controversial and taboo. Creating scholarship about “gay” issues (at that time, information related to people identifying as lesbian, bisexual, or transgender remained largely unwritten about) was uncharted—and in some cases dangerous—new territory. Some well-intentioned but misguided colleagues warned me in those early days: “Don’t write about this ‘gay’ stuff. You will never get an academic job; you will never get grants; you will never get published.” And although I chose not to listen to those voices, and was encouraged by others to follow my passion, I must admit that there were times when doing this work was a very lonely, sometimes painful, experience.

The Child Welfare League of America was at that time led by the great David Liederman, who set the groundwork for beginning this important discussion about the needs of youth identifying as gay and lesbian. CWLA had the foresight and the bravery to approach this issue head-on by publishing the proceedings from a national convening of experts in the field of gay and lesbian child welfare (Child Welfare League of America, 1991).

In 1994, I finished my doctoral dissertation on the topic (Mallon, 1994), and few other articles followed (Sullivan, 1994). In 2002, CWLA again sought to surface issues about youth in child welfare settings who identified as transgender, publishing the proceedings from another national gathering of professionals (DeCrescenzo & Mallon, 2002).

Six more years went by, and Woronoff and Mallon (2006) produced the first special issue on youth who are LGBTQ and in child welfare, again in *Child Welfare* journal. And in 2012, in keeping with their history of providing guidelines for practitioners and policy-makers, CWLA published *Recommended Practices to Promote the Safety and Well-Being of Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) Youth and Youth at Risk of or Living with HIV in Child Welfare Settings*.

After more than a quarter century of researching about, writing about, and working with children, youth, and families who are LGBTQ and have been touched by child welfare systems, no one can imagine the great joy and immense pleasure I had in reading each of the articles in this rich, sophisticated two-volume special edition of *Child Welfare* focusing on SOGIE/LGBTQ issues and edited by my wonderful colleagues, Drs. Jama Shelton and Jeffrey Poirier. Happily, we received so many manuscript proposals for this special issue that we needed to expand it into two volumes.

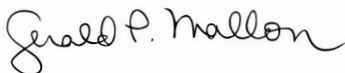
Volume One centers on the twin themes of (1) data and evaluation and (2) youth who are transgender and gender expansive. In the first article, Poirier and colleagues focus on the experiences of and opportunities for improving services and outcomes for youth who are LGBTQ through the lens of the Jim Casey Youth Opportunities Initiative. Creating safer spaces for youth who are LGBTQ in Broward County, Florida, is addressed in the second article by Greif-Hackett and Gallagher. The third article, by Lorthridge and colleagues, highlights findings from the PII-RISE Evaluation, studying a care coordination model for youth who are LGBTQ.

The Los Angeles County Foster Youth Study, described by Choi and Wilson, is the first article in the series of articles on youth who are transgender and gender expansive. Mountz and colleagues lift up voices from youth formerly in foster care who are transgender and gender expansive. Capturing gender fluidity in housing and child welfare is the topic of the final article in this volume, by Baker and colleagues.

Volume Two focuses on homelessness and child welfare and tools and systems improvement. Shelton and colleagues explore reversing

erasure of youth and young adults who identify as LGBTQ and are accessing homelessness services. Robinson's article examines child welfare systems and homelessness among youth who are LGBTQ. Homelessness with past child welfare system involvement is the focus of the article by Forge and colleagues, while Salazar and colleagues write about developing relationship-building tools for foster families caring for teens. Washburn and colleagues discuss implementing inclusive system improvements in child welfare. The final two articles, by Weeks and colleagues and Erney and Weber, address strengthening the workforce to support youth in foster care who are LGBTQ by increasing LGBTQ+ competency and strategies for serving youth of color who are LGBTQ and in out-of-home care.

This excellent two-volume special issue of *Child Welfare* is chock full of cutting-edge scholarship that can advance policies, practices, and programs as they relate to children and youth who are LGBTQ and affected by the child welfare system, are experiencing homelessness, and are facing other challenges. I am thrilled to have lived long enough to see a day when we have gathered such professional and scholarly work as is captured in these pages. My deepest appreciation is extended to all of the authors who have contributed to these volumes, to Dr. Jeffrey Poirier and Dr. Jama Shelton for their excellent work in soliciting, reviewing, and editing these articles, and to CWLA for their bravery and continued commitment to children and youth who identify as LGBTQ. I am proud to be the Senior Editor of this journal and to be affiliated with an organization that has vigorously sought to make the world a better place for all children, youth, and families. We challenge federal, state, and local entities, and public and private child welfare agencies, to continue to search for ways to better meet the needs of children and youth who identify as LGBTQ.



Gerald P. Mallon, DSW
Senior Editor

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Special Foreword

It is Time to Start Counting Kids Who are LGBTQ in Child Welfare

(First Issue)

Children and young people in foster care who are LGBTQ¹ are at the center of overlapping national debates about complicated issues of race, ethnicity, gender identity and expression, sexuality, religion, and more. Serious questions abound as we develop best practices² and adopt policies to keep these young people emotionally and physically safe while ensuring their well-being and permanence: Should the religious beliefs of care providers shape the home lives and choices of these children? How should public agencies think about gender when making placements for children who are gender expansive? How can we do a better job of supporting parent and child relationships to prevent these young people from being rejected by family and entering foster care in the first place? How do discrimination, bias, and lack of knowledge by caregivers or caseworkers affect these children's experiences and outcomes?

In exploring answers to these and other pressing questions, this special issue of *Child Welfare* is a substantive contribution to the field's understanding of young people who are LGBTQ. Highlighting the need to collect, analyze, and infuse the findings of data into our efforts, this issue extends our knowledge about an especially vulnerable group of children who make up a significant portion of the foster care population and who we have not, in general, served well.

Learning more about these children and young people—including their intersecting racial and ethnic identities—will help us better meet their needs, address disproportionate entries, and improve what have often been dismal child outcomes. Data show that:

- As many as 19% of children and youth in foster care self-identify as LGBTQ (Wilson, Cooper, Kastanis, & Nezhad, 2014) and 15.5% identify as LGB (Dettlaff & Washburn, 2018). An estimated one-and-a-half to two times as many youth who are LGBTQ are in foster care than are represented in the general population (Wilson et al., 2014).
- The foster care population that is LGBTQ, according to one study, had “similar racial/ethnic and age demographics as the non-LGBTQ foster youth population” (Wilson et al., 2014, p. 6); another indicated that approximately 57% of all children in out-of-home care who identify as LGBQ are youth of color (Dettlaff & Washburn, 2016).

In other words, we can observe the same disturbing pattern of racial and ethnic disproportionality for children who are LGBTQ that we see with all children in foster care nationally.

In addition to disproportionate entries into foster care based on sexual orientation and gender identity/expression (SOGIE), children who are LGBTQ experience disparate treatment and outcomes compared to their peers. We know, for example, that children who are LGBTQ are more likely to be placed in group settings (Mallon, 1997; Freundlich & Avery, 2005; Wilson and Kastanis, 2015) and experience multiple placements (Mallon, Aledort & Ferrera, 2002). They are less likely to achieve permanence (Woronoff et al., 2006, Mallon, 2011). In the very systems designed to provide for their safety, these children may experience harassment or violence, whether at the hands of other youth (Mallon et al., 2002) or—perhaps worse—group-home staff (Mallon, 2001; Mallon et al., 2002). Children who are LGBTQ with previous foster care involvement are also overrepresented in populations of youth who are homeless (Durso & Gates, 2012; Forge et al., 2018; Shelton et al., 2018).

The Annie E. Casey Foundation believes that for all children to have a brighter future, our nation must develop solutions that strengthen families, build paths to economic opportunity, and transform struggling

communities into safer and healthier places to live, work, and grow. Unfortunately, for children who are both LGBTQ and in the child welfare system, brighter futures are often out of reach. But change is possible.

The Annie E. Casey Foundation's 2016 publication *LGBTQ in Child Welfare: A Systemic Review of the Literature* provides a rich starting place for the many systems in this country that need immediate improvements in outcomes for children who are LGBTQ. It synthesizes a growing body of research on the experiences of these LGBTQ children, including those who are transgender, gender expansive, and youth of color—those who represent “a key intersection of group identities connected by disparities” (p. 3). It provides a research roadmap to begin understanding children's experiences and system and service efficacy. It also underscores the pressing need for child-serving systems to count the children who are LGBTQ as they serve and endeavor to understand their experiences and outcomes.

The work on racial and ethnic equity and inclusion is grounded in the concept of “targeted universalism” (Powell, 2008). We have come to understand that rising tides do not, in fact, raise all boats. As a result, we must target strategies and solutions to meet the specific needs of subgroups of families and children. For child welfare, this includes children of color and those who are LGBTQ.

Sadly, the field is hampered by a dearth of data on LGBTQ children, which is essential to defining results and driving system improvement efforts. Only a handful of jurisdictions³ collect data on SOGIE of children in their care. As a result, we have no national-level data on the prevalence of children who are LGBTQ in our systems. Nor do we know how these children fare on safety, permanency, and well-being compared to their peers who are cisgender⁴ and heterosexual.

Progress on gathering information for Adoption and Foster Care Analysis and Reporting System (ACFARS)⁵ on sexual orientation for children ages 14 and older was recently stalled by the U.S. Department of Health and Human Services (U.S. Department of Health and

Human Services, 2018). Furthermore, the National Youth in Transition Database, which requires states to track services and outcomes of older youth served by child welfare, does not gather SOGIE information. To make real progress in advancing well-being for all children, we need to disaggregate data by subpopulations, identify disparate outcomes, and promote and implement equitable policy and practice changes. This is the path necessary to achieve opportunity for all young people.

Fortunately, innovative practitioners are filling the data gap by taking the initiative to gather and analyze SOGIE data for their programs. For example, in this issue, my colleagues with the Casey Foundation's Jim Casey Youth Opportunities Initiative describe how they developed SOGI survey items in collaboration with youth and data experts for Opportunity Passport™, a financial capacity-building program for older youth in and transitioning from foster care. Analysis of disaggregated outcome data for 2,490 Opportunity Passport participants shows that those "who identify as LGBTQ lag behind their straight, cisgender peers in several key areas, including permanency, housing stability, financial capability, social capital, and health. This is particularly evident when examining data on youth of color" (Poirier et al., 2018, p. 13).

Another important article in this issue describes the experiences of children who are LGBTQ at the intersection of homelessness and child welfare (Forge, 2018). The authors compare how children who are and who are not LGBTQ experience trauma, social supports, mental health issues, and health risks. Articles like these, which analyze differential outcomes for universal programs (those designed to serve all children or youth), are critical to our understanding of whether those programs benefit children who are LGBTQ.

We also need to develop and evaluate the impact of new interventions and practice improvements designed to serve children who are LGBTQ. Do our well-meaning efforts make a difference? In this issue, we see that an evaluation of an LGBTQ-specific Care Coordination Team showed strong increases in emotional permanence and belonging (Lorthridge et al., 2018). What can we learn about the efficacy of other interventions on outcomes for children who are LGBTQ?

While data can tell a powerful story, we must also elevate the voices of youth who are LGBTQ in our research and service development. We know intuitively and empirically that services and supports that genuinely engage children, youth and families are more effective. Also, studies that share the points of view of children who are LGBTQ—those that are qualitative or ethnographic—shed light on their experiences in foster care in a way that quantitative data cannot. For example, the qualitative research in this issue with youth in Texas homeless shelters illuminates young people's experiences of gender segregation, stigmatization, isolation, and institutionalization for those of us seeking to improve policy and practice for children who are LGBTQ and the families who care for them (Robinson, 2018).

It is time to start counting kids who are LGBTQ in child welfare. Common objections to gathering these data—worries about child privacy, the burden on overwhelmed and under-resourced agencies, professional discomfort—have been thoughtfully considered and countered for some time now in such publications as *Guidelines for Managing Information Related to the SOGIE of Children in Child Welfare Systems* (Wilber, 2013). Public agencies and contracted providers need to adopt these clear guidelines and develop accompanying policies, training and supervision as the first steps toward collecting data for assessment protocols and case management systems. We must also be inclusive in thinking about how we measure SOGIE. For example, another study in this special issue finds that “data-cleaning and discrete questions about identity can erase youth who identify as gender queer or gender fluid from sampling as data noise, prompting an underreported incidence of risk” (Baker et al., 2018, p. 127).

Additionally, the Human Rights Campaign's new guide, *SOGIE Data Collection*, emphasizes agency readiness. The guide notes the need for written policies, including those “that protect LGBTQ youth and adults from discrimination and routine, ongoing staff training in LGBTQ cultural competency. Youth and adults need to be able to trust that you will use their SOGIE information appropriately, won't discriminate against them, and will honor confidentiality” (Delpercio &

Murchison, 2017, p. 3). Most importantly, the guide provides detailed advice on asking SOGIE questions in a sensitive and age-appropriate way for both forms and interviews and includes sample forms and interview flowcharts.

Focusing on data and results and holding ourselves accountable for making a measurable difference for children and families are hallmarks of the Casey Foundation's work. We know that children who are LGBTQ and involved in child welfare are disproportionately represented, are very often children of color, and experience disparate treatment and negative outcomes. While there has been progress in awareness of and protections for children who are LGBTQ, too many of them are rejected by their own families, face harassment and violence, experience homelessness, or attempt suicide. We cannot continue to remain in the dark, without national data on the prevalence in foster care of children who are LGBTQ and information about their outcomes and experiences. The stakes are too high. To ensure equity and opportunity for all young people, it's time to start counting kids who are LGBTQ.

Tracey Feild

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¹ LGBTQ refers to those who self-identify as lesbian, gay, bisexual, transgender or questioning their sexual identity or gender identity.

² For more details on child welfare best practice, see both volumes of *A Child Welfare Leader's Desk Guide to Becoming a High Performing Agency* at <http://www.acf.org/blog/new-desk-guide-for-child-welfare-leaders-provides-improvement-roadmap-for-c/>

³ Among those Casey is aware of are Alameda County, California, Allegheny County, Pennsylvania, Cuyahoga County, Ohio and New York City. Work is also underway in several other jurisdictions.

⁴ "Cisgender" refers to someone who identifies with the sex/gender they were assigned at birth.

⁵ AFCARS is the federal system for collecting child welfare data annually. For 2017 AFCARS data, see <https://www.acf.hhs.gov/cb/resource/afcars-report-24>.

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Jim Casey Youth Opportunities Initiative: Experiences and Outcomes of Youth who are LGBTQ

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The Annie E. Casey Foundation's Jim Casey Youth Opportunities Initiative (Jim Casey Initiative) works to ensure that young people transitioning from foster care into adulthood have the relationships, resources, and opportunities to succeed. In its efforts, the Jim Casey Initiative focuses on eliminating inequities that young people of color and those who are

lesbian, gay, bisexual, transgender, or are questioning their sexual orientation or gender identity (LGBTQ) face while in foster care. This article focuses on experiences and outcomes for young people who are LGBTQ,¹ particularly those who are also of color, who are participating in the Jim Casey Initiative's Opportunity Passport™ program, which helps build the financial capability of young people in foster care to ensure they know how to earn, manage, and save as they transition into adulthood.

¹ While it recognizes that the LGBTQ community includes a range of sexual and gender identities, the Opportunity Passport program focused on youth who are LGBTQ when defining sexual orientation and gender identity to collect measurable data with sufficient sample sizes for analysis; also, to collect data that the Jim Casey Initiative can easily compare to other studies and datasets. It also acknowledges the fluidity of sexual and gender identity for some young people and that while some are considered LGBTQ for these analyses, their sexual and/or gender identities may evolve over time. For example, a young person who is unsure about their gender today could identify as transgender or another gender identity in the future.

In a recent data analysis of survey results from the Opportunity Passport program, the Jim Casey Initiative found the following for youth who are LGBTQ:

- They are more likely to experience at least 10 foster care placements, with youth of color who are LGBTQ reporting the highest rates.
- They are less likely to have at least one supportive adult on whom they can rely for advice or guidance.
- They are more likely to experience homelessness or couch surfing.
- They are less likely to report at least “good” physical and mental health. For example, the percentage of youth who are White, straight, and cisgender² who rated their mental health as good or better was approximately 20 percentage points higher than youth who are White and LGBTQ.

The Opportunity Passport is a matched-savings program that provides young people with financial literacy training, a bank account, and the ability to match their savings to purchase assets. Young people work with trusted adults in their communities to build savings and make purchases—such as cars, books for school, and initial housing-related costs—to help achieve their goals. The program provides the developmental experience of managing money and making sound spending decisions—skills that are key to their economic success and that they may not otherwise gain while in foster care. Many young people report that the decision-making process they learn through the Opportunity Passport program—which requires them to research, weigh pros and cons, and consult with trusted adults about the options available to them—informs other key aspects of their lives such as choosing a school, career, and friends.

²“Cisgender” refers to someone who identifies with the sex/gender they were assigned at birth.

As part of Opportunity Passport, a twice-annual survey of participating youth is conducted. In January 2017, the Jim Casey Initiative added items to this longitudinal survey to collect information on the sexual orientation and gender identity of participants. This article presents key data on the 426 young people (17% of the April 2017 sample) who reported (1) not identifying with their gender reported at birth or (2) a sexual orientation other than straight. Findings compare data based on the race and sexual orientation and gender identity of young people, addressing issues that the Jim Casey Initiative targets, such as permanence and adult support, housing stability, education and employment, and financial capability.

The Jim Casey Initiative is part of the Annie E. Casey Foundation, a private philanthropy that builds a brighter future for the nation's children and youth by developing solutions to strengthen families; building paths to economic opportunity; and transforming struggling communities into safe and healthy places to live, work, and grow. Established in 2001, the Jim Casey Initiative leverages its hands-on work across 17 states,³ using the latest adolescent brain research and engaging young people to drive state policy and practice improvements that help all young people make successful transitions from foster care to adulthood (The Annie E. Casey Foundation, 2017). This includes a range of strategies to improve outcomes in four priority areas: permanency, stable housing, educational success and economic security, and prevention of early pregnancy and support for young parents.

The Jim Casey Initiative focuses on young people ages 14 to 26 who have spent at least one day in foster care after their 14th birthday—a population of nearly 1 million youth (Child Trends, 2017). Each year,

³ The states include Arizona, Connecticut, Georgia, Hawai'i, Indiana, Iowa, Maine, Maryland, Michigan, Mississippi, Nebraska, New Mexico, North Carolina, Ohio, Pennsylvania, Rhode Island, and Tennessee.

approximately 23,000 of these youth age out of foster care without the support, resources, and guidance of a stable family or other permanent, caring adults in their lives (Child Trends, 2017). Compared to their peers, young people who have experienced foster care are less likely to complete high school or become employed and more likely to experience homelessness, become parents at an early age, and/or enter the juvenile and criminal justice system (Chapin Hall, 2010, 2011; Dworsky, Napolitano, & Courtney, 2013). Ultimately, these negative outcomes jeopardize the well-being and life trajectory of young people.

The challenges are greatest for young people overrepresented in the child welfare system—young people of color and those who have diverse sexual and gender identities (e.g., LGBTQ). In the United States, the rate of foster care placement among young people who are black/African American, non-Hispanic and over 14 years old is 2.74 times as high as the rate of foster care placement among their peers who are White, non-Hispanic. Among young people who are Hispanic, the rate is 1.34 times as high (Jim Casey Youth Opportunities Initiative, 2016).

Historically, in the United States, data on the sexual orientation and gender identity of youth in foster care have not been collected and tracked, but this is slowly changing. Data on youth who are LGBTQ show that among 18- to 26-year-olds in the ADD Health sample of youth in the general population, approximately 12% report same-sex attraction and/or identify as LGBTQ, and approximately 10% report identifying as LGBTQ.⁴In comparison, one study examining the Los Angeles County foster care system found that 19.1% of a random sample of young people ages 12 to 21 years old identified as LGBTQ (Wilson et al., 2014).

As synthesized in a recent literature review, family disapproval and rejection related to sexual orientation, gender identity, or gender expression may force youth who are LGBTQ out of their homes, making

⁴ Estimates obtained from analyses of Wave III of the National Longitudinal Study of Adolescent to Adult Health.

them more likely to experience homelessness and enter the child welfare system (The Annie E. Casey Foundation, 2016). Also, as noted elsewhere in this special issue, youth who are LGBTQ with a history of child welfare involvement may be especially affected by negative experiences and outcomes. In the Los Angeles study, for example, these young people were also more likely to express dissatisfaction with their child welfare system experience and were more likely to experience negative outcomes, such as greater rates of homelessness, more placements, and higher levels of emotional distress (Wilson & Kastanis, 2015).

To add to the growing literature on the prevalence and experiences of young people who are LGBTQ and have a history of child welfare system involvement, this article examines Jim Casey Initiative data related to issues such as permanence and adult support, housing stability, education and employment, and financial capability. Specifically, the Jim Casey Initiative presents key data on the 426 young people (17% of the April 2017 sample) who reported (1) not identifying with their gender reported at birth or (2) a sexual orientation other than straight. Following a brief overview of the Jim Casey Initiative, this article describes the methodology, findings, and limitations of these analyses.

About the Jim Casey Youth Opportunities Initiative

The Jim Casey Initiative, in collaboration with its 17 partner agencies (known as “sites”) and myriad diverse national, state, and local stakeholders, directs its strategies toward and collects data related to four priority areas: (1) all young people leave foster care with a permanent family; (2) all young people have safe, stable, and affordable housing; (3) all young people have supports and opportunities to excel academically and become financially secure; and (4) all young people have the information and skills to make informed decisions about whether and when to become parents, and young people who are expecting or parenting have supports, resources, and opportunities to raise healthy children. The Jim Casey Initiative also supports development of youth leadership skills in advocacy to improve systems that serve young

people, their siblings, and their peers. Examples of how this work is done include the following efforts:

- Mobilizing young people to educate lawmakers and inform policy;
- Bridging opportunities for young people graduating from high school and transitioning to college or post-secondary education;
- Increasing young people's capacity to avoid early and unintended pregnancies; and
- Publishing guides to help child welfare professionals apply adolescent brain science to policy and practice, provide trauma-informed practice, and promote resilience (The Annie E. Casey Foundation, 2017; Jim Casey Initiative, 2012a, 2012b).

All strategies are implemented with best practice principles—promoting authentic youth engagement, applying racial and ethnic equity and inclusion approaches; improving policies and practices; using data and self-evaluation for all decision-making, planning, and measuring progress; and working through community partnerships at state and local levels to achieve collective impact. The Jim Casey Initiative tracks progress on its priority areas using various data sources and measures. These include emancipation and discharges to permanency, homelessness post-emancipation, high school graduation (or general equivalency diploma [GED]) and employment, and giving birth to or fathering a child at different stages in adolescence.

One of the most promising interventions the Jim Casey Initiative has developed is its Opportunity Passport, which engages young people in learning to manage and save money to purchase assets that contribute to their long-term goals. To further the Jim Casey Initiative's focus on building the financial capability of young people in foster care, the Opportunity Passport program provides young people with financial education, assists them with opening a bank account, and provides the opportunity to match participant savings to purchase assets that help them achieve their goals (Jim Casey Youth Opportunities Initiative,

2009, 2014; Peters, Sherraden, & Kuchinski, 2012). For instance, assets can include a car to get to school or work, educational expenses, and initial housing deposits. The program gives young people the developmental experience of managing money and making wise decisions about how to spend their savings—skills they would likely not get elsewhere because of a lack of a permanent family and are key to their economic success. The training, support, and experience with savings and banking builds critical financial capability skills, even if young people do not purchase an asset.

Significantly, through its biannual surveys of Opportunity Passport participants, the Jim Casey Initiative has developed a unique and robust database that tells us how well young people in foster care are faring and what more needs to be done to equip them for adulthood. All Opportunity Passport participants take a comprehensive online survey that captures data on youth outcomes, including their experiences with permanency, education, employment, housing, physical and mental health, social capital, and financial capability. The survey also collects demographic data including gender, race, age, marital and parental status, foster care placements, and youth engagement. Moreover, survey items on youth engagement measure the meaningful participation of a young person with adults on policy advocacy, program assessment, and other leadership activities.

Each young person completes a baseline survey at the time of enrollment in Opportunity Passport and thereafter completes a follow-up survey every six months (making it possible to carry out rich longitudinal analyses). Young people may take the survey on a computer or a mobile device. They receive a stipend of \$40 for each survey completed. Since 2013, survey response rates have ranged from 85% to 87%, with more than 2,700 young people completing it in April 2017. This in part reflects young people's involvement in the design of this vital tool, as well as their engagement in all of the Jim Casey Initiative's national, state, and local work. In addition to the highly valuable self-reported data, local staff collect additional implementation information (e.g., asset purchases, funding, financial education and coaching, and

statewide policy and practice improvements) as part of a second online data collection and reporting system provided by the Jim Casey Initiative to states and sites implementing the Opportunity Passport.

The Jim Casey Initiative leverages this wealth of data, which it began collecting and analyzing in 2003, to build momentum for improving state and national policies and practices. To date, a range of outcome and demographic information exists on nearly 12,000 Opportunity Passport participants. These data have helped to launch this historically underserved population to the top of state and national reform agendas. The Jim Casey Initiative also uses these data to better understand the characteristics and experiences of older youth in and transitioning from foster care and how they are faring.

Lastly, it is important to understand the historical context of when the Jim Casey Initiative was launched and how these data contribute to the child welfare field. The Chafee Foster Care Independence Program, which established assistance to current and former foster youth in 1999, also established the National Youth in Transition Database (NYTD). At that time, there was a dearth of information about youth transitioning out of foster care. NYTD required states to track services and outcomes of certain youth served by child welfare agencies. However, the final rule was not published until 2008. Therefore, states did not begin collecting data on transitioning young people until 2010. While NYTD provides some basic yet important information that previously was unavailable, some important data are still missing, namely information on sexual orientation and gender identity. The Jim Casey Initiative has filled some of this void through its Opportunity Passport longitudinal data collection.

In January 2017, the Jim Casey Initiative added survey items to collect critical information on the sexual orientation and gender identity (SOGI) of youth participating in Opportunity Passport. Following its typical process of revising the survey, a group of research scientists, young people, site partners, and Jim Casey Initiative staff agreed upon the measures. The Jim Casey Initiative's national self-evaluation workgroup (with membership representing the aforementioned) modified SOGI measures already developed by Child Trends, a nonprofit research

organization focused on improving the lives and prospects of children, youth, and their families. The revised measures were then vetted with about 25 young people who discussed improvements, additions, and deletions. Finally, the national self-evaluation workgroup further refined the measures (which are shown in Table 1) before approval by Jim Casey Initiative leadership.

Methodology

This analysis uses data obtained through follow-up Opportunity Passport Participant Surveys (OPPS) completed by 2,557 young people in April 2017. The April 2017 OPPS represents the first round of survey administration incorporating SOGI questions. Respondents could decline to respond to SOGI questions. This analysis excludes respondents who declined to answer all SOGI questions. It also excludes young people who indicated they were cisgender (identified with the gender they were assigned at birth) but declined to respond to the sexual orientation questions and those who reported they were straight but declined to respond to the gender identity questions. As a result, 67 young people (3%) were removed from the sample, resulting in an overall sample size of 2,490. The LGBTQ sample for the analyses reported in this article consists of young people who reported (1) not identifying with their gender assigned at birth or (2) a sexual orientation other than straight. Those young people who reported that they were unsure of their gender identity or sexual orientation, and those who reported “at times” having a gender identity different from birth or a sexual orientation other than straight, were also included in this group. Ultimately, 17% of the sample, or 426 young people, met these requirements and are considered LGBTQ in the analysis.

Most outcomes included in this analysis come from OPPS responses, with the exception of asset purchase behavior. To examine differences among groups in achieving one of the primary goals of the Opportunity Passport, an asset purchase, we merged the OPPS survey data with participant-level data from the Opportunity Passport Data System. This

Table 1. Sample Demographics

	#	Percent
Total Respondents	2,490	
Age		
14–17 years old	410	16.57
18–21 years old	1,336	53.98
22–25 years old	729	29.45
Race/Ethnicity		
Hispanic/Latino, of any race(s)	338	13.57
White, non-Hispanic	848	34.06
Black/African-American, non-Hispanic	792	31.81
Native American/Alaskan Native, non-Hispanic	27	1.08
Asian, non-Hispanic	42	1.69
Other Pacific Islander, non-Hispanic	14	0.56
Other race, non-Hispanic	27	1.08
Native Hawaiian or part Hawaiian	218	8.76
Two or more races, non-Hispanic	184	7.39
Gender Identity		
Identify with gender at birth	2,492	97.55
Transgender	18	0.72
Male sometimes, female sometimes	16	0.64
Neither male nor female	7	0.28
Not sure yet	11	0.44
Declined to answer	9	0.36
Gender at Birth		
Male	843	33.86
Female	1,647	66.14
Sexual Orientation		
Straight	2,079	83.49
Gay or lesbian	110	4.42
Bisexual	244	9.8

(continued)

Table 1. Sample Demographics (Continued)

	#	Percent
Not sure yet	17	0.68
Not listed	29	1.16
Declined to answer	11	0.44
LGBTQ		
No	2,064	82.89
Yes	426	17.11

administrative database has a unique identifier for each participant that tracks their activities related to the Opportunity Passport, including asset purchases, financial capability trainings, and youth engagement activities. Due to sample size limitations, we examine only the most frequently purchased asset types in that portion of the analysis.

Finally, given the Jim Casey Initiative's interest in racial and ethnic equity and inclusion, we created groups using racial/ethnic identity, as well as sexual orientation and gender identity. The comparison group consists of young people who are White, non-Hispanic, who reported they are cisgender and who are straight. We compare outcomes for that group to outcomes reported by:

- Youth who are White and LGBTQ,
- Young people of color who are straight and cisgender, and
- Young people of color who are LGBTQ.

Findings

Sample Demographics

The overall OPPS sample is skewed toward the older end of the eligible age spectrum of 14- to 26-year-olds, with most respondents falling between the ages of 18 and 21 (see Table 1). Most respondents are young

people of color (66%), with young people who are White representing only 34% of the sample. Collectively, based on survey responses, we have identified 17% of respondents as LGBTQ. A small number of OPPS participants (2%) report that they are unsure of their gender identity or identify as neither male nor female. Approximately 1% are transgender,⁵ while another 1% feel male at times and female at other times. Young people who identify as non-binary or as unsure each represent less than 1% of the total sample. Most young people identify as straight (83%), but about one in 10 identify as bisexual. Participants who report they are gay or lesbian represent 4% of the sample, and 2% are either unsure or identify with a sexual orientation outside of the categories listed. Across Jim Casey Initiative sites, the percentage of survey respondents who are LGBTQ ranged from 5–31%, exceeding 20% in six sites.⁶

Over half (1,382) of the sample is young people of color who are straight and cisgender (56%), with the next largest group composed of young people who are White non-Hispanic, straight, and cisgender (27%). Young people of color who are LGBTQ (10%) and those who are White and LGBTQ (7%) followed. These are the groups used to describe outcomes in Table 2. The age and racial/ethnic distributions of respondents who were LGBTQ resemble those of the whole sample (see Table 2). More than half of these respondents fall between the ages of 18 and 21, and over a third identify as White, non-Hispanic.

Outcomes

OPPS data shows that systems have not achieved the same level of outcomes for participants who are LGBTQ as they have for their peers who

⁵ The Opportunity Passport survey asked participants for the gender they were assigned at birth and the gender with which they currently identify. We compared participant responses to these two questions. If a participant identifies as male but reports being assigned a female gender at birth, or if a participant identifies as female but reports being assigned a male gender at birth, the young person is considered transgender.

⁶ Because of concerns about privacy and confidentiality among some survey respondents, which are typical in any survey, we anticipate that these percentages underreport the actual proportion of young people who are LGBTQ in Jim Casey Initiative sites.

Table 2. Demographics of LGBTQ Sample

	#	Percent
Total Respondents	426	
Age		
14–17 years old	72	17.02
18–21 years old	238	56.26
22–25 years old	113	26.71
Race/Ethnicity		
Hispanic/Latino, of any race(s)	62	14.55
White, non-Hispanic	166	38.97
Black/African-American, non-Hispanic	111	26.06
Native American/Alaskan Native, non-Hispanic	3	0.70
Asian, non-Hispanic	5	1.17
Other Pacific Islander, non-Hispanic	2	0.47
Other race, non-Hispanic	4	0.94
Native Hawaiian or part Hawaiian	33	7.75
Two or more races, non-Hispanic	40	9.39

are straight and cisgender in several key areas, including permanency, housing stability, financial capability, social capital, and health. This is particularly evident when examining data on youth of color. This section describes key statistically significant outcomes further. The following analyses compare two sexual orientation/gender identity (SOGI) samples: (1) straight and cisgender and (2) LGBTQ. The comparison group for these analyses includes a sample of respondents based on their SOGI and race/ethnicity; specifically, youth who are White, non-Hispanic; straight; *and* cisgender.

Permanence and Adult Support

Experiences in the foster care system are linked with SOGI *and* race/ethnicity (see Table 3). Youth who are LGBTQ (White and of color) were more likely than their peers who are straight and cisgender to

Table 3. Outcomes

	White, Non-Hispanic straight & cisgender		White, Non-Hispanic LGBTQ		Of color, straight & cisgender		Of color, LGBTQ	
	#	Percent	#	Percent	#	Percent	#	Percent
Respondents in Category	682	27.39	166	6.67	1,382	55.50	260	10.44
Permanence and Adult Support								
More than 10 placements	73	10.70	28	16.87*	166	12.01	46	17.69*
Group care placement	358	52.49	98	59.04	821	59.41*	170	65.38*
Any adult support (either family or non-family)	622	91.20	136	81.93*	1,190	86.11*	223	85.77*
Family adult support	568	83.28	122	73.49*	1,080	78.15*	196	75.38*
Non-family adult support	516	75.66	116	69.88	985	71.27*	179	68.85*
Housing Stability (in past 6 months)								
Homeless	40	5.89	18	10.98*	120	8.90*	32	12.45*
Couch surfed	63	9.43	26	16.15*	197	14.60*	45	17.72*
Housing instability (couch surfing or homeless)	88	12.90	33	19.88*	280	20.26*	63	24.23*
Education and Employment								
High school diploma or GED (19-25)	399	89.06	99	84.62	898	89.53	138	81.66*
Some post-secondary (19-25)	282	62.95	73	62.39	642	64.01	101	59.76

Table 3. Outcomes (Continued)

Post-secondary completion (22+)	164	88.17	41	93.18	413	93.65*	65	91.55
Employed	333	74.33	82	70.09	705	70.29	114	67.46
Disconnected from school and work	74	16.52	21	17.95	182	18.15	33	19.53
Physical and Mental Health								
Rates physical health as good, very good, or excellent	571	84.84	117	71.78*	1,130	83.15	195	77.38*
Rates mental health as good, very good, or excellent	516	76.9	93	57.41*	1,069	79.07	163	64.43*
Young Parents								
Has one or more children	119	17.45	20	12.05	394	28.51*	43	16.54
Social Capital								
Has an adult to help with life goals	628	92.08	141	84.94*	1,222	88.42*	228	87.69*
Has been asked for and provided help to adult	345	50.59	85	51.2	684	49.49	124	47.69
Has peer to help with life goals	523	76.69	121	72.89	982	71.06*	177	68.08*
Has been asked for and provided help to peer	335	49.12	81	48.8	623	45.08	107	41.15*
Financial Capability								
Has bank account	615	90.18	150	90.36	1,122	81.19*	215	82.69*
Has any savings	463	67.89	108	65.06	804	58.18*	138	53.08*

(continued)

Table 3. Outcomes (Continued)

	White, Non-Hispanic straight & cisgender		White, Non-Hispanic LGBTQ		Of color, straight & cisgender		Of color, LGBTQ	
	#	Percent	#	Percent	#	Percent	#	Percent
Covered expenses last month	529	77.57	122	73.49	966	69.90*	163	62.69*
Owes money	254	37.24	74	44.58	511	36.98	115	44.23*
Asset Purchases								
Any purchase	263	39.25	66	41.25	512	37.35	75	29.30*
Vehicle purchase	151	22.54	30	18.75	213	15.54*	28	10.94*
Housing purchase	63	9.40	20	12.50	168	12.25	25	9.77
Education/training purchase	79	11.79	25	15.63	160	11.67	28	10.94

*Statistically significant ($p < 0.05$)

report ten or more foster care placements, with young people of color who are LGBTQ reporting the highest rates (18 percent). Young people of color from both SOGI samples were more likely than the comparison group to report at least one group care placement.

Respondents who are White, cisgender, and straight also reported better outcomes relating to adult supports. Youth who are LGBTQ (both White and of color) and young people of color who are straight and cisgender were less likely than the comparison group to report having at least one adult who they can turn to for support. The analyses also showed that these differences held true for both familial and non-familial adult connections. Specifically, youth who are LGBTQ (both White and of color) and young people of color who are straight and cisgender were less likely to report having an adult in their family who they can turn to for support. However, participants who are White and LGBTQ were about as likely as the comparison group to report having a connection to a non-familial adult. In contrast, young people who are of color (both SOGI samples) were less likely than the comparison group to report having such a connection.

Housing Stability

Young people of color and youth who are LGBTQ also reported more challenges to stable housing than the comparison group. Youth who are LGBTQ (both White and of color) along with youth of color who are straight and cisgender reported recent homelessness and couch surfing at higher rates than their peers who are White, cisgender, and straight. Based on response rates to the homelessness and couch surfing questions, we combined data into a single housing instability measure to eliminate overlap and estimate the prevalence of housing instability in either form. The statistically significant differences between the comparison group and their peers who are LGBTQ or of color remained. Furthermore, youth of color who are LGBTQ reported the highest rates of housing instability, with almost one in four experiencing homelessness or couch surfing in the six months before they completed the survey.

Education and Employment

Equity across groups based on SOGI and race/ethnicity was strongest among the education and employment outcomes. Respondents who are White, cisgender and straight were no more likely than their peers to report at least some post-secondary education or to have completed a postsecondary education. In fact, young people of color who are straight and cisgender reported completing post-secondary at *higher* levels than their peers who are White, cisgender and straight. Only young people of color who are LGBTQ were less likely than the comparison group to have earned their high school diploma or GED. We did not find significant differences in rates of disconnection from both school and work.

Physical and Mental Health

Health disparities were especially evident for respondents who are LGBTQ. OPPS contains questions asking young people to assess their physical and mental health on a five-tier scale (poor, fair, good, very good, excellent). Young people who are LGBTQ were less likely to report at least good physical and mental health compared to their peers who are White, straight, and cisgender. Mental health is the measure where we found the largest gaps between respondents who are LGBTQ (White, non-Hispanic and young people of color) and their peers (White, straight, and cisgender). For example, the percentage of youth who are White and straight and cisgender who rated their mental health as at least good was approximately 20-percentage points higher than youth who are White and LGBTQ.

Young Parents

Young people who are LGBTQ (both White and of color) were not more likely than their peers who are White, straight, and cisgender to report having one or more children.

Social Capital

Youth who are LGBTQ (both White and of color) and straight and cisgender young people of color reported having at least one adult to help them achieve life goals at lower rates than their peers who are White, straight, and cisgender. However, all groups reported recently providing support to adults at similar rates. Young people of color from both SOGI samples were less likely than the comparison group to report having a peer who they can rely on to help them with their life goals. Also, young people of color who are LGBTQ were less likely to report having recently been asked for help from a peer and providing it.

Financial Capability

The Jim Casey Initiative's findings show that race/ethnicity is more closely linked to financial capability outcomes than SOGI. Young people of color from both SOGI samples were less likely than their peers who are White, straight, and cisgender to have a bank account or any savings. They were also less likely to report that they were able to cover their expenses in the month before they completed the survey. We also found that young people of color who are LGBTQ were more likely to owe money, although it is unclear whether this is typically good debt (e.g., school loan) or bad debt (e.g., overdraft fees).

Asset Purchasing

Young people of color who are LGBTQ reported lower rates of purchasing assets than the comparison group (particularly vehicles). No other differences were statistically significant.

Differences among Youth who are LGBTQ

The analysis tested the statistical significance of outcomes among youth who are LGBTQ based on their race/ethnicity. Financial capability is

the only outcome area that showed statistically significant differences in outcomes between these two groups. Young people of color who are LGBTQ were less likely than their peers who are White and LGBTQ to report having savings and being able to cover expenses in the month before the survey. Also, they were less likely to report having a peer to help them reach their life goals.

Discussion

These findings contribute to a growing body of scholarship on the experiences and outcomes of young people who are LGBTQ (e.g., The Annie E. Casey Foundation, 2016; Fisher, Poirier, & Blau, 2012; Institute of Medicine, 2011; Poirier, Mattheis, & Temkin, 2017). However, it is important to contextualize how racism and SOGI-related bias can create additional barriers for young people who experience foster care and who are LGBTQ. Racism and bias at the individual and institutional levels within Jim Casey Initiative sites, and across institutions and society (i.e., structural racism/bias), can privilege youth who are White, straight, and cisgender. At the same time, it can make young people who are LGBTQ, in particular those of color, vulnerable to prejudice, unconscious bias, and inequitable opportunities and outcomes (The Annie E. Casey Foundation, 2014). In other words, disparities are not evidence that individual youth who are LGBTQ are less healthy or lack the ability to develop positive relationships with adults and peers. Rather, these challenges sometimes associated with a young person's sexual orientation and gender identity and expression can influence behavior, outcomes, and access to supports and services, leading to disparities and inequity. These challenges can also create unique stressors that influence mental health and well-being for young people who are LGBTQ (Meyer, 2003).

Significantly, the data presented in this article provide an important tool for the Jim Casey Initiative to drive change and improve results through the Annie E. Casey Foundation's Results Count™ approach. The Jim Casey Initiative uses the Foundation's Results Count approach to help professionals in nonprofits and public systems make positive,

measurable change for children, youth, and families. The Results Count strategies aim to develop five core competencies:

1. Being results based and data driven, establishing clear goals, and using data to assess progress and change course as needed;
2. Using the self as an instrument of change to make progress toward results;
3. Bringing attention to and act on disparities, recognizing that race, class and culture impact outcomes and opportunities for vulnerable children;
4. Mastering the skills of “adaptive leadership,” which makes leaders aware of the impact of values, habits, beliefs, attitudes and behaviors associated with taking action to improve results; and
5. Collaborating with others, understanding that the capacity to build consensus and make group decisions enables leaders to align their actions and move work forward to achieve results (The Annie E. Casey Foundation, 2018a).

These competencies are critical to crafting and implementing solutions that will reduce negative outcomes among youth who are LGBTQ with a history of system involvement.

SOGI data will equip both the national Jim Casey Initiative and individual sites with important information on the demographics and outcomes of young people who are LGBTQ. For example, we now know that that participants in the Jim Casey Initiative who are LGBTQ do not have the same level of positive outcomes as their peers who are straight and cisgender in several key areas. Significantly, while not surprising given other research around youth homelessness, Opportunity Passport data help document that young people of color and youth who are LGBTQ report more challenges with accessing stable housing. Furthermore, the analyses find that youth who are LGBTQ (both White and of color) and straight and cisgender young people of color reported having at least one adult to help them achieve life goals at lower rates than their peers who are White, straight and cisgender.

Collectively, these data strengthen the Jim Casey Initiative's capacity to use the Results Count approach to improve the well-being of children and youth with a history of child welfare system involvement by promoting investigation of the root causes of disparities and informing the development of targeted strategies.

Moreover, the data also inform the Jim Casey Initiative's best practice principles and efforts addressing racial ethnic equity and inclusion (REEI), another core area of focus at the Foundation. The Foundation works to advance equitable opportunities so that all children, youth, and families will have a bright future, regardless of their skin color or community of residence (The Annie E. Casey Foundation, 2018b). The data and analysis will strengthen the Jim Casey Initiative's national and local strategies to improve policy and practice for young people of color, including those who are LGBTQ, providing a better understanding of their experiences and shedding light on strengths and challenges that will help tailor supports and services. For example, the data show that youth who are White and LGBTQ were about as likely as those who are White and straight and cisgender to report having a connection to a non-familial adult, while both young people of color from both SOGI samples were less likely to report having such a connection. This potentially suggests that race/ethnicity is more closely linked with non-familial relationships than sexual orientation and gender identity, at least among those young people in the current sample. We know too that young people of color who are LGBTQ had lower rates of purchasing assets (particularly vehicles), which may reflect the combined effects of racism and LGBTQ-related bias on the ability of these young people to purchase assets.

These findings provide powerful evidence that can inform conversations about not only what disparities exist, but how they affect youth who are LGBTQ. These data will shape planning at the Foundation and in Jim Casey Initiative sites about how values and behaviors influence results, facilitating more effective collaboration with a range of diverse community and national partners to develop goals and improve results in areas where disparities are evident. This will

include, for example, equipping professionals and young people who advocate around child welfare and other policy issues in their sites with local data where feasible (i.e., where sample sizes are large enough to ensure meaningful results that don't risk revealing individual responses).

Lastly, by including SOGI questions on future Opportunity Passport survey administrations, over time the Jim Casey Initiative will be able to examine trends as additional cohorts of young people complete the twice-annual surveys. By disaggregating results by sexual orientation, gender identity, and race/ethnicity, the Jim Casey Initiative will now have the capacity to monitor data more robustly, in particular in areas where policies and practice changes are made. Ultimately, this can support the Jim Casey Initiative in achieving its overall results and at the same time improve equity for youth who are LGBTQ. Additionally, collecting longitudinal SOGI data will provide some insights into how sexual orientation and gender evolve with age, since the Jim Casey Initiative is able to track individual youth responses across survey administrations.

Limitations

The Opportunity Passport is a voluntary program available in 17 states, so these findings cannot be generalized to the broader population of youth who are transition-aged and have experienced foster care. This analysis also does not control for potential differences at the Opportunity Passport site level. Differences in program implementation across the 17 lead agencies in the states may affect outcomes and large variation across the 17 states in the numbers of OPPS participants further complicate our ability to understand the findings (e.g., Michigan young people reflect 24% of the entire OPPS sample). Moreover, regional differences (e.g., whether a site is urban or rural) may determine the number and quality of services available to young people, which may also affect their outcomes. Opportunity Passport sites are also diverse in terms of participant demographics. This analysis does not control for

age, gender, or the differences among the racial/ethnic groups represented in young people of color in our sample.

Conclusion

This article presents an analysis of data on young people who are LGBTQ and involved with the Jim Casey Initiative's Opportunity Passport, which since 2003 has administered a twice-annual survey of participating youth. In January 2017, the Jim Casey Initiative added items to this longitudinal survey to collect information on the sexual orientation and gender identity of participants. This article presents key data on the 426 young people (17% of the April 2017 sample) who we identify as LGBTQ. We found disparities between respondents who are LGBTQ, particularly those of color, and their peers who are straight and cisgender in several key areas, including permanency, housing stability, financial capability, asset purchasing, social capital, and health. Significantly, the findings add to a growing body of evidence about the experiences of young people who are LGBTQ and involved in child welfare systems, integrating a critical focus on youth of color. In addition to illuminating outcomes of youth who are LGBTQ and adding to the field's understanding of this population, the Jim Casey Initiative now has a better understanding of the unique outcomes of youth who are LGBTQ, in particular those of color. The Jim Casey Initiative will use these data to advocate for improved policy and practice for youth are LGBTQ with a history of child welfare system involvement. As importantly, the Jim Casey Initiative now has the capacity to make this population more visible in the strategies that it implements to foster more equitable results at the national level and within the 17 sites where it operates. Furthermore, the data and experience shared in this article can inform efforts of youth-serving programs, initiatives, and systems interested in collecting and using SOGI data to drive positive change and improve equity for all young people.

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Creating Safer Spaces for Youth who are LGBTQ in Broward County, Florida: Collecting SOGIE Data for Life-Coaching Services

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An obstacle to providing services for youth who are LGBTQ is creating a safe space for disclosure of sexual orientation and gender identity. Here, we describe the Children's Services Council of Broward County's effort to col-

lect SOGIE data from youth in its Transition to Independent Living programs. At program entry, approximately 18% of youth ($n = 113$) identified as LGBTQ. Six months later, approximately 7% of youth ($n = 19$) showed fluidity in their SOGIE. Recommendations for community-relevant survey implementation with young people and LGBTQ advocacy will be discussed.

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Youth in child welfare systems who are LGBTQ face numerous societal and systemic challenges that can create obstacles for their positive development and transition into adulthood. A significant issue for youth and service providers concerns the safe and respectful disclosure of sexual orientation and gender identity. This article discusses the creation and implementation of a sexual orientation, gender identity and expression (SOGIE) survey. The survey was designed to better see and serve youth in “transition to independent living” (TIL) life-coaching programs funded by the Children’s Services Council of Broward County (CSC-Broward) in Broward County, Florida. In so doing, we found that close to one fifth of TIL youth were LGBTQ. Asking questions about youths’ SOGIE can help shape their case management so that their needs are met. The process of engaging community partners to use our survey tool has also provided some important lessons about interagency communication and advancing equity goals for youth. Specifically, in this article we discuss how system supports across agencies and organizations can support youths’ disclosure and improve their safety and connectedness in the community.

Background

Experiences of Youth who are LGBTQ in Child Welfare Systems

Recent studies have found that the number of youth in foster care who are LGBTQ may be close to double the rate of individuals who are LGBTQ in the general population (Wilson et al., 2014). While all children in foster care face considerable trauma and stress, LGBTQ youth encounter an added layer of societal heterosexism and trans bias along with family rejection and norms in child welfare systems that diminish their self-worth (e.g., a lack of supportive adults, denial of privileges afforded to heterosexual youth, physical and psychological hostility from heterosexual peers and adults). Not surprisingly, then, youth in foster care who are LGBTQ are at risk for behavioral

health difficulties, contact with the criminal justice system, and other experiences of victimization (Child Welfare Information Gateway, 2013; Grant, Mottet, & Tanis, 2011). It is particularly important that the systems in place to protect children also take into consideration the unique needs of young people who are LGBTQ when tailoring their case management plans. A significant challenge to providing these services, however, involves the disclosure of youths' sexual orientation and gender identity, which requires a thoughtful, respectful, and safe data collection protocol (Temkin et al., 2017; Wilber, 2013).

Critically, disclosure of sexual orientation and gender identity renders young people who are LGBTQ visible to child welfare services. Ideally, this should result in case management that reflects their rights, as children involved in the child welfare system, to receive various medical, emotional, behavioral, and educational services and treatment, and to live in a safe environment free from physical and psychological harm (e.g., Florida Statute 39.4085, Massachusetts Foster Children's Bill of Rights, California Welfare and Institutions Codes 361.2, 362.05, 16001.9). Despite this intention, evidence suggests that young people who are LGBTQ remain invisible in many child welfare systems across the United States, by sometimes informal yet ultimately systemic means of denying their authentic selves.

In a recent study, McCormick and colleagues (2016, 2017) interviewed alumni of the foster care system who are LGBTQ to evaluate factors that influenced their experience while in care. Negative experiences were often linked to reports of social isolation, verbal and physical harassment, bullying by peers and staff/caretakers, "double standards" by which heterosexual peers were permitted friendships and romantic relationships but youth who are LGBTQ were not, and feelings of shame. Additionally, in this study youth who are LGBTQ reported that their SOGIE was often used as justification for hostility directed toward them by their peers and by adults working in the system. In contrast, youth who had positive perceptions of their time in the system acknowledged the willingness of their foster parents to discuss the youth's sexual orientation and gender identity. As a result,

youth felt more confident connecting with other individuals involved in their lives (e.g., caseworkers, attorneys, teachers). These foster families were also more encouraging of social relationships with peers and romantic partnerships, thus mitigating youths' feelings of isolation and disconnectedness.

Offering youth an opportunity to talk about their SOGIE can open up a dialogue about their specific experiences and needs and can be an avenue for building trust between service providers and youth. It also provides a platform for all youth to feel comfortable bringing up issues of sexuality and gender identity. For example, some findings suggest that youth may experiment with and explore different sexual orientations and labels (e.g., heterosexual to gay, bisexual to heterosexual, gay to pansexual) as they learn more about themselves throughout adolescence (Russell, Clarke, & Clary, 2009; Savin-Williams & Reem, 2007). Moreover, collecting SOGIE data strengthens systems of care because providers can better assess and rectify disparities and gaps in services (Baker & Hughes, 2016; Annie E. Casey Foundation, 2016). Given the potential for positive impact, the Broward County Children's Strategic Plan's LGBTQ Task Force Committee, in partnership with the CSC-Broward, initiated SOGIE data collection in its TIL programs via a survey tool designed to capture youths' self-identification of their sexual orientation and gender identity.

CSC-Broward's Life-Coaching Model and Survey Purpose

The CSC-Broward is an independent taxing authority that provides funding to organizations that serve children and families throughout the Broward County, Florida. The dedicated revenue for funding is a property tax assessed on residential and commercial property in the county. The average annual budget for the most recent three fiscal years has been approximately \$74,000,000. Funding is administered through multi-year grants to community service providers procured through CSC-Broward's requests for proposals. Funded program areas

are determined by community indicators of need such as transition to independent living for youth with involvement in child welfare or juvenile justice systems, as well as displaced youth who are LGBTQ. CSC-Broward staff provide technical assistance and program evaluation to ensure that providers are implementing critical programmatic and fiscal requirements.

The CSC-Broward also acts as the “backbone organization” for the Children’s Strategic Plan, a network of nearly 50 committees which advocates for policies that benefit children and families. The plan provides a structure for collaboration, program quality improvement, and data sharing between service providers and community partners. Because CSC-Broward is a community leader for creating positive change for youth and their families, it has a special role in implementing innovative, socially impactful projects recommended by the Plan’s committees with a high degree of “buy-in” from service providers and other stakeholders (Turner, Merchant, Kania, & Martin, 2012).

In 2015, the LGBTQ Task Force, one of the Plan’s committees, identified the need to improve identification of youth in foster care in the county who are LGBTQ. The LGBTQ Task Force consists of members from the privatized child welfare service provider, the agency completing child welfare investigations, funders like CSC-Broward, Broward County Public Schools, and community-based agencies that deliver TIL services and housing supports to youth. CSC-Broward’s TIL programs were targeted for data collection because they specifically provide life-coaching and case management services to youth who have had involvement with the child welfare system, or who have been in non-adjudicated relative or non-relative care, and/or are aging out of foster care. The most recent iteration of the program also includes life coaching for youth with involvement in the juvenile justice system, and for youth who are LGBTQ in Broward County.

Significantly, TIL programs provide a number of supportive services to address young people’s individual needs and help remove barriers to positive development. Caseworkers act as coaches and youth advocates, connecting youth and their families to resources and activities in

the community. Programs must also implement a life-skills curriculum including daily living skills, financial management, health and self-care, career counseling, and educational supports. TIL programming is based on the “Transition to Independence Process Model” (TIP Model) which is an evidence-based framework for guiding youth through developmental processes that help them succeed in many domains such as employment and career, education, living/housing situations, personal efficacy and well-being, and engagement with the community (Clark & Hart, 2009). Life coaches and therapists are formally trained in the TIP Model to ensure that the program elements are implemented with fidelity.

Because the life-coaching model involves closer one-on-one relationships between life coaches and youth, case management can focus on youths’ individualized needs. Self-disclosure for young people who are LGBTQ can allow life coaches to more directly address the specialized concerns that they may have. These topics may include, for example, addressing past trauma and negative family experiences; creating supportive relationships in the community; and accessing housing, career, and educational resources.

Here we describe the design and implementation of a SOGIE survey for young people aged 15 to 26 years old who are enrolled in these programs. Our intention was to provide a standardized protocol for our programs to ask youth about their SOGIE. In so doing, we would gain insight into a facet of youths’ identities that can influence their successful transition into adulthood. Indeed, our primary goal was to understand who is being served and how we can improve their experiences within our programs. More targeted case management may come in the form of specialized referrals within our network of partners. For example, if a young person who is LGBTQ wanted to participate in group support or therapeutic activities specific to their sexual orientation or gender identity, a provider may recommend them to an agency with a LGBTQ focus. We were also interested in examining if youths’ SOGIE were static or dynamic over time under the premise that youth who experiment with different identities and labels may also require tailored case management as their needs change.

Methods

The development of our survey was a grassroots response to a community need. Item construction was based on evidence-based practices and recommendations in the literature. As described in this section, development of survey items came through discussions with both LGBTQ and heterosexual youth and service providers. The resulting survey tool contained six items (See Appendix 1 for the most recent version of the survey) to gain a multidimensional understanding of youth SOGIE.

Participants

County Profile

Broward County, located in southeast Florida, is the second most populous county in the state, with approximately 1,900,000 residents. In 2015, Broward became a minority-majority county with a racial/ethnic profile consisting of 41% non-Hispanic White, 27% non-Hispanic Black or African American, 26% Hispanic or Latino of any race, 3% Asian, 1% other race, and 2% two or more races (Broward by The Numbers, 2016b). The largest non-Hispanic ethnic group is Caribbean/West-Indian (Broward by The Numbers, 2016a). Broward's median income is approximately \$51,000. Approximately 14% of the general population live in poverty, and 20% of children aged birth to 17 years live in poverty (Small Area Income & Poverty Estimates, 2015). 61% percent of children are eligible for free and reduced school lunches (see <http://www.city-data.com/food/food-Broward-Florida.html>).

Service Providers

Five service providers who received funding for CSC-Broward's TIL programs participated at the inception of the survey implementation in 2015. Three additional programs were added in the fall of 2016. Service providers are located in Broward County, Florida, and offer one-on-one, in-person life-coaching, case management, therapeutic services,

and a curriculum of group activities that focus on life-skills training. Programs have between four and 12 staff members ($M = 6.6$ staff per agency). Based on reports from service provider management, the provider staff of the eight sites were 75% self-reported female and 25% male. There was no option to select cisgender or transgender. They were racially and ethnically diverse, with 66% reporting as Black or African-American, 27% White, 2% Asian, and 2% biracial. Staff reported their ethnicity/ethnic heritage as 38% West Indian, 25% Non-Hispanic, 17% African-American, 15% Hispanic, 4% American, and 4% South African heritage.

Youth

Six-hundred and twenty-one young people (ages 15–26 years; mean age = 17.8 years) who were participants in CSC-Broward's TIL programs contributed survey responses. The group was predominantly youth of color with 72% Black, 19% White, 7% two or more races 0.2% Asian, 0.3% American Indian/Alaska Native, and 0.3% Native Hawaiian/Other Pacific Islander. Approximately 14% identified as Hispanic or Latino, and 83% were non-Hispanic or Latino. Eighty-three percent of youth had a household income of \$9,999 or less while another ten percent had a household income between \$10,000 and \$29,999.

Survey Design

To measure youths' SOGIE, we adapted Cipolla-Stickles' *Sexual Orientation Gender Identity and Expression Questionnaire* (2014), originally administered to 10 to 21 year olds, for older youth aged 15–21 years of age. Alameda County Department of Children and Family Services in California used this tool to gather SOGIE information on youth in its child welfare system (Cipolla-Stickles, 2014). The tool includes age-appropriate descriptive material for youth to understand what SOGIE

is and the implications for service delivery. The implementation of the tool followed a PDSA (Plan, Do, Study, Act) model in which process improvements or interventions were introduced into the system, effects were evaluated, and then further revisions were made and the cycle of analysis continued (Speroff & O'Connor, 2004). One of its strengths is that it probes multiple aspects of SOGIE including questions about present gender identity, sex at birth, expression of gender through clothing choices, dating/sexual attraction, and sexual orientation.

Following Cipolla-Stickles, we included six questions meant to unpack each element in the SOGIE profile. The first question asked about the youth's current gender identity. The second asked about the youth's sex assigned at birth. The third and fourth questions probed gender expression through preferred mode of dress and preferences for personal pronouns. The fifth and sixth items asked about dating and attraction and sexual orientation. The survey also contains a brief description about SOGIE and why the survey is administered repeatedly in each performance measures collection cycle.

Youth who were LGBTQ and youth who were heterosexual from a subset of the TIL programs reviewed the wording of the questions and response options for relevance and age-appropriateness. Group discussions with youth, led by provider staff and by research staff from CSC-Broward, were critical for establishing how to talk with youth in a way that respected their voices and the issues that were important to them. An LGBTQ-specific youth group reviewed an initial draft of the survey with their group leader in an informal discussion and provided feedback on the response options to the questions. The number of youth attending this session was not recorded.

At a second TIL program, nine youth (eight female, one male; age range: 18 to 21 years, mean age = 19 years) evaluated two different drafts of the survey. One contained language referring to younger youth (boy, girl), and one referred to age-neutral sex and gender (male, female). Youth then completed a short survey to ask about their overall

impressions of the survey, the clarity of the instructions, their comfort in answering the questions, and age-appropriateness of the wording of the items. Responses were on scales from 1 to 5, with 1 being not at all the factor in question, 3 being neutral, and 5 being very much the factor (e.g., not at all appropriate, neither appropriate nor inappropriate, and very appropriate). All nine youth rated all items in the positive poles of the scales. That is, all youth had overall positive impressions of the surveys, found the instructions clear, were comfortable answering questions, and found the surveys to be age appropriate. There was an additional Yes/No question that asked if the youth understood all of the words or terms in the survey. Only one young person selected No and indicated that he or she did not understand the item about pronouns. Such feedback led us to include examples of pronouns (he, she, they, etc.) in the final draft administered to all youth. Additionally, although no comment was issued about the age appropriateness of the items, we erred on the side of neutrality by using male and female instead of boy and girl.

Additionally, in preparation for the survey rollout, a facilitator from an LGBTQ advocacy organization led a training session for provider staff (as part of a regularly occurring provider meeting) about how to effectively talk to youth about their SOGIE. Providers shared frontline advice about talking to youth about their sexuality. The training session also reinforced the notion that SOGIE is an integral part of all youth experience that service providers can support through various program components.

Survey Administration

The initial survey was rolled out to five TIL programs in October 2015. Providers were asked to collect SOGIE data from all youth upon program entry and then every six months thereafter, along with contractually mandated program performance measures covering pregnancies, law violations, educational and job status, and housing stability.

Youth who were already enrolled in TIL programs completed their first SOGIE survey at their next scheduled data collection session and then followed the same 6-month collection schedule. The survey schedule formalized the mode and timing of SOGIE data collection for all TIL programs, and obtaining it on a regular repeating cycle would provide a window into potential fluidity in youths' SOGIE (Mock & Eibach, 2011; Savin-Williams & Ream, 2007).

Upon entry into the TIL programs, providers obtained informed consent prior to collecting any data. For youth under 18 years old, providers obtained consent from their assigned child advocate or by a parent/legal guardian. Youth over 18 years of age provided their own consent. Youth could refuse to answer questions or surveys at any time. Youth also completed a set of forms meant to inform their care plan, which included a biopsychosocial assessment, a life skills assessment, a safety plan, and behavioral health assessments. The SOGIE survey was completed by the youth themselves, or with provider staff who would continue to act as the youth's life coach. Staff support varied, with some reading the questions out loud, and others making themselves available for questions if youth needed clarification.

After a process review in the summer of 2016, a revision to the survey was released in October 2016 and is presently used in TIL programs (see Appendix 1). In the first iteration of the survey, binary categories male and female were used to account for gender and sex. A third option "somewhere in-between" was used for youth who wished to define themselves more expansively. Crossing current gender identity and assigned sex at birth gave an indirect inference of cisgender and transgender youth. In the revised survey, we removed this ambiguity by including male, female, transmale, transfemale, and "another way" response options for gender identity. Additionally, we added pansexual to the response options for sexual orientation. Finally, we added some administrative fields to capture time points in the survey cycle, and whether or not staff helped the client complete the survey.

Data Analysis

Following survey completion, provider staff then entered responses into a proprietary secure database which also houses demographic information, performance data, and billing. To improve confidentiality, responses were coded such that each response was linked to a number option that providers would select when transcribing the survey responses into the database (e.g., “Straight” = 6.6). Data quality checks for data entry error are performed annually during which a subset of the hard copy surveys from each agency’s charts are checked against data entry into the database.

Responses were aggregated across agencies to yield frequency data for each survey item at program entry and the subsequent six-month data collection point for those youth who had been in the program long enough to participate.

Results

The data is reported in two phases for one cohort of youth, at program entry ($n = 696$) and at six months ($n = 299$) into the program. At program entry, 20 youth did not respond to the survey for known reasons (e.g., declined to respond, ran away, moved away, transferred programs etc.). Another 55 youth were missing data at program entry for unknown reasons. Hence, the overall response rate was 89% ($n = 621$). Of the youth who provided program entry responses, 299 youth (48%) were in their TIL programs long enough to participate in the follow-up survey at six months.

SOGIE Data Collection at Program Intake

Gender Identity and Assigned Sex at Birth

Thirty-seven percent of our sample identified as cisgender male and 58% identified as cisgender female at program intake. Approximately 3.5% of youth either directly indicated they were transgender on

the current version of SOGIE survey or were inferred to be transgender because of a difference between sex assigned at birth and their currently identified gender (respondents to the first iteration of survey). Another 1.4% of youth responded that they identified “another way” or “somewhere in-between” when asked about their gender.

Examining these data by race for the largest three categories of participants, 58% and 40% of African-American youth identified as cisgender female and male, respectively, 1.8% identified as transgender, and 0.2% “another way.” For White youth, 54% and 30% identified as cisfemale and cismale respectively, whereas 11% identified as transgender, and 5.8% identified “another way”. Finally, for multiracial youth, 68% and 32% identified as cisfemale and cismale, respectively, 2.4% identified as transgender, and 2.4% identified “another way.”

Expression in Clothing and Personal Pronouns

Females identifying as cisgender or transgender tended to be more flexible in their choice of dress. For example, 65% of cisgender females reported feeling most comfortable in “feminine” clothing, while 33% felt comfortable in clothing meant for females or males (see Table 1). Females identifying as transgender were also flexible, with 50% preferring “feminine” clothing, 25% preferring male clothes, and another 25% reporting preferences for clothes of either male or female genders. Males identifying as cisgender or transgender selected “masculine” dress at a higher rate than the other available options (96% and 86%, respectively).

In terms of preferences for specific pronouns, 84% of youth identifying as transgender preferred a specific pronoun to refer to their gender identity. Youth identifying as cisgender also reported a desired name or pronoun with 53% of cisgender males (e.g., “he”) and 37% of cisgender females indicating that they preferred specific pronouns to refer to their gender (e.g., “she”).

Table 1. Distribution of Youths’ Responses about Clothing/ Expression by Gender

Gender	How do you feel most comfortable dressing?		
	Masculine clothing (n = 247)	Feminine clothing (n = 238)	Clothing for both genders/comfort (n = 134)
Cis-female (n = 356)	2%	65%	33%
Cis-male (n = 232)	96%	1%	3%
Transfemale (n = 8)	25%	50%	25%
Transmale (n = 14)	86%	7%	7%
Another way (n = 9)	44%	0%	56%

Sexual Attraction

Among youth identifying as cisgender, 91% of males reported attraction to females, and 75% of females reported attraction to males (see Table 2). Four percent of males and 5% of females reported same sex attraction. Fourteen percent of females, and only 3% of males, reported being attracted to both males and females. Among youth identifying as either transgender or “another way,” 63% of transfemales reported attraction to males, 13% attraction to both males and females, and 25% to “other” identities. Half of youth identifying as transmale reported attraction to females, 7% each to males and males and females, and 36% to “other” identities. Of those identifying as “another way,” 33% reported attraction to females, 11% to males, 22% to both males and females, and 33% to “other” identities.

Breaking responses down by race for the three largest groups reveals slightly different patterns. Among African American youth identifying as cisgender, 93% of males and 80% of females reported attraction to the opposite sex. Approximately 3% of females and 3% of males reported same-sex attraction. Two percent of males and 9% of females reported attraction to both sexes. Among African American youth identifying as transgender, 60% of transfemales reported attraction to males, and 40%

Table 2. Youths’ Responses about Sexual Attraction

Gender	Who are you typically sexually attracted to or would like to date?				
	Date females (n = 238)	Date males (n = 284)	Date males & females (n = 59)	Date no one (n = 25)	Date other (n = 14)
Cis-female (n = 357)	5%	75%	14%	6%	1%
Cis-male (n = 232)	91%	4%	3%	2%	0%
Transfemale (n = 8)	0%	63%	13%	0%	25%
Transmale (n = 14)	50%	7%	7%	0%	36%
Another way (n = 9)	33%	11%	22%	0%	33%

to Other. All transmales reported attraction to females. Among White cisgender youth, 86% of males and 57% of females reported opposite-sex attraction, 7% of males and 6% of females reported same-sex attraction, and 31% of females and 3% of males reported attraction to both sexes. Among White transgender youth, 40% of transmales reported attraction to females, 10% to males, 10% to both sexes, and 40% to those identified as “Other.” Sixty-six percent of transfemales reported attraction to males, and 33% to both sexes. Among White youth identifying “another way,” 42% reported attraction to females, 29% to both sexes, and 29% to those identified as “other.” Finally, among multiracial cisgender youth, 85% of males and 69% of females reported opposite sex attraction, 9% of males and 8% percent of females reported same-sex attraction, and 9% of males and 19% of females reported attraction to both sexes.

Sexual Orientation

Approximately 18% of youth identified as LGBQ (including queer, questioning, pansexual, or another category the youth could list himself

or herself) and 82% identified as heterosexual. This includes youth who participated in a specific LGBTQ TIL program ($n = 29$). Excluding this program, approximately 15% of youth identified as LGBQ and 85% identify as heterosexual. Examining sexual orientation by race, responses show that 12% of African American youth, 40% of white youth, and 24% of multiracial youth indicated that they were LGBQ.

SOGIE After Six Months of Program Participation

We found some evidence of SOGIE fluidity. Six youth selected different genders from intake to 6 months (2%). Four of these youth maintained their sexual orientation between intake and 6 months. Seventeen youth, inclusive of those selecting different genders, reported different dating and attractions responses (6%). Nineteen youth reported shifts in sexual orientation with 42% identifying themselves as “straight” (i.e., heterosexual) at intake and then LGBQ at six months, 21% reporting LGBQ at intake and then heterosexual at six months, and 36% shifting between LGBQ categories.

Discussion

Collecting data about sexual orientation, gender identity and expression can and should be part of a larger conversation with young people who are LGBTQ about the direction of their case management and transition to independent living. We have shown that surveying all youth in a transition-to-independent living/life-coaching program is a low-cost, high-yield data collection opportunity that can allow staff to open up a valuable dialog about sexuality with youth identifying as either LGBTQ or heterosexual. In addition, data can be used for service planning and advocacy, empowering youth and those who work with them to secure a variety of resources to enhance their quality of life.

So far, we have found that there are a relatively high number of young people who are LGBTQ in our TIL programs compared to the general population. This aligns with other research that has

shown that youth who are LGBTQ are over-represented in the child welfare system. We also found that some youth are fluid in their SOGIE and measuring over multiple time points was valuable for tracking changes. There may be numerous reasons for this response pattern. For example, it is possible that we were reaching youth in a stage of development where exploration and experimentation is part of many aspects of their self-discovery (Morgan, 2013). It may also be that taking time to become familiar with their case managers and the program's affirmation of sexual diversity (e.g., with culturally competent staff, in a space with publicly observable messages and symbols of support) creates a more trusting comfortable atmosphere for disclosure of private information (Harrison, 2003; Magee & Spangaro, 2017).

By surveying all TIL program participants, we also may be driving social change among our youth. By encouraging youth who are heterosexual and cisgender to reflect on their SOGIE, they may come to realize that they, like everyone else, have a sexual orientation and gender identity and that makes them who they are. This has the potential to diminish heterosexual privilege and trans bias, and to increase understanding about SOGIE diversity. Reducing bias can also help unify youth within the program so they can support each other throughout the process of navigating independent living. The possibility that we can change youths' perceptions of sexual/gender identity and equity should be investigated further.

How might our experience at CSC-Broward help other child welfare providers engage with youth around SOGIE issues? First, youth have to feel safe in their larger communities to feel safe in disclosing their SOGIE. In Broward County, there are community factors that influenced the ease with which we implemented this survey. Broward County cities like Wilton Manors and the county public schools are unified in their mission to create a welcoming environment for young people who are LGBTQ and advancing LGBTQ issues across systems. For example, the Broward County School Board strongly and publicly supports youth who are LGBTQ through policy and advocacy and has

a program in place to support educators in addressing the needs of youth people who are LGBTQ and their families (Broward Prevention, n.d.). The Broward Children's Strategic Plan also has a task force for partners serving young people who are LGBTQ from a variety of arenas that meets monthly to share work, best practices, and innovation in programming. Agencies with TIL programs are required to send representation to the task force meetings. Creating a community of caring fosters goodwill across systems that positively impacts youth. Broward County is also home to vocal LGBTQ service and advocacy agencies that work to educate the public about LGBTQ rights and issues. Their youth services are a safe space for young people and they provide expertise to CSC-Broward's funded programs. Systemically, agencies that want to collect SOGIE information from their youth must also ensure that the local environment is working to reduce bias and discrimination so that youth know that disclosing will not put them at risk.

A second significant factor is that CSC-Broward is, in addition to being a backbone funding organization for county-wide youth and family initiatives, a local leader in advocacy and provides trainings and opportunities for communication between county agencies. Additionally, staff at CSC-Broward interact with provider staff to provide a high level of technical assistance on all levels of programmatic implementation (e.g., case management, therapeutic services, fiscal commitments, collecting outcomes data for annual program evaluation). Being a productive community partner creates an environment in which everyone shares in young people's successes. Provider engagement is a natural consequence of this overall positive relationship. As such, it was easy to open up conversations with providers about why SOGIE data collection would be a helpful addition to their programming. Engagement was also reinforced through meetings in which all TIL providers gathered to share their experiences working with youth who are LGBTQ. Any staff hesitation was addressed through discussion and education provided by a trainer who specializes in LGBTQ advocacy. Ultimately, an agency interested in moving forward with a SOGIE data collection initiative would be served best by creating positive personal relationships

with those who will be doing the work and providing a solid case for its utility and benefit in the daily work provider staff do to serve youth.

Importantly, our TIL programs are focused on creating personal one-on-one connections with youth. Because frank exchanges about trauma, behavioral health, and housing, education, and employment take place in the context of supporting individual development, youth already have a listening ear for other aspects of their personal life that are important for their identity. Will SOGIE disclosure in less personalized, more “administrative” clinical programs result in the same level of participation? It is hard to predict from current data but if patterns of support and acceptance for people who are LGBTQ are already present in the local community, then it is possible that SOGIE disclosure may be sustainable. If the local community is more hostile, then it seems reasonable that disclosure in a purely administrative setting would be perceived more negatively.

Agencies that are interested in collecting SOGIE data may also find it helpful to tailor survey items to language used in their own communities. We recommend a dynamic and direct approach to survey development. We used focus groups of both youth and provider staff to write our questions and response options. We also revised our survey after finding that asking direct questions would be more reliable than inferring youths’ gender from multiple survey items. Although it may be easier to administer a static document, especially if conducting pure empirical research, from the standpoint of service delivery it is useful to make changes when youth no longer see survey items as relevant. Insofar as this can ensure a sense of familiarity and comfort for youth responding to the survey items, it is also important to find resource tools and extant surveys that have helped others gain reliable and valid insight into their clients’ SOGIE. We used Cipolla-Stickles’ (2014) youth survey as a basis for our item list. Many of the constructs tapped in her survey have been cited more recently as being significant for collecting SOGIE information from youth (Tempkin et al., 2017). The aim is to balance the use of measures that have been tested and shown to be effective in obtaining high-quality data, while adapting

language for the community to enhance meaningful communication with the youth being served.

Lastly, in terms of data housing, the CSC-Broward has a proprietary database that allows for flexibility in data archiving. In this system, demographic and other participant-level descriptive data modules have “hard coded” fields that do not change over time. There is also a more flexible “performance measures” module in which fields can be added without a system-wide overhaul. CSC-Broward’s flexible data system was integral to this data collection effort. Other communities may need similar flexibility in their data systems. This is particularly important if data are to be collected and recorded over multiple time periods, and if the expectation is that a variable may change over time. This may also be critical for larger government or provider/agency systems where data system and organizational changes may need to be vetted by all users and thus are more difficult to implement.

Limitations

Considering limitations of our data collection can yield some interesting directions for future process improvements and research. For example, we cannot comment on youth who do not respond to our SOGIE survey because providers do not systematically record who has declined to complete the survey. This could yield potentially important information about factors that may impede other aspects of their life-coaching plan. It may also reveal patterns in the providers’ abilities to engage youth in programming. These data could be used productively to change service delivery for both individual youth and for the program as a whole.

Second, some aspects of data collection quality, such entry of SOGIE data into the centralized database, are monitored by CSC-Broward staff on a quarterly basis. Annually, CSC-Broward staff do a chart review of a sample of hard-copy surveys against database entry as part of a programmatic monitoring. However, the manner in which the survey is administered by specific provider staff is not reviewed by CSC-Broward staff. It is possible that some providers create different

levels of comfort for youth to respond to the survey. We might see this as a difference in response rate between providers, or as a difference in response between time points. Additionally, it is not possible to evaluate how new staff at provider agencies are trained to administer the SOGIE survey. This may be rectified by hosting booster training sessions throughout the program year. Some of these issues could influence the quality of youth response over time.

Furthermore, the development of our survey was a grassroots response to a community need. Item construction was based on evidence-based practices and recommendations in the literature. Revisions were made as a result of provider and youth suggestions. A recent Child Trends report (Temkin, et al., 2017) outlines an extensive cognitive interview method to examine youth comprehension of items on their “SOGI” survey. This allowed the researchers to clarify perceptions of survey question so that there was confidence that the items were validly measuring what the researchers were aiming to capture. We can only say that we informally did this during piloting and during our ongoing conversations with providers. In the future, it would be prudent to conduct a more formal assessment of youths’ processing of terms used in our SOGIE survey. If there is a mismatch between what was intended by the item and what youth understand the item to mean, then the data yielded from that item may need to be discarded and the wording changed to more accurately capture the youth voice.

Finally, our data collection method has been fruitful for better “seeing” our young people who are LGBTQ but we cannot yet answer questions about the long-term impact of youth disclosure on their progress in their respective programs, reducing negative outcomes (e.g., involvement with the juvenile justice system) and increasing positive outcomes (e.g., maintaining stable housing, school success), nor about their wellbeing after they leave. More sophisticated latent statistical methods are needed to examine how youths’ SOGIE directed their service planning and influenced such outcomes. One fascinating possibility is to use predictive analytics to model how SOGIE disclosure impacted pathways for youth participating in our programs.

Such a model could then be used to help providers to formally select statistically robust treatment paths with known positive outcomes.

Conclusion

Here we have shown that by collecting SOGIE information in our TIL programs, we have discovered that a sizable proportion of our participants are LGBTQ. We have also demonstrated that using a standard tool across providers can facilitate the use of a uniform vocabulary to talk about youths' SOGIE, and can also provide a more nuanced multifaceted profile of SOGIE that may change over time. It will be important to further investigate intersections of race and SOGIE and to look at relationships between each of the SOGIE elements (e.g., Dias & Kosciw, 2009; O'Donnell, Meyer, & Schwartz, 2011). Our sample here showed varying patterns based on race (e.g., white youth had higher rates of LGBTQ identification than African American youth), but our sample had a relatively small number of white and multiracial youth. To better understand race in this context, larger samples are needed. Significantly, service providers in the child welfare arena are uniquely positioned to advocate for youth who otherwise may get lost in system. Asking about SOGIE is a significant step towards improving experiences of young people who are LGBTQ at various points during their time in the system and in transitioning into adulthood. Working with youth and providers to collect SOGIE data make it a visible and serviceable part of the life-coaching approach. In this way, the needs of youth who are LGBTQ can be addressed earlier and more deliberately in their intake process. It also highlights the power of a supportive collaboration between service providers, advocacy groups, and funders to move forward initiatives to empower youth involved with child welfare systems and create safer spaces in which young people may develop to their full potential.

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Appendix 1



Confidential SOGIE Questionnaire

Youth Name: _____ Date Completed: _____

Admin Point (circle): Program Entry / 6 month / 12 month / 18 month / 24 month / 30 month / 36 month

Completed by (circle): Staff / Client

What is SOGIE? SOGIE is an acronym for Sexual Orientation, Gender Identify, and Gender Expression. Everybody has one!

Why SOGIE? These are questions about how youth see themselves. We know everyone is unique, but have not always been good at talking about or identifying uniqueness. This survey is one way to learn how to best support you.

We ask about SOGIE during every outcome meeting because sometimes SOGIEs change over time.

Questions (please check all that apply)

- | | |
|--|---|
| <p>1) Do you identify as female, male, transfemale, transmale, or another way?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Female (1.1) <input type="checkbox"/> Male (1.2) <input type="checkbox"/> Transfemale (1.3) <input type="checkbox"/> Transmale (1.4) <input type="checkbox"/> Another way (1.5): _____ | <p>5) Who are you typically sexually attracted to or would like to date?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Females (5.1) <input type="checkbox"/> Males (5.2) <input type="checkbox"/> Males & Females (5.3) <input type="checkbox"/> Nobody (5.4) <input type="checkbox"/> Other (5.5): _____ |
| <p>2) At birth, were you assigned female or male, or <u>were you assigned a different identity (e.g., intersex)?</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Female (2.1) <input type="checkbox"/> Male (2.2) <input type="checkbox"/> A different identity (2.3) | <p>6) Are you gay, lesbian, bisexual, queer, questioning, straight, or identify in some other way?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Gay (6.1) <input type="checkbox"/> Lesbian (6.2) <input type="checkbox"/> Bisexual (6.3) <input type="checkbox"/> Queer (6.4) <input type="checkbox"/> Questioning (6.5) <input type="checkbox"/> Straight (6.6) <input type="checkbox"/> Pansexual (6.7) <input type="checkbox"/> Another category (6.8): _____ |
| <p>3) How do you feel most comfortable dressing?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Clothing typically viewed as Feminine (3.1) <input type="checkbox"/> Clothing typically viewed as Masculine (3.2) <input type="checkbox"/> Both; it depends on your mood that day (3.3) | |
| <p>4) In relation to your gender identity, do you have a preferred name and/or gender pronoun/label? (he, she, they, etc...)</p> <ul style="list-style-type: none"> <input type="checkbox"/> No (4.1) <input type="checkbox"/> Yes (4.2): _____ | |

Adapted from Cipolla-Stickles, A. (2014). SOGIE Questionnaire & SOGIE PDSA Instructions for Child Welfare Supervisors. Children & Families Division, Alameda County Social Services. The National Council on Crime & Delinquency, Oakland, CA.

Strengthening Family Connections and Support for Youth in Foster Care who Identify as LGBTQ: Findings from the PII-RISE Evaluation

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This article reports findings from a formative evaluation of the RISE Care Coordination Team (CCT) model, which integrates Wraparound and Family Finding and Engagement with LGBTQ-specific education and support strategies. Using a mixed-methods, pre-post design with 23 youth, the evaluation found that at follow-up, most youth had greater connection or re-connections with supports. The

evaluation also found that most youth were connected to an adult providing a permanent, parent-like relationship and were living with an adult who was a potential adoptive parent or legal guardian.

This article reports findings from the formative evaluation of the Care Coordination Team (CCT) model, one of two articles in this special edition that discusses the results of the Recognize, Intervene, Support, Empower (RISE) interventions implemented by the Los Angeles LGBT Center (The Center) (see Weeks et al., 2018). RISE addresses: (1) anti-gay and anti-transgender bias existing at system/organizational and individual levels; (2) barriers to permanency, including biases resulting in a overrepresentation of and longer lengths for stay for youth who identify as lesbian, gay, transgender, and questioning (LGBTQ) and in foster care compared to their non-LGBTQ peers;¹ and (3) the absence of evidence-based practices targeting heterosexism and anti-transgender bias within families and the child welfare system. CCTs provide direct services that facilitate emotional and legal connections between youth and their biological and chosen family and caretakers. The CCT evaluation assesses participants' connections with adults, perceptions and expressions of support and/or rejection of their identity, participants' experiences disclosing and discussing identity information, and integration into the LGBTQ community.

Literature Review

Youth who identify as LGBTQ, on average, face more barriers to permanency and well-being in comparison to their non-LGBTQ peers in foster care (Wilson, Cooper, Kastanis, & Nezhad, 2014). These youth are at increased risk for negative health outcomes, such as high levels of depression, substance abuse, unprotected sexual contact, and attempted suicide (Ryan, Huebner, Diaz, & Sanchez, 2009). Studies

¹ As part of RISE, the evaluation team conducted data mining, which found that children and youth with LGBTQ-specific placements had mean lengths of stays of 5.8 years. See the PII RISE Final Report. During the RISE project, the Center commissioned a prevalence study of youth who identify as LGBTQ. The study estimated that 19% of the approximately 7,400 foster youth identified as LGBTQ. See *Sexual and Gender Minority Youth in Foster Care: Assessing Disproportionality and Disparities in Los Angeles*. Los Angeles: The Williams Institute, UCLA School of Law. http://williamsinstitute.law.ucla.edu/wp-content/uploads/LAFYS_report_final-aug-2014.pdf

have found that youth who identify as LGB are 1.2 times more likely to experience physical abuse compared to youth who are heterosexual (Friedman et al., 2011). Gender expansiveness in childhood also may increase the risk of child maltreatment (Roberts, Rosario, Corliss, Koenen, & Austin, 2012). A recent national study on youth in detention found that youth who are LGBTQ youth were approximately seven times more likely to have been previously removed from their homes and placed in foster care than youth who are heterosexual. Youth who identify as transgender or gender expansive were five times more likely to have a foster care history than youth who are cisgender² or gender conforming (Irvine & Canfield 2016). Identifying as LGBTQ alone does not mean a young person will experience any negative outcomes; however, the higher proportion of youth who identify as LGBTQ and who have these experiences in comparison to youth who do not identify as LGBTQ demonstrates the importance of ensuring that you who identify as LGBTQ in vulnerable situations, such as foster care, have supports available to meet their needs.

Although youth who identify as LGBTQ enter the child welfare system for a variety of reasons, not always related to their identity, many do not find themselves any safer in foster care due to anti-gay and anti-transgender bias and/or lack of knowledge about how to serve these youth. For example, a survey of youth who identified as LGBTQ and were in foster care, living in New York City Administration for Children's Services group homes, found that 78% of youth had been removed or ran away from their foster placements because of hostility toward their sexual orientation or gender identity (Feinstein, Greenblatt, Hass, Kohn, & Rana, 2001). This study also found that of the youth who identify as LGBTQ and had lived in group homes, 70% reported experiencing physical violence and 100% had experienced verbal harassment. Furthermore, youth who identify

² "A person whose biological sex and gender identity align (e.g., a person identifies as a man and was assigned male at birth by a doctor)," p. 3, RISE Care Coordination Team Manual, <http://files.lalgbtcenter.org/pdf/rise/Los-Angeles-LGBT-Center-RISE-Care-Coordination-Services-Program-Manual.pdf>

as LGBTQ had disproportionately longer stays in care, greater placement instability, and a greater risk of mistreatment and neglect in their care setting as compared to their peers who identify as heterosexual and cisgender.

Significantly, family acceptance and support has been shown to be critical to better outcomes for youth who identify as LGBTQ. Recent research shows that families of youth who identify as LGBTQ typically become more accepting over time, even when family members had religious or cultural beliefs that rejected LGBTQ identities (Ryan et al., 2009). These watershed findings suggest that anti-gay and anti-transgender bias could be remedied given time and education, opening new possibilities for reunification and kinship placements. Informed by research findings on the significance of family acceptance and support, RISE staff developed CCT to strengthen family acceptance for youth who identify as LGBTQ and are in foster care.

The Care Coordination Team

With funding from the Children's Bureau in the U.S. Administration for Children and Families, the Permanency Innovations Initiative (PII)³ has supported the implementation and evaluation of strategies to improve outcomes for children in foster care who face the most serious barriers to permanency. In 2010, The Center secured PII funding to implement CCT and the evaluation team received funding to examine whether youth who identify as LGBTQ and gender expansive experienced four outcomes associated with the CCTs: increased connections to supportive adults, increased comfort with discussing and disclosing sexuality and gender identity information to persons of their choosing, an increased sense of belonging in the LGBTQ community, and enhanced family support and less rejection.

³ The Children's Bureau funded six grantees, a training and technical assistance provider, and an evaluation team. The content of this article reflects the views of the authors and does not officially represent the views of the Children's Bureau.

The Care Coordination Team Intervention

The CCT integrates the wraparound approach of a child and family team and the established practice, of Family Finding and Engagement, with LGBTQ-specific education and support strategies, to develop a network of supportive adults that demonstrate awareness, support, and affirmation of their youth's LGBTQ identity. There are four core team members: facilitator, youth specialist, family finder, and family advocate. The facilitator creates and implements the strengths-based plan of care, which centers on developing emotional and legal permanency for participating youth, working with youth around their identity, and working with families to help them understand LGBTQ identity and the needs of their youth. The youth specialist applies a positive development model, which is strengths-based and youth-focused and aims to educate the youth about LGBTQ identity development, expand and strengthen family connections, connect youth to other LGBTQ-identifying peers and community; and help the youth identify and achieve personal goals. The youth specialist serves as a mentor, advocate, role model, and a resource for youth who are navigating their identity, their peer and family relationships, and their future, often in the face of rejection and disapproval about who they are and without concrete support to navigate life's challenges. The family finder employs a set of family search and engagement practices to identify and build a network of supportive adults who are willing and able to commit to continued involvement with the child or youth. Family search and engagement practices include internet searches, case-file mining, and talking to family members, fictive kin, and other adults (professional and non-professional) to obtain information about potential connections. After identifying an adult, the family finder works with the family advocate to develop a plan to engage the adult, increase the frequency of contact, and strengthen the relationship between the adult and youth. The advocate works with related and non-related adults to develop strategies to reduce rejecting behaviors and increase supportive behaviors toward the youth. The six LGBTQ integration domains are used as the framework

to assess LGBTQ support; foster discussion; and observe progress of family members, caregivers, or other adults in the support network. The domains include recognition of LGBTQ identity; inclusion of the youth in family activities; allowing for developmentally appropriate self-expression; encouraging developmentally appropriate social and romantic relationships; standing up to advocating for family members in the face of LGBTQ bias; and, facilitating participation in LGBTQ inclusive communities and services.

Methods

Participants

Children or youth aged 5–17 who were served by the local child welfare system were self-identified as LGBTQ or were identified as gender nonconforming, and were either (1) a dependent of the court; (2) had dual foster care/probation status with child welfare as the lead agency; or (3) were non-minor dependents in extended foster care were eligible for CCT services. During the 27 month study, 58 youth received CCT services, 34 were eligible for the evaluation, meaning they were between 11 and 17 years old, in out-of-home care, self-identified as LGBTQ or gender expansive, and assented to data collection. Excluded participants were youth receiving in home services, youth who assented to but never started services or dropped out of CCT services after a few meetings, young adult CCT participants (older than 17), and youth who did not assent to data collection.

Twenty-three youth completed both baseline and follow-up data collection. On average, those 23 youth were 16 years old at the start of data collection and ranged in age from 13 to 17 years. Eighty-seven percent identified as cisgender (57% male, 30% female), 44% identified as gay, 30% identified as lesbian, and 17% identified as gender expansive. The majority of youth (74%) had at least one placement change and most (83%) had no more than one stay in a non-family foster home during receipt of CCT services. At follow-up, occurring after one year

of service enrollment or prior to graduation or disenrollment, 12 of the 23 youth had graduated from CCT services, 10 were still enrolled, and one was dis-enrolled, meaning services were terminated due to a lack of participation. The average length of service for graduated or dis-enrolled youth ($n = 13$) was almost one year (360 days).

CCT staff identified permanency resources (PRs), persons willing to provide a lifelong emotional connection and potentially legal permanency, for participating youth, then the evaluation team invited these adults to participate in the evaluation. Most PRs were already caring for the youth. Twenty-three PRs participated in baseline and 14 participated in some portion of follow-up data collection. Seven PRs were unavailable and two refused to participate in follow-up data collection.

Procedures and Measures

The evaluation used a mixed-methods, pre-post design. Outcomes were measured by administering the paper-and-pencil instruments listed in Table 1 and conducting two interviews. At the initiation of RISE, no instruments with documented psychometric validity were publicly available for use with youth who identify as LGBTQ and are in foster care. The evaluation team worked with CCT staff and consultants to identify and customize existing instruments designed for children and youth in foster care, and instruments designed for persons who identify as LGBTQ. Modifications including adding introductions at a reading level appropriate for young participants, revising some item responses for ease of administration to young participants, elimination of items that did not apply due to the age of participants, and modification of terms that are no longer used to describe persons who identify as LGBTQ. The team also created interview protocols to document the CCT service experience and aspects of service associated with perceived outcomes. Since most instruments were customized for CCT, wherever possible, the evaluation used multiple measures and methods (quantitative and qualitative) to assess the same outcome. This triangulation

Table 1. CCT Instruments by Outcomes

Outcome Measured	Instrument	Respondent	Administrator
Increased number of family and other supportive adult connections	Connections Map (CM)	Youth	CCT Facilitator
	Permanent Connections Inventory Youth ⁴ (PCIY)	Youth	Evaluation Data Collector
	Emotional Permanency Survey (EPS)	CCT Facilitator	Self-administered
Increased family supportive behavior & decreased family rejecting behavior	Supporting/Rejecting Perceptions Survey ⁵ (SRPS)	Youth	Evaluation Data Collector
	Supporting/Rejecting Attitudes Scale (MHI) ⁶ (SRAS)	Permanency Resource	Evaluation Data Collector

enhanced the team’s understanding of how best to assess outcomes and clarified what the instrument items actually measured.

Connection Maps (CMs) were completed immediately after assent then as needed as cases progressed. All other instruments were administered immediately after assent and at one year of services (or prior to termination/graduation). CMs documented the names of relatives, friends, and other adults available to help the youth. Youth indicated whether connections were generally supportive, providing emotional and/or physical support, and/or accepting or affirming of their LGBTQ identity. The EPI documented point in time connections youth had with adults who were either, “lifelong supportive connections,” committed to

⁴ Some of the items found in question 6 of the *Permanent Connections Inventory-youth version* were adapted from the Inventory of Supportive Figures by Hunter & Everson, 1990 found in Runyan, D., Dubowitz, H., English, D. J., Kotch, J. B., Litrownik, A., Thompson, R., & The LONGSCAN Investigator Group (2011). *Longitudinal Studies of Child Abuse and Neglect (LONGSCAN) Assessments 0-14* [Dataset]. Available from National Data Archive on Child Abuse and Neglect Web site, <http://www.ndacan.cornell.edu>

⁵ This survey was adapted from the Actual Societal Reaction (SR) and Putative Societal Reaction (PSR) and Psychological Adjustment Scales by Ross, M. W. (1985). For further information see, Actual and anticipated societal reactions to homosexuality and adjustment in two societies. *The Journal of Sex Research*, 21(1), 40-55.

⁶ The survey is based on the Multidimensional Heterosexism Inventory (MHI) developed by Walls. See Walls, N. (2008). Toward a Multidimensional Understanding of Heterosexism: The Changing Nature of Prejudice, *Journal of Homosexuality*, 55(1), 20-70.

a, “permanent, parent-like relationship,” or who planned to be an adoptive parent or legal guardian. The PCIY asked youth to name “adults who have been helpful to you and are committed to you to be a life-long source of support,” and then asked youth the extent to which the named adult did activities or made statements indicating the adults’ support for the youth. The SRPS examined youth participants’ perceptions of how much their LGBTQ identity was supported or rejected by multiple types of persons; the evaluation focused on foster parents. The SRAS examined permanency resources’ attitudes towards and level of acceptance or rejection of LGBTQ youth and adults. It examined characteristics that may influence support or rejection such as religiosity and personal relationships with persons who identify as LGBTQ.

Both interview protocols asked about participants’ comfort with disclosing and discussing information about their sexual identity and/or gender identity, experiences with improved safety and sensitivity post-disclosure, and the second protocol also included questions about participants’ integration into the LGBTQ community.⁷ A convenience sample of 18 youth participated in two sets of hour-long, recorded interviews conducted by the evaluation data collector. A total of nine youth participated in only the first interview, nine in only the second, and three youth participated in both interviews. The first interview occurred after a youth received CCT services for three months. The second interview occurred prior to or just after graduation from services.

Data Entry and Analysis

While on site with the respondents, evaluation data collectors confirmed one answer per item and ensured that any unanswered questions were due to the respondent’s request to skip the item. A second error check occurred upon instrument receipt. Data entry staff ensured that there was one response per item. If staff found more than one response or missing

⁷ For more information on participants early CCT experiences, gathered during the first interview see *Findings from the RISE Youth Qualitative Interviews* (2016).

data they contacted the data collector for an explanation and if needed, requested data retrieval. Then staff entered data into an ASCII format specified in the instrument codebook. All data were double keyed, verified, and run through a consistency program, checking for skip pattern issues and valid code ranges; hardcopy answer forms were used to resolve issues. Next, data files were combined and imported into SAS. SAS frequency distributions were run and reviewed; SAS files were imported into Excel, and Excel files were imported into SPSS for descriptive analysis.

A data collector conducted and recorded qualitative interviews then uploaded the digital files to a secure, password protected file sharing platform for professional transcription. Two analysts uploaded transcribed files to NVivo for analysis. This study used the directed or deductive approach to analyze the qualitative data. This approach meets the objective of increasing the description of CCT experiences and assessing the utility of RISE's assumptions (Hsieh & Shannon, 2005). Two qualitative analysts began with an initial coding structure generated from the domains and subdomains used to construct the interview protocols. Analysts coded transcripts independently and met to ensure agreement on coding and discuss further emerging themes.

Using a convergent parallel design (Creswell, 2013) the two qualitative analysts worked independently of the quantitative analyst. Analysts discussed findings from the first interview and early findings from the instrument (quantitative) data. Following review of the initial findings, the evaluation team determined additional qualitative data were needed to better understand participants' service experiences and outcomes. Data collectors completed interviews with the second protocol and administered instruments for a final time. Then the analysts merged the final qualitative and quantitative findings.

Findings

Data showed that CCT services helped the majority of youth to keep and increase connections with adults and experience increased support of their sexual orientation or gender identity. During services, most

permanency resources maintained high levels of or increased in their supportive attitudes. The majority of youth also cited CCT services as helping them to discuss and disclose their sexual orientation or gender identity, and for several youth, to improve their sense of belonging in the LGBTQ community.

Key Finding 1: Increased Connections between Youth and Family/Supportive Adults

Data from three measures, the Connections Map, PCIY, and EPI showed that while the number of connections varied the level of and expressions of connection increased for most youth. Findings from the first interview confirmed that increased communications and physical contact were manifestations of increased connections. Based on CM data, shortly after enrollment each youth ($n = 23$) identified at minimum 5 persons and at maximum 61 persons ($M = 23$) who were generally supportive and a minimum of 4 persons and a maximum of 60 persons ($M = 19$) who supported their LGBTQ identity. The PCIY recorded youths' perceived connection to "lifelong supportive" adults and documented adults' expressions of support. At baseline, 22 youth named at least one lifelong connection and at follow-up 19 youth named at least one lifelong connection; however, the increase occurred with most youth (68% of the 19) naming at least one new lifelong connection, and 32% keeping at least one of the connections they had at baseline. The 10n youth who named the same lifelong connections at baseline and follow-up perceived the same high level of or increased expressions of lifelong support. While the PCIY found that two participants decreased in their level of connection with the named person(s) these two participants maintained and increased their level of connection as measured by the EPS. One participant increased in emotional permanency while the other maintained the same likelihood of emotional permanency at follow-up.

As staff explored the feasibility of connections becoming a permanency resource, they completed the EPI. Data from the EPI ($n = 20$)

Figure 1. Connections with Lifelong Supports (Emotional Permanency Survey)

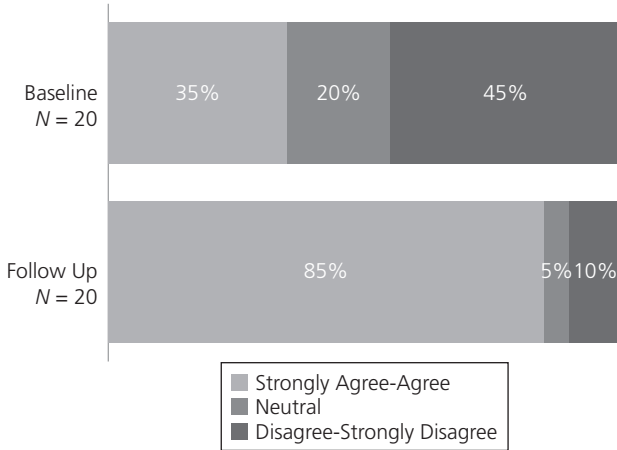


Figure 2. Adults Committed to a Parent-Like Relationship (Emotional Permanency Survey)

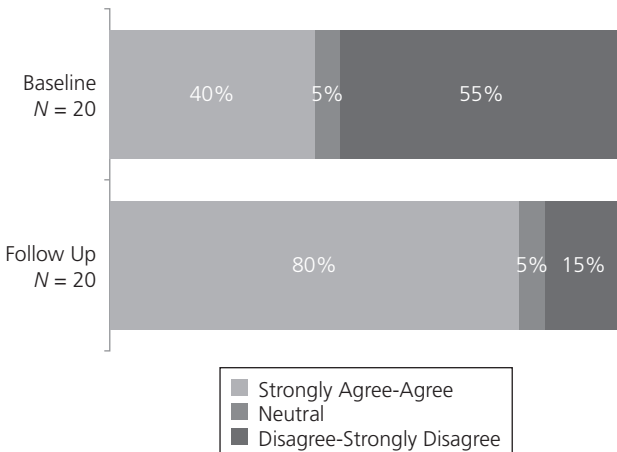
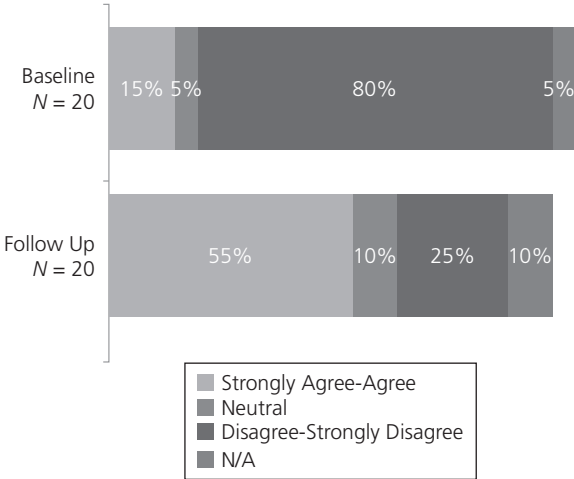


Figure 3. Youth Living with a Potential Parent or Guardian (Emotional Permanency Survey)



indicated that at follow-up, most youth had greater connection or re-connections with supports, were connected to an adult providing a permanent, parent-like relationship, and were living with an adult who was a potential adoptive parent or legal guardian (Figures 1–3). Of these three categories, youth were most likely to be connected to a lifelong support at follow-up, 35% at baseline to 85% at follow-up (see Figure 1). Within this group of participants, two youth decreased in all three areas.

Interview data clarified youths’ experiences of increased connections. Those participating in the first interview ($n = 9$), conducted after at least three months of service, stated that one of the reasons they decided to participate in CCT was to get help in communicating with their families and most youth experienced enhanced communication with and connection to their families early in services. For example, staff arranged for one youth to visit her siblings for the first time in months.

“They’ve helped me to reach out to family members who, you know, I couldn’t really lean on or act like a support system and they’ve helped me conquer my fears.”

Key Finding 2: Increased Family Supportive Behaviors and Decreased Rejecting Behaviors

Data from the SRPS and SRAS showed that most youth perceived their foster parents as supportive of their LGBTQ identities and surveyed permanency resources expressed supportive attitudes for persons who identify as LGBTQ. Interview data detailed how youth experienced support of their identities. On the SRPS, 12 youth assessed at least one foster parent at both baseline and follow-up, though the same foster parent was not always assessed due to placement changes. All 12 of the youth that named a foster parent at baseline and at follow-up experienced either increased or continued support for their LGBTQ identity from at least one foster parent. No youth experienced rejection at any timepoint. The least amount of support reported was neutral support, though the respondent referenced a foster mother and father and one of the foster parents provided a lot of support.

Permanency resources (PRs)⁸ for nine youth completed baseline and follow-up SRAS. Most of the PRs served as caregivers for the youth. The few that did not live with the youth at the time of data collection expressed that they would emotionally or physically care for the youth in the future. PRs changed between baseline and follow-up for two youth. Of the nine respondents, seven showed increases of more than five points in their supportive attitudes and conversely decreases in their rejecting attitudes; one maintained roughly the same attitude; and one participant had a decrease of more than five points. This last participant still scored at the higher end, indicating that the person had supportive attitudes.

During interviews, eight of the nine youth cited increases in adult support, particularly family support (e.g., parents, grandparents), during receipt of CCT services. Six of the nine youth interviewed in the first round experienced increased support through verbal support for their identities, stated acceptance for the youth's same-sex partner, or initiated conversations about LGBTQ issues or culture.

⁸ Someone willing to provide a lifelong emotional connection and/or be a permanent caregiver for the youth.

Furthermore, two interview participants who were living in group homes noted an increase in staff helpfulness and understanding after they participated in CCT services. Staff that were not previously supportive became more respectful and understanding of the youth's identity.

"I wanted [the CCT staff] to speak as much as they could to my (family) ... they accepted it because ... the RISE, they know how to word it, they know how to express it in a way that I didn't know how to."

Among youth who mentioned changes in their relationship with their social workers, five out of six youth claimed that these relationships had become more positive or better overall. Youth participating in the first interview largely attributed these increases to adults' participation in CCT or their own increase in comfort and communication skills in talking with adults.

Seven of the nine youth participating in the second interview also noted increased acceptance from adults at their current placement. Specifically, five youth expressed that conversations between CCT staff and adults in their placements helped the adults understand LGBTQ issues; three youth felt RISE had helped them communicate better with the adults in their placements. When asked about their relationships with permanency resources, six of nine youth perceived an improvement in their relationship with their permanency resource due to increased acceptance and support, better communication, and participation in RISE meetings. Again, often-cited contributing factors to these changes is the work CCT staff engaged in with permanency resources and the increased skill and comfort in communicating gained by youth through RISE. "Having RISE come in has helped [my mother] open up and find different ways to give support to me," one youth said. "It was her open[ing] a new chapter, and being able to open up and express how she felt about me being what I was, and me expressing how I felt being who I am."

"They truly helped my close family accept who I am, and reached out to them and helped them understand my sexuality, and my gender expression."

Key Finding 3: Increased Comfort Disclosing and Discussing Sexuality and Gender Information

During interviews, youth were asked to describe their comfort disclosing their sexual orientation and/or gender identity to significant adults in their lives and their comfort discussing topics related to sexuality and/or gender. Youth expressed that CCT services helped them to find better ways to explain or express their sexual orientation or gender identity (nine youth) and to decide to whom to disclose their identity (seven youth). Youth also reported that during CCT, their comfort discussing sexuality and gender increased when they were talking with supportive professionals and with family (11 youth).

The first set of interviews (nine youth) focused on disclosing sexual orientation and/or gender identity (“coming out”) to professional child welfare staff involved in their care. All nine youth had come out to at least one staff person and all reported receiving a positive reaction. Overall, youth were most comfortable sharing personal information with staff with whom they already had a trusting relationship. Youth again stated that CCT staff helped them express or explain their sexual orientation or gender identity both while coming out and in day-to-day conversation. One youth said, “After I started RISE, I felt comfortable with [my caseworker] and I told her about me being bisexual and like, she’s all like, oh, okay. She was really accepting.”

The second interview asked nine youth whether participation in RISE had influenced the number of people the youth comes out to, how the youth decides to whom to come out, and the way in which they come out to someone. Four youth said they had not increased the number of people they came out to; three youth said they had come out to more people. Seven youth agreed that RISE had changed how they decide when and to whom to disclose their sexual orientation or gender identity. Of the seven youth, two specified that they were more open about coming out and two specified that they were now more selective about the people to whom they came out. Five of the nine youth felt

that CCT services had changed, for the better, the way they told people about their sexual orientation or gender identity.

Regarding discussions, the first set of interviews (nine youth) asked whether youth had ever discussed something related to their sexual orientation, gender identity, or their romantic relationships or attractions with professional child welfare staff. All nine youth had discussed something related to these topics with caseworkers or group home staff prior to enrollment in CCT services. Six of the nine youth said they felt comfortable discussing their sexual orientation, gender identity, or their romantic relationships or attractions with at least one of the child welfare professionals in their life; all six youth mentioned that they already had a trusting relationship with that worker or staff person. Youth were not asked in the first interview to specify whether their comfort level had changed over time, but four youth expressed that their comfort discussing their sexual orientation or gender identity had increased since they began participating in CCT services.

Three youth were not comfortable discussing their sexual orientation or gender identity with any of the professional staff in their lives, and three other youth were not comfortable speaking with one or more specific staff, though they were comfortable with others. Of the six youth who expressed discomfort speaking with one or more staff, three specified that they thought the staff person was uncomfortable with the topic. "She'll care about me and stuff, but ... she won't be really into knowing about that," one youth said about their caseworker. Another youth said of their caseworker: "I just think he chooses not to ask, which is probably ... a really appropriate thing to do because you know a lot of people, they would ask me and I might not have a good relationship with them. So I might not want to tell them anything."

The second interview asked youth whether they had experienced increased comfort having discussions about sexual orientation and gender identity with caregivers and family. Seven of the nine youth described increased comfort while three youth still preferred to let adults bring up the topic of sexuality and gender, but felt comfortable

during discussions. “I kind of want them to bring it up, just so I know when they’re ready to bring it up,” one youth stated.

Youth stated that CCT helped them experience increased comfort by teaching them to talk about sexuality and gender in a positive way, giving them more confidence to be open during conversations. CCT staff also worked directly with adult family members. Six of the youth said they felt closer to their family members due to the increased comfort in discussing their sexual orientation or gender identity. For example, one youth shared that “I think because she started to get to know me and who I am. Our relationship was just growing and we got closer.”

“After RISE had come she would participate in some of the meetings ... she would ask me more about my romantic relationships, or is there anyone I’m interested in. It wasn’t always me going to her. I think that changed and improved [our relationship] a lot.”

Key Finding 4: Increased Sense of Identity and Belonging in the LGBTQ Community

Interview data suggests that participating in RISE CCT services helped youth increase their sense of their own LGBTQ identity and belonging in the LGBTQ community. Youth reported that they were able to better understand and accept their own LGBTQ identities, express their identity openly, connect with other people who identify as LGBTQ, and visit LGBTQ-safe spaces.

In the first set of interviews, nine youth were asked to name what aspects of the RISE program they liked the most and ways in which RISE had contributed to a change in their lives. Four youth specified that they liked talking to someone who understands them, knows where they’re coming from, and can relate to their experience as a person who identifies as LGBTQ. Five of the nine youth said that RISE helped them realize or be able to express their personal LGBT identity. Three youth talked specifically about how RISE helped them confirm or learn more about what their sexual identity is. Three youth liked

that RISE gave them the opportunity to be open about their sexuality or gender identity, either in conversation with RISE staff or through increased participation in the larger LGBTQ community. In the second round of interviews, six of the nine youth said that their acceptance of their own identity had increased and that they had become more open about expressing their identity. Of these six youth, two specified that being around other people who identified as LGBTQ increased their self-acceptance and expression of their own identity. One youth stated, “They told me, it’s okay to be gay. It’s okay to be yourself. There’s nothing wrong with it.”

Youth were dispersed throughout the greater Los Angeles area and some lived in outlying cities with scarce or nonexistent LGBTQ community resources. During the first interview, four of the nine youth stated that their primary reason for enrolling in CCT services was so that they could meet or participate in activities with other persons who identified as LGBTQ. Three youth, across both interviews, stated that CCT staff helped them and/or their family integrate into the LGBTQ community. The family of one youth became involved in LGBTQ-specific support groups. Another youth participated in activities at LGBTQ-supportive organizations. “They showed me there is more of the world out there,” one youth stated, “I was able to meet other people and see that I’m not alone and there are other people going through it.”

Discussion

Taken together, the findings on youth participants’ connections indicate that CCT services helped the majority of youth identify, keep, and increase connections with supportive adults who they named in the data collection instruments. Prior research has identified acceptance as a critical issue for youth who identify as LGBTQ because of the increased exposure to rejection by family, peers, and other adults (Annie E. Casey Foundation, 2016; McCormick et al., 2015; Ryan et al., 2009). Not surprisingly, the data on the number of connections differed by respondent

and by instrument. It is important to note that the quality of the connections is ultimately more important than the number of connections, and there are steps to working with connections. For example, data from CCT staff reflects information collected by professionals that have clinical understanding of healthy connections and of the relationship markers that serve as steps to permanency. After CCT staff identified all the potential connections, staff, with input from youth, focused on working with those connections that were healthiest for the youth. With the healthiest connections established, the work could begin on developing emotional permanency and, after emotional permanency was established, physical permanency became the goal.

However, relationship building was difficult and labor-intensive. CCT staff observed hesitancy, fear, and resentment on the part of youth and adults during the engagement process, and a reluctance to be vulnerable enough to develop a relationship due to family history of rejection. There were other instances where adults were unwilling or unable to participate in services due to discomfort with the youth's LGBTQ identity or their own life challenges such as work schedules, or a lack of transportation. As a result, CCT staff were only able to work with a small group of adults who seemed the most invested in the youth's future. Also, youth changed placements and these changes created setbacks in increasing and/or maintaining connections. At times, it took months to reestablish CCT services because CCT staff had to build rapport with the new caregivers or group home staff.

Data on the support and/or rejection experienced by youth was overwhelmingly positive, with qualitative data providing important details on how CCT services helped to increase perceived support. The improved communication skills of youth and their families was a predominate theme in discussions about perceptions of acceptance. The communication skills also affected other outcomes. As youth felt accepted, they had more conversations about sexuality and gender and about their own identity. Although only a few youth commented on their integration into the LGBTQ community, these youth pointed to important examples of integration that could be useful for other youth.

Significantly, the results highlight important policy and practice considerations for future interventions with youth who identify as LGBTQ and in foster care. One of the primary issues for many young people who identify as LGBTQ is the internalization of shame because of a rejecting environment; shame leads to social isolation and feelings of loneliness (McCormick et al., 2015; Irvine & Canfield, 2016). Shame also has a direct impact on the ability to establish meaningful and permanent relationships. Further intervention efforts should recognize the hesitancy and discomfort that emotional vulnerability brings for youth who have profound histories of rejection and turn youth's endurance into a resiliency indicator.

Moreover, placement changes can exacerbate vulnerability. Though youth were able to identify and gain greater acceptance from their connections, it is challenging to sustain gains after placement changes. A better understanding of why these placement changes are occurring, while youth are reporting greater feelings of acceptance, is needed to ensure intervention strategies are targeting critical issues leading to placement disruptions. One way to accomplish this is to incorporate a measure, that assesses directly from youth, the reason(s) for the change in future studies. This would provide additional evidence to understand why this phenomenon is occurring.

It is also imperative that interventions take place in conjunction with child welfare agencies, but not exclusively under their direction due to historical systemic unwillingness to acknowledge youth who identify as LGBTQ (Annie E. Casey Foundation, 2016; Mallon & Woronoff, 2006). RISE encountered substantial systemic challenges to serving youth who identify as LGBTQ and in foster care. Confidentiality concerns, lack of understanding of the need for privacy, and coordination issues between The Center, the local court and the child welfare agency increased the start-up time and implementation of CCT. RISE also struggled to sustain the engagement of partner agencies. Champions within the agencies changed positions and bringing new staff up to date sometimes caused delays. Further, The Center did not have the authority of the child welfare agency or the authority conveyed through

a service contract. This meant that service provision for youth in this study was completely under the discretion of a “constantly changing child welfare agency” and The Center had no legal basis to provide services if new leadership within the agency against it. Future efforts service partnerships should include official contracts or memorandums of understanding (MOU) that provide legal authority for intervention when a youth agrees to participate in services. Implementers should also plan for early and frequent collaboration with institutional review boards (IRB), courts, and child welfare counsel to identify requirements for accessing the target population. Then these requirements should be included in the MOU or contract.

This study also has implications for research and evaluation. The evaluation demonstrated that it is possible to collect data related to sexual orientation and gender identity (SOGIE) in a safe and confidential manner, resolving the early concerns of approval bodies (e.g., IRB, courts, child welfare agency research staff) and stakeholders. For example, CCT staff helped create a neutral script that described CCT services but did not reveal CCT’s target population, which data collectors used to talk with adults in the youth’s placement. Data collectors also collaborated with CCT staff and youth to identify a private a setting for collecting SOGIE information and after the first nine instrument administrations, data collectors debriefed with youth about the SOGIE terms used and youth’s comfort level with those terms. Researchers should continue to collaborate with youth and service providers to develop safe ways to collect data on SOGIE and safe ways to report and use that data for service improvements. Refining measures used to collect data will move the field forward, particularly if refinement includes testing the validity and reliability of new and revised measures. A comprehensive set of measures is needed to capture information on identity development and coming out processes in conjunction with information on desired outcomes. Outcomes may change as youth become more secure in their identities and feel safer about coming out. Comprehensive measurement allows researchers to determine

if and how positive identity development, coming out, and desired outcomes are related. Measures should also assess differences in experiences according to a youth's sexual orientation and/or gender identity, and consider whether (and how) these identities intersect with racial and ethnic identities (Wilson et al., 2014).

Research including comparison groups will strengthen the field's ability to associate improvements with interventions. Some stakeholders may equate use of a comparison group with denial of services. However, services for youth who identify as LGBTQ and in foster care are still scarce; services will likely have a waitlist, if the referral and enrollment pathways are realistic. This study did not have a waitlist because few youth made it through the extensive referral and enrollment pathways in a timely manner. Youth on the waitlist can create a naturally occurring comparison group. Programs can randomly assign youth on the list to conditions as random assignment is a more equitable way of deciding who should receive a new intervention.

Limitations

While findings contribute to the developing field of practice and research with youth who identify as LGBTQ and in foster care, several limitations are worth noting. First, while there were unique reasons for the small sample size, only 23 CCT cases had baseline and follow-up data. In particular, the CCT intervention had to complete several IRB processes, likely due to the vulnerable nature of the target population and the Center's provision of services outside of a contract or other legally binding arrangement with the child welfare system serving the county. For example, reviewers expressed concern about sharing youths' LGBTQ status during the CCT referral process. It took approximately one year to receive all relevant approvals, after which RISE staff began to implement referral and enrollment procedures. These procedures were lengthy and complex, due to the number of steps involved in consent and assent processes and the number of persons involved in securing

assent and consent. The lengthy service enrollment process shortened the period for data collection and limited the availability of the sample to participate in the study.

Additionally, the study used a simple pre/post-test design without a comparison group, so it is not possible to rule out other factors influencing observed changes. Further, the evaluation included mostly self-report measures. Such measures are vulnerable to response biases, those influences that change the accuracy of a participant's response (Paulhus, 2002). Self-report measures are particularly vulnerable to socially desirable reporting (i.e., responses that make respondents look positive or more "socially desirable"). Finally, modifications made to the quantitative measures may have affected instrument validity. Evaluators triangulated measures whenever possible to assess outcomes from multiple viewpoints and constructs.

Conclusion

The mixed-methods, pre-post CCT evaluation examined whether youth receiving CCT services would experience increased connections, comfort with discussing and disclosing sexuality and gender identity information, enhanced family support and less rejection and increase integration into the LGBTQ community. The majority of youth achieved the desired outcomes, and several youth noted an increased sense of identity and belonging in the LGBTQ community. While data on the number of connections differed by respondent and by instrument, high-quality connections demonstrated by supportive attitudes were consistently documented after service initiation and at follow-up, with increased quality attributed to CCT services. Experiences of support are key in forming meaningful, permanent relationships, particularly for youth who identify as LGBTQ and often experience rejection. Future interventions should seek to increase supportive experiences and help youth understand the strength they gained in overcoming rejection.

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Gender Diversity and Child Welfare Research: Empirical Report and Implications of the Los Angeles County Foster Youth Study

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This empirical study examines how gender identity, gender expression, and the interplay of sexual orientation with sex assigned at birth can affect the experiences and outcomes of youth in the Los Angeles foster care system.

A representative sample of youth in Los Angeles County's foster care system was used to examine factors related to risks to permanency and state institution involvement by multiple gender groups. Results indicate the relevancy of gender conceptualized in diverse ways to better serving youth in foster care.

Facilitating and supporting transitions from foster care to permanent safe and loving homes is the ultimate goal of child welfare agencies (Children's Bureau, 2016). Several factors affecting permanent placements into homes (i.e., "permanency") have been studied. While many studies have examined the relationship between permanency outcomes and key demographic variables such as gender, race, and health (Reilly, 2003; Chamberlain & Reid, 1994; Needell et al., 2003), few have assessed patterns related to the intersection of such social identities and health statuses. Further, to our knowledge, no studies have examined sex/gender¹ differences based on various gender definitions and with attention to sexual and gender identities, including youth in foster care who are lesbian, gay, bisexual, transgender, or questioning (LGBTQ).

Theoretical Framework and Background

We take the perspective that gender is simultaneously a core and persistent aspect of one's self in the United States and yet socially constructed (Stryker, 2008). Moreover, we assume gender to be an umbrella concept of multiple elements, including social identification, expression, perceptions of one's gender and sex, and relationships between the physiological and psychological sense of self. Given this, we aim to unpack the diversity in gender representation among youth in foster care. Further, we draw on minority stress theory (Meyer, 2003; Gordon & Meyer, 2007), ecological theory (Kelly, 1967), and intersectionality (Crenshaw, Ocen & Nanda, 2015; Richie, 1996), which collectively indicate that individual behavior and outcomes among stigmatized groups in the United States are largely a function of oppression(s), directly through reduced resources and violence or indirectly through the psychological response to discrimination.

¹ We use the term sex/gender to denote that in most cases of empirical research, it is unclear whether the topic under study is sex assigned at birth (male, female) or current gender identity (man, woman, transgender, etc.). We also acknowledge that in the absence of measurement that allows for a distinction between these constructs, the terms are often conflated in previous literature.

A high proportion of youth in out-of-home care face various risks to achieving permanency, including experiences with violence and discrimination, homelessness, and involvement with state-level institutions such as the juvenile justice system and hospitals (Jonson-Reid & Barth, 2000; Barth, 1990; Irvine & Canfield, 2016; Herz et al., 2012). Studies find sex/gender is not a strong predictor in achieving permanency (Alber et al., 1993; Palmer, 1996; James et al., 2004), though sex/gender affect foster care experiences (Baynes-Dunning & Worthington, 2013; Rubin et al, 2004). We did not find studies examining subgroups of sex/gender, but several studies have assessed risks to permanency by LGBTQ identity (Russell & Joyner, 2001; Mallon et al, 2002). Youth who are LGBTQ and in foster care are more likely than their heterosexual counterparts to have a higher number of child welfare placements, experience homelessness, and be at risk of health issues (Wilson & Kastankis, 2015). Irvine and Canfield (2016) also included youth who were gender nonconforming in their analysis, finding those who were LGBTQ and gender nonconforming in juvenile detention facilities were more likely to experience placement in out-of-home care compared to their peers who were straight cisgender or gender conforming. To our knowledge, there are no studies examining youth who are transgender, separate from those who are LGBQ, in child welfare.

Though existing literature provides knowledge of youth experiencing foster care by sex/gender or sexual and gender minority statuses, it overlooks various dimensions of gender that may more accurately reflect youth experiences. This article's objective is to describe the gender diversity among youth in foster care by assessing gender identity (one's inner concept of self as man, woman, both, or neither), gender expression (the ways in which people externally communicate their gender identity to others through behavior, clothing, haircut, voice, and other forms of presentation), and sex assigned at birth (classification of sex made at birth) by LGBTQ status. We also document areas where gender diversity is relevant to permanency outcomes. The findings can inform child welfare practitioners and policymakers of

the lived experiences of youth living foster care with different gender dimensions.

Methods

Study Sample

We used the Los Angeles Foster Youth Survey dataset (LAFYS; Wilson, Cooper, Kastanis, & Nezhad, 2014) to analyze how gender identity, gender expression, and sex assigned at birth by LGBTQ status, affect youth experiences in foster care. The LAFYS is the first population-based dataset of youth in LA County foster care to include sexual orientation and gender identity/expression (SOGIE) measures. The dataset was created from a random sample of 2,967 youth in care (out of 7,000), aged 12–21 years old, in LA's foster youth system. A stratified random sampling technique of splitting the sample into two age groups (12–16 and 17–21 year olds) was implemented to oversample the older age group, as they made up a smaller proportion of youth in foster care. Study participation eligibility included being: (1) age 12+; (2) in “out-of-home” care; (3) not in juvenile detention; (4) a California resident; (5) English proficient; and (6) reachable through the state child welfare database. The final study sample was 786 youth in foster care, of which 19.1% were LGBTQ (Wilson et al., 2014). Interviews were conducted via phone and administered through computer-assisted technology interview software.

Measures

Demographic measures included sex assigned at birth (male, female, decline), current gender identity (transgender, girl, boy, not sure, don't understand question), gender expression (femininity and masculinity on 1–9 scale), sexual orientation (straight, gay/lesbian, bisexual, not sure, don't understand question), and sexual attraction (romantic attraction to girls or boys). We created a binary variable using the gender

expression scale. Youth defined as “gender expansive”² are those who reported themselves as middle to high (4 or above on a 9-point scale) on the gender expression scale that, from a heteronormative³ and gender restrictive framework,⁴ would be seen as not matching their sex assigned at birth. This means that youth assigned female at birth who reported a 4 or higher on a scale of masculinity and those assigned male at birth who scored a 4 or higher on the measure of femininity were categorized as gender expansive. The LGBTQ variable was created by combining the sexual orientation, gender identity, and same-sex attraction variables. Further details about SOGIE measures are available in the initial publication of this dataset (Wilson & Kastanis, 2015). Race/ethnicity (White, Latino, Black, Asian/Pacific Islander, American Indian, and Bi/Multiracial), nativity (born outside the United States, have at least one biological parent born outside the United States), primary spoken language (English, Spanish), and placement type (relative/guardian, foster care, group home) were also included.

Risks to permanency measures included group home residence, treatment at foster care (very well, somewhat well, not very well), and experience with homelessness. Number of placements overall, number of placements in the past year, and number of years in foster care were also included. Factors associated with state institution involvement measures were past experience with arrest, hospitalization, and reasons for hospitalization (emotional, physical, and both). We also examined school performance indicators (number of times expelled or suspended in the past year).

²We use the term gender expansive when referring to youth whose self-described gender expression is different than what would be expected by dominant traditional paradigms. We use this language in accordance with the language and framework of the journal’s special issue. For the purposes of this article, the term is used in replace of the more common term, “gender nonconforming” which is grounded in minority stress, public policy, and legal frameworks. We use the term “gender conforming” to describe youth who reported their gender expression as consistent with dominant frameworks for masculinity and femininity.

³The term heteronormative signifies a worldview that promotes heterosexuality as the norm or preferred sexual orientation (LGBTQIA Resource Center, 2017).

⁴Gender restrictive framework indicates a paradigm in which women and men are restricted to act, dress, and play out traditional gender roles (Gender Diversity, 2017).

Analytic Strategy

To examine whether gender, defined in multiple ways, was correlated with various demographic characteristics and permanency factors, the findings were organized in three categories: transgender status, gender expansive expression, and LGBTQ status by sex assigned at birth. Comparisons were framed in terms of youth who belong to stigmatized or minority gender groups (i.e., youth who are LGBTQ and gender expansive) to youth who fit in some way to majority and/or dominant gender groups (i.e., youth who are cisgender heterosexual and gender conforming).

We reported descriptive results of demographic characteristics and factors related to permanency and state institution involvement by gender groups in percentages and standard errors. For example, we conducted statistical tests comparing youth defined as gender expansive and gender conforming on all demographic and outcome variables. For variables measured on a continuous scale (e.g., number of placements in past year), we presented means and standard deviations. We also reported odds ratio results of bivariate logistic regressions conducted on dichotomous variables (i.e., lived in group home or not). The odds ratio represents the odds that an outcome (i.e., live in group home) will occur based on a particular element (i.e., female), compared to odds of the outcome occurring if the element does not exist (i.e., live in group home if not female). We reported coefficients (b values) of bivariate linear regressions on continuous variables. All results were weighted to account for study sampling design and are representative of youth in the LA County foster care population.

Results

Descriptive Results

In total, 6.6%⁵ of youth were transgender and 93.3% were cisgender, heterosexual. However, youth defined as gender expansive comprised 26.9%

⁵ Using the same dataset, Wilson et al. (2014) report 5.6% of the sample ($n = 756$) as youth who are transgender. Our sample size examining transgender and cisgender heterosexual youth is a smaller sample ($n = 589$) because youth who are cisgender LGB are excluded in this group comparison analysis. The number of transgender youth ($n = 41$) remains the same.

of the sample, and 73.1% of youth were defined as gender conforming. 40.2% of youth who were transgender compared to 23.1% of cisgender heterosexual youth were gender expansive. 27.6% of youth defined as gender expansive were LGBTQ,⁶ whereas 15.9% of youth defined as gender conforming were LGBTQ. Among gender-expansive youth, 57.5% were female and 42.5% were male⁷ ($p < .05$). 23.2% of females were LGBTQ while 15% of males were LGBTQ ($p < .005$). Though the difference was not statistically significant, 28.3% of females were defined as gender expansive and 25.3% of males were defined gender expansive. Additional demographic characteristics by gender identity and gender expression are presented in Table 1. Descriptive statistics of permanency-related outcomes and factors related to involvement with state institutions are also presented (Table 2).

Gender Identity: Youth in Foster Care who are Transgender and Cisgender Heterosexual

Table 3 shows results comparing transgender youth with cisgender heterosexual youth on permanency or institutional involvement factors. However, given the small sample size of youth who were transgender ($n = 41$), we were unable to perform statistical tests on all outcomes. On the demographic variables we were able to test (age, nativity, and gender expression), we found that youth who were transgender were more likely to be gender expansive than youth who were cisgender heterosexual (OR = 2.2; 95% CI = 1.1, 4.3), but did not differ on age or nativity. Youth who were transgender did not differ from youth who were cisgender heterosexual on any outcomes with the exception of school experience. Youth who were transgender experienced expulsion or suspension from school 0.3 more times in the past year than their peers who were cisgender heterosexual ($b = 0.3, p \leq .1$).

⁶ Gender identity (transgender identity) is reported together with sexual orientation (LGB identity) because of small sample size of youth who were transgender in this study.

⁷ We use “female” and “male” to indicate female assigned at birth and male assigned at birth.

Table 1. Sample Characteristics by Gender Identity and Gender Expression of LAFYS (Unweighted sample *n*)

	Gender identity, weighted %, (SE) or Mean (SD)		Gender expression, weighted %, (SE) or Mean (SD)	
	Transgender (n = 41)	Cisgender, Heterosexual (n = 548)	Gender expansive (n = 202)	Gender conforming (n = 553)
	Mean (s.d.)	Mean (s.d.)	Mean (s.d.)	Mean (s.d.)
Demographic variables				
Age	15.2 (2.0)	15.6 (2.2)	15.3 (2.2)	15.7 (2.2)
	% (s.e.)	% (s.e.)	% (s.e.)	% (s.e.)
Race/Ethnicity				
White	0	9.9 (1.3)	10.0 (2.1)	9.4 (1.2)
Latino	68.4 (7.2)	55.9 (2.1)	66.7 (3.3)	52.2 (2.1)
Black	19.5 (6.1)	23.9 (1.8)	16.5 (2.6)	26.8 (1.9)
Asian/Pacific Islander	6.6 (3.7)	2.6 (0.7)	2.2 (1.1)	3.1 (0.7)
American Indian	2.5 (2.4)	1.8 (0.6)	0.6 (0.6)	2.5 (0.6)
Bi/Multiracial	3.0 (2.8)	5.9 (1.0)	4.1 (1.4)	6.0 (1.0)
Born outside the U.S.	11.2 (4.7)	7.3 (1.1)	9.9 (2.0)	7.6 (1.1)
At least one bio parent born outside the U.S.	38.5 (7.5)	38.4 (2.1)	40.0 (3.4)	37.5 (2.0)

Table 1. (Continued)

Primary language					
English	85.6 (5.4)	94.4 (1.0)	90.6 (2.0)	94.0 (1.0)	
Spanish	14.4 (5.4)	5.6 (1.0)	9.4 (2.0)	6.0 (1.0)	
Placement type					
Relative/Guardian's home	55.7 (7.8)	56.0 (2.1)	53.5 (3.5)	53.6 (2.1)	
Foster Home	24.2 (6.7)	33.7 (2.0)	35.9 (3.4)	33.6 (2.0)	
Group Home/Residential Campus	20.1 (6.3)	10.3 (1.2)	10.6 (2.0)	12.8 (1.4)	
Sexual orientation and gender identity					
Straight/cisgender	--	--	72.4 (3.3)	84.1 (1.6)	
LGBTQ status	--	--	27.6 (3.3)	15.9 (1.6)	
Gender Expression					
Gender conforming	59.8 (7.8)	76.9 (1.8)	--	--	
Gender expansive	40.2 (7.8)	23.1 (1.8)	--	--	
Sex assigned at birth					
Male	52.6 (7.7)	51.9 (2.1)	42.5 (3.5)	46.3 (2.1)	
Female	47.4 (7.7)	48.1 (2.1)	57.5 (3.5)	53.7 (2.1)	

Table 2. Foster Care Experience Characteristics by Gender Identity and Gender Expression of LAFYS (Unweighted sample n)

	Gender identity, weighted %, (SE) or Mean (SD)		Gender expression, weighted %, (SE) or Mean (SD)	
	Transgender (n = 41)	Cisgender, Heterosexual (n = 548)	Gender expansive (n = 202)	Gender conforming (n = 553)
	% (s.e.)	% (s.e.)	% (s.e.)	% (s.e.)
Outcomes variables				
Currently in group home	19.6 (6.2)	10.1 (1.2)	10.5 (2.0)	12.7 (1.4)
Treatment by foster care				
Very well	67.3 (7.2)	61.2 (2.1)	59.5 (3.4)	60.7 (2.0)
Somewhat well	24.4 (6.7)	33.0 (2.0)	35.4 (3.3)	31.2 (1.9)
Not very well	8.3 (4.0)	5.8 (1.0)	5.1 (1.5)	8.1 (1.1)
Arrested	28.4 (6.9)	22.2 (1.8)	23.4 (2.9)	21.0 (1.7)
Homeless	7.1 (3.9)	13.9 (1.4)	11.2 (2.1)	14.9 (1.4)
Hospitalized	29.3 (6.9)	31.2 (2.0)	35.1 (3.3)	31.2 (2.0)
Reason for hospitalization				
Emotional	32.2 (13.6)	14.0 (2.7)	27.0 (5.2)	18.9 (3.0)
Physical	36.1 (14.2)	72.2 (3.5)	53.9 (5.9)	64.4 (3.7)
Emotional and physical	31.7 (13.4)	13.7 (2.6)	19.1 (4.6)	16.7 (2.8)

	Mean (s.d.)	Mean (s.d.)	Mean (s.d.)	Mean (s.d.)
Total # of placements ^a	0.9 (0.6)	0.8 (0.7)	0.9 (0.7)	0.8 (0.7)
# of placements past year ^a	0.4 (0.5)	0.3 (0.4)	0.3 (0.4)	0.3 (0.5)
Total years in foster care ^a	1.1 (0.8)	1.4 (0.9)	1.4 (0.9)	1.3 (0.9)
# of times expelled past year ^a	1.1 (0.8)	0.1 (0.3)	0.6 (0.7)	0.2 (0.5)
# of times suspended past year ^a	0.5 (0.5)	0.6 (0.7)	0.6 (0.6)	0.5 (0.7)

Notes: ^aTo account for highly skewed data, log transformed mean results are presented. Log transformation makes highly skewed distributions less skewed by using the natural log of the value rather than the original raw value.

Table 3. Foster Care Experiences of Youth who are Cisgender Heterosexual and Transgender

Outcomes	Cisgender heterosexual vs. transgender	
	Odds ratio	95% Confidence interval
Somewhat well/not very well treatment by foster care (ref: very well)	0.7	0.3, 1.4
Arrested	1.3	0.6, 2.7
Hospitalized	0.9	0.4, 1.8
Total # of placements ^{a,b}	0.04	-0.1, 0.2
# of placements in past year ^{a,b}	0.06	-0.1, 0.2
Total years in foster care ^{a,b}	-0.2	-0.5, 0.05
# of times expelled or suspended in past year ^{a,b}	0.3*	-0.0, -0.6

Notes: *Statistically significant difference between cisgender heterosexual and transgender youth at $p \leq .1$. ^aLinear regression coefficient. ^bTo adjust for highly skewed data, results based on log transform of outcome variable.

Gender Expression: Youth in Foster Care who are Gender Expansive and Gender Conforming

Youth defined as gender expansive were younger ($b = -0.3, p \leq .05$), less likely to be Black than White (OR = 0.5; 95% CI = 0.2, 1.0), more likely to speak Spanish as their primary language than English (OR = 1.6; 95% CI = 0.9, 2.9), and more likely to be LGBTQ (OR = 2.0; 95% CI = 1.3, 3.0) compared to youth defined as gender conforming. The groups did not differ on any measures related to permanency or factors associated with state institution involvement.

Sex Assigned at Birth by LGBTQ Status

Tables 4 and 5 display descriptive results and Table 6 shows odds ratios of outcomes of sex assigned at birth by LGBTQ status. Females who were LGBTQ were slightly older than cisgender heterosexual females

Table 4. Sample Characteristics by Sex Assigned at Birth and LGBTQ Status (Unweighted sample *n*)

	Female assigned at birth, weighted %, (SE) or Mean (SD)		Male assigned at birth, weighted %, (SE) or Mean (SD)	
	LGBTQ (n = 89)	Non-LGBTQ (n = 289)	LGBTQ (n = 47)	Non-LGBTQ (n = 259)
	Mean (s.d.)	Mean (s.d.)	Mean (s.d.)	Mean (s.d.)
Demographic variables				
Age	16.5 (1.8)	15.9 (2.3)	15.8 (2.0)	15.4 (2.1)
	% (s.e.)	% (s.e.)	% (s.e.)	% (s.e.)
Race/Ethnicity				
White	7.7 (2.8)	10.4 (1.8)	4.3 (2.9)	9.5 (1.8)
Latino	49.1 (5.3)	54.6 (2.9)	63.1 (7.0)	57.2 (3.0)
Black	31.8 (4.9)	23.9 (2.5)	23.3 (6.1)	24.0 (2.6)
Asian/Pacific Islander	2.0 (1.4)	2.4 (0.9)	4.3 (2.9)	2.8 (1.0)
American Indian	3.3 (1.9)	2.4 (0.9)	2.5 (2.4)	1.2 (0.7)
Bi/Multiracial	6.1 (2.6)	6.4 (1.4)	2.5 (2.4)	5.4 (1.4)
Born outside the U.S.	7.5 (2.7)	9.0 (1.7)	13.3 (4.6)	5.7 (1.4)
At least one bio parent born outside the U.S.	31.6 (4.9)	38.8 (2.8)	33.7 (6.8)	38.1 (3.0)
Primary language				
English	91.4 (3.0)	93.4 (1.4)	86.9 (4.9)	95.3 (1.3)
Spanish	8.6 (3.0)	6.6 (1.4)	13.1 (4.9)	4.7 (1.3)

(continued)

Table 4. Sample Characteristics by Sex Assigned at Birth and LGBTQ Status (Unweighted sample n) (Continued)

	Female assigned at birth, weighted %, (SE) or Mean (SD)		Male assigned at birth, weighted %, (SE) or Mean (SD)	
	LGBTQ (n = 89)	Non-LGBTQ (n = 289)	LGBTQ (n = 47)	Non-LGBTQ (n = 259)
	Mean (s.d.)	Mean (s.d.)	Mean (s.d.)	Mean (s.d.)
Demographic variables				
Placement type				
Relative/Guardian's home	47.5 (5.3)	56.1 (2.9)	36.9 (7.0)	56.0 (3.0)
Foster Home	29.8 (4.8)	36.1 (2.8)	31.3 (6.8)	31.5 (2.9)
Group Home/Residential Campus	22.7 (4.4)	7.9 (1.5)	31.8 (6.7)	12.5 (1.9)
Gender Expression				
Gender conforming	62.9 (5.1)	75.7 (2.5)	61.1 (7.2)	78.1 (2.6)
Gender expansive	37.1 (5.1)	24.3 (2.5)	38.9 (7.2)	21.9 (2.6)

Table 5. Foster Care Experience Characteristics by Sex Assigned at Birth and LGBTQ Status (Unweighted sample n)

	Female assigned at birth, weighted %, (SE) or Mean (SD)		Male assigned at Birth, weighted %, (SE) or Mean (SD)	
	LGBTQ (n = 89) % (s.e.)	Non-LGBTQ (n = 289) % (s.e.)	LGBTQ (n = 47) % (s.e.)	Non-LGBTQ (n = 259) % (s.e.)
Currently in group home	22.3 (4.4)	7.8 (1.5)	31.2 (6.6)	12.3 (1.9)
Treatment by foster care				
Very well	44.4 (5.2)	60.5 (2.8)	62.7 (6.9)	61.9 (3.0)
Somewhat well	40.0 (5.1)	31.9 (2.7)	28.3 (6.5)	34.0 (2.9)
Not very well	15.6 (3.8)	7.6 (1.6)	9.0 (3.8)	4.1 (1.2)
Arrested	26.1 (4.6)	16.1 (2.1)	25.1 (6.2)	28.0 (2.7)
Homeless	20.6 (4.2)	16.8 (2.2)	22.3 (5.9)	11.2 (1.9)
Hospitalized	35.2 (4.9)	28.8 (2.6)	44.5 (7.1)	33.3 (2.9)
Reason for hospitalization				
Emotional	40.5 (8.4)	13.3 (3.9)	28.6 (9.8)	14.6 (3.7)
Physical	39.9 (8.5)	68.8 (5.2)	30.2 (10.1)	74.8 (4.5)
Emotional and physical	19.6 (7.1)	17.9 (4.2)	41.2 (10.6)	10.6 (3.2)

(continued)

Table 5. Foster Care Experience Characteristics by Sex Assigned at Birth and LGBTQ Status (Unweighted sample n) (Continued)

Outcome variables	Female assigned at birth, weighted %, (SE) or Mean (SD)		Male assigned at Birth, weighted %, (SE) or Mean (SD)	
	LGBTQ (n = 89)	Non-LGBTQ (n = 289)	LGBTQ (n = 47)	Non-LGBTQ (n = 259)
	% (s.e.)	% (s.e.)	% (s.e.)	% (s.e.)
	Mean (s.d.)	Mean (s.d.)	Mean (s.d.)	Mean (s.d.)
Total # of placements ^a	1.0 (0.6)	0.9 (0.8)	1.0 (0.8)	0.8 (0.7)
# of placements in past year ^a	0.4 (0.4)	0.3 (0.4)	0.3 (0.4)	0.3 (0.4)
Total years in foster care ^a	1.4 (1.0)	1.3 (0.9)	1.4 (0.9)	1.4 (0.8)
# of times expelled past year ^a	0.5 (0.8)	0.2 (0.4)	0.9 (0.6)	0.1 (0.2)
# of time suspended past year ^a	0.5 (0.7)	0.4 (0.7)	0.7 (0.6)	0.6 (0.7)

Note: ^aTo account for highly skewed data, log transformed mean results are presented.

Table 6. Foster Care Experiences by Sex Assigned at Birth and LGBTQ Status

Outcomes	Female assigned at birth Non-LGBTQ vs. LGBTQ		Male assigned at birth Non-LGBTQ vs. LGBTQ	
	Odds ratio	95% Confidence interval	Odds ratio	95% Confidence interval
Currently in group home	3.3**	1.7, 6.4	3.2**	1.6, 6.4
Somewhat well/not very well treatment in foster care (ref: Very well)	1.9**	1.1, 3.0	0.9	0.5, 1.8
Arrested	1.8**	1.0, 3.2	0.8	0.4, 1.7
Homeless	1.2	0.7, 2.2	2.2**	1.0, 4.9
Hospitalized	1.3	0.8, 2.1	1.6	0.8, 2.9
Reason for hospitalization				
Emotional	4.4**	1.7, 11.5	--	--
Physical	0.3**	0.1, 0.7	0.1**	0.1, 0.4
Total # of placements ^{a,b}	0.08	-0.07, 0.2	0.2	-0.02, 0.5
# of placements in past year ^{a,b}	0.09	-0.04, 0.2	0.04	-0.1, 0.2
Total years in foster care ^{a,b}	0.07	-0.1, 0.3	0.02	-0.2, 0.3
# of times expelled or suspended in the past year ^{a,b}	0.1	-0.2, 0.5	0.4*	-0.04, 0.9

Notes: *Statistically significant difference between youth who were LGBTQ and non-LGBTQ at $p \leq .1$. **Statistically significant difference between youth who were LGBTQ and non-LGBTQ at $p \leq .05$. ^aLinear regression coefficient. ^bTo adjust for highly skewed data, results based on log transform of outcome variable.

(16.5 vs. 15.9 years old) and were more likely to be gender expansive (37.1% vs. 24.3%). Among females, youth who were LGBTQ were about three times more likely to live in a group home (OR = 3.3; 95% CI = 1.7, 6.4), almost two times more likely to report poorer foster care treatment (OR = 1.9, 95% CI = 1.1, 3.0), be arrested (OR = 1.8; 95% CI = 1.0, 3.2), and about 4 times more likely to be hospitalized for emotional reasons (OR = 4.4; 95% CI = 1.7, 11.5) than youth who were non-LGBTQ. Females who were LGBTQ were less likely to be hospitalized for physical reasons than females who were non-LGBTQ (OR = 0.3; 95% CI = 0.1, 0.7).

Similar patterns emerged comparing males who were LGBTQ or non-LGBTQ regarding gender expansive expression (38.9% vs. 21.9%), though males who were LGBTQ were more likely to be born outside the United States than males who were non-LGBTQ (Table 5). Among males in foster care, youth who were LGBTQ were more likely to live in a group home (OR = 3.2; 95% CI = 1.6, 6.4), twice as likely to experience homelessness (OR = 2.2; 95% CI = 1.0, 4.9), and have a higher number of school expulsions or suspensions ($b = 0.4, p \leq .1$) than youth who were non-LGBTQ. Similar to females, males who were LGBTQ were less likely to be hospitalized for physical reasons than males who were non-LGBTQ (OR = 0.1; 95% CI = 0.1, 0.4).

Discussion

Our findings highlight how youth experiences in foster care and risks to permanency differ by how gender is understood and defined. We intentionally highlight the overlap of sex assigned at birth, gender expression, and gender identity. Compared to youth who were cisgender heterosexual, youth who were transgender were two times more likely to be gender expansive, and a higher proportion of females than males were gender expansive or were LGBTQ. Though 28.3% of all females were gender expansive, 37.1% of females who were LGBTQ were gender expansive compared to 24.3% of females who were non-LGBTQ. Similarly, while 25.3% of all males were gender expansive, 38.9% of

males who were LGBTQ were gender expansive compared to 21.9% of males who were non-LGBTQ. Youth defined as gender expansive were also more likely to be LGBTQ or were female than youth defined as gender conforming. These data support previous research finding disproportionality of gender expansive females in the juvenile justice system (Irvine & Canfield, 2016). The data also show that a link between gender expansiveness and perceived and actual sexual and gender minority identities around experiences of discrimination exists (Gordon & Meyer, 2007).

Despite this overlap, we found little or no differences in outcomes between youth who were transgender and cisgender heterosexual, and between youth defined as gender expansive and gender conforming. Our finding that males in foster care faced more risks to permanency, such as living in a group home, than females was consistent with prior research (Anne E. Casey Foundation, 2015), with the exception that we found males were more likely to be arrested than females, inconsistent with other research (Cusik & Courtney, 2007). Within-group analyses by LGBTQ status revealed not all females and males experiences were the same. Consistent with minority stress theory, females and males who were LGBTQ experienced more risks to permanency and worse experiences in foster care than their peers who were non-LGBTQ, corroborating Wilson and Kastanis's (2015) findings comparing youth who are LGBTQ and non-LGBTQ. In particular, females who were LGBTQ were more likely to be arrested, hospitalized for emotional reasons, and report worse treatment in foster care than females who were non-LGBTQ. Males who were LGBTQ, on the other hand, were more likely to have experienced homelessness and poorer school performance than males who were non-LGBTQ.

Limitations

There are a few limitations that need to be acknowledged. Complete contact information of youth was an eligibility criterion to be recruited into the LAFY sample. It is possible that there was an unknown

systematic bias of youth whose contact information was available compared to youth whose contact information was unavailable. In this article, we assume the distribution of cases with unknown contact information was random in regards to sexual orientation and gender identity and not significantly different from cases with contact information. However, if this assumption is wrong, presented estimates of sexual and gender minority youth in foster care may be underestimates if these youth were more likely to have multiple placements and thus less likely to have updated contact information (Wilson et al, 2014).

Another major study limitation was the small sample size of various gender groups. We were unable to perform sound statistical tests on several outcome variables involving males who were transgender and LGBTQ and conduct interaction analysis of different overlapping gender groups because of small sample sizes. Power calculations for the LAFYS sample were to detect significant effect size comparisons between youth who are LGBTQ and non-LGBTQ, not between subgroups within populations that are LGBTQ.

Additionally, a limitation is around defining gender expression. Gender expression was captured on a scale allowing for analysis of gender fluidity. However, when examining the gender scale by outcomes, we did not detect any patterns due to small sample size at each scale level. Thus, we dichotomized the variable into gender expansive and gender conforming for large enough sample sizes to compare and detect significant effect differences. Further research examining gender expression with a larger sample size may provide different insights.

Study Implications

Despite these limitations, we believe this study adds value to those working in the child welfare space in challenging traditional definitions of gender. This article examined how youth experiences in foster care differed according to various gender dimensions of gender identity, gender expression, and sex assigned at birth by LGBTQ status and the intersections of such identities. We found that youth who identified

as sexual and gender minorities were more likely to present as gender expansive (also commonly discussed in the public policy arena as “gender-nonconforming”). We also found that the differences between the experiences of youth who are LGBTQ and non-LGBTQ differed by sex assigned at birth. Female youth who were LGBTQ were more likely to experience challenges that male youth who were LGBTQ did not, as compared to their non-LGBTQ counterparts, such as experiences with arrest or worse treatment in foster care systems. On the other hand, male youth who were LGBTQ were more likely to experience homelessness than cisgender heterosexual male youth.

Conclusion

This article provides insight into better serving youth with intersecting sexual and gender minority identities as well as youth who present as gender expansive, given the overlap of these different gender groups. Specifically, we hope our findings emphasize the importance of intersectionality and subgroup analysis, which can highlight patterns of disparities that typically get hidden when we view gender along only one dimension. We also hope our findings can encourage child welfare practitioners and policy makers to consider various gender dimensions when planning interventions and policies.

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‘Because We’re Fighting to Be Ourselves:’ Voices from Former Foster Youth who are Transgender and Gender Expansive

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There is a profound scarcity of research addressing the specific experiences of youth in care who are transgender and gender expansive. These youth face some of the most egregious mistreatment within the child welfare system. The limited scholarship addressing the experiences of youth in

care who are transgender tends to be situated within legal journals and focuses on legal analyses as opposed to in-depth understanding of the experiences of these youth. This article illuminates the experiences of youth in the foster care system who are transgender and gender expansive by drawing upon a subset of data from a qualitative, community-based participatory research (CBPR) study with former foster youth in Los Angeles County who are LGBTQ. Findings identify the formidable structural and systemic barriers experienced by participants in addition to sources of resilience.

In Los Angeles County, 19% of youth in the foster care system identify as LGBTQ and the vast majority are also youth of color (Wilson, Cooper, Kastanis, & Nezhad, 2014). Approximately 5.6% of youth in foster care in Los Angeles identify as transgender (Wilson & Kastanis, 2015). Although there is a small and growing body of research regarding the experiences of young people in foster care who are LGBTQ, there is a profound scarcity of research addressing the specific experiences of youth in care who are transgender and gender-expansive¹—who face some of the most egregious mistreatment within the child welfare system. The little scholarship that addresses the experiences of youth in care who are transgender tends to be situated within legal journals and focuses on legal analyses as opposed to an in-depth understanding of the experiences of these youth. Additionally, this scholarship does not focus on the voices of the young people themselves. Some of the specific obstacles faced by youth within the child welfare system who are transgender and gender-expansive include difficulty accessing gender affirming medical services (Turner, 2009); sex-segregated facilities that place youth based upon the sex they were assigned at birth (Love, 2014); and mistreatment ranging from chronic environmental and interpersonal microaggressions in which youth are misgendered to explicit violence and harassment by peers, foster parents, and workers within the system (Mallon, 2009; Olson, 2009). Additionally, without meaningful opportunities for education, job training, and employment, youth in child welfare systems who are transgender often lack the resources to successfully transition to independence after being in foster care, leaving many to participate in underground economies for survival (DeCrescenzo & Mallon, 2002).

This article presents findings from a Community Based Participatory Research (CBPR) study focusing on the experiences of LGBTQ

¹In this article, we have opted to use the term “gender-expansive.” Whereas historically, terms such as “gender-nonconforming” and “gender-variant” have sometimes been used in research with individuals of trans experience, language is shifting away from deficit based approach that centers the experiences of individuals who are gender conforming or whose experience falls within a traditional male/female binary. For more information about use of language, please see <http://attheintersections.org/report-language/>.

former foster youth in Los Angeles. Thematic content analysis was used to explore the specific experiences of the seven participants, from among the larger sample, who identified as transgender or gender expansive. Qualitative interviewing centered the voices of this community by affording participants space to narrate their experiences using their own language.

Literature Review

In 2014, the Williams Institute conducted the Los Angeles Foster Youth Study (LAFYS), the first population-based survey whose purpose was to measure gender identity and sexual orientation of youth in the foster care system (Wilson, Cooper, Kastanis, & Nezhad, 2014). The study consisted of 786 randomly sampled youth ages 12–21 who were living in the Los Angeles County foster care system and participated in a telephone interview. Significantly, the study found that youth identifying as LGBTQ are represented in the foster care system at a rate of as much as twice the estimated percentage of youth identifying as LGBTQ who are part of the general population (Wilson, 2014). The study additionally found that the majority are also youth of color, that they are more than twice as likely to live in a group home and have a higher average number of home placements, and are twice as likely to report being treated poorly by the foster care system. Finally, the percentage of youth identifying as LGBTQ who were hospitalized for emotional reasons (13.5%) was nearly triple the percentage of similar hospitalizations for youth in care who are not LGBTQ (4.2%).

Within a small but growing body of research, the experiences of youth who are transgender and gender expansive have historically been clustered with those of youth who are LGB (lesbian, gay, and bisexual) without proper recognition of their distinct challenges, needs, and resiliency factors. This tendency results in practice and policy decisions that are not affirming of the experiences of transgender and gender expansive young people, who often face unique and profound discrimination, sometimes perpetrated even by organizations that serve

youth who are LGBTQ. For youth who are transgender and gender-expansive, particularly those who are systems-involved, low-income, and/or youth of color, youth-serving institutions may be perpetrators of discrimination and criminalization. Grossman and D'Augelli (2006) conducted focus groups with transgender youth between the ages of 15 and 21 and found that youth experienced discrimination and rejection related to their gender identity, had difficulty finding safe environments, had poor access to appropriate physical and mental health services, and experienced a lack of continuity in caregiving by their families and communities.

Research focusing on youth who are transgender and gender-expansive, in general, has not tended to focus on youth involved in child welfare, but has revealed that transgender youth are overrepresented in the population of youth experiencing homelessness (Quintana et al., 2010; Yu, 2010). Within the spectrum of services available to youth experiencing homelessness, transgender youth face structural barriers, grounded in cisgenderism, that impede their ability to become safe and stably housed (Shelton, 2015). Youth who are transgender and gender-expansive disproportionately experience homelessness due to a constellation of factors including, among others, employment and educational discrimination, family rejection, and lack of access to health care that results in increased engagement in underground economies. Given the tendency for youth who identify as LGBTQ in general, and youth who are transgender specifically, to circulate between the child welfare and juvenile justice systems and the streets, hostile environments within the child welfare system also likely contribute to the rates at which young people who are transgender and gender-expansive are unstably housed; they may deem life on the street to be a safer alternative (Mountz, 2011).

Despite facing formidable adversity, youth who are transgender and gender-expansive do thrive, and understanding factors contributing to resiliency within this community is the focus of a growing body of research. In a study with 55 New York youth who identified as gender-expansive or transgender, Grossman and colleagues (2011) found that higher self-esteem, a higher sense of self mastery, and greater perceived

social support all predicted better mental health outcomes; emotion-oriented coping was correlated with negative mental health outcomes. A limitation of this study is that it was conducted with a sample of largely white identified young people. Focusing specifically on youth of color who are transgender and gender-expansive, Singh (2012) found five domains capturing their experiences of resilience: (1) evolving, simultaneous self-definition of racial/ethnic and gender identities; (2) being aware of experiences of adultism; (3) self-advocacy in educational systems; (4) finding one's place in the lesbian, gay, bisexual, transgender, queer, questioning youth community; and (5) using social media to affirm one's identities as a transgender-identifying youth of color. At the time of this study, there is no known research focusing specifically on the factors contributing to resilience among youth in the child welfare system who are transgender and gender-expansive, most of whom are also youth of color. This study aimed to fill this void.

Methodology

Theoretical Frameworks

Various theoretical frameworks inform this research study, including intersectionality, queer theory, and feminist theories. An intersectional lens examines how social identities (race, class, ethnicity, gender, age, ability status, sexual orientation, religion, nationality, and citizenship status) intersect to inform people's lived experiences of privilege, power and oppression (Crenshaw, 1993). Queer theory destabilizes the gender binaries that serve to understand and describe sexualities in mainstream society (Adam, 2002). It maintains the idea of fluidly embodied, socially constructed, and self-constructed aspects of social identity. Within feminist theory, knowledge is situated (based on our social location) and multiple "truths" are accepted. The merging of these theoretical lenses serves to highlight the multi-faceted, fluid and intersectional embodiment of identities and lived experiences as they relate to power, privilege, and oppression.

Community-Based Participatory Research

Methodologically, this research is informed by the practices and principles of Community-Based Participatory Research (CBPR) that take into account the participation of the community members themselves in the research process, knowledge creation and dissemination of findings, and strategies for social change. Consistent with the principles of CBPR, a community advisory board (CAB) was assembled to facilitate this research. The CAB consisted of five multiracial, multiethnic, intergenerational participants who represented a range of identities within the LGBTQ spectrum and who embodied various social work roles in their micro, mezzo and macro practices with youth in the community who identify as LGBTQ and/or were themselves formerly in foster care and LGBTQ-identifying. They assisted with designing research instruments, recruitment, navigating ethical issues, and planning gallery shows featuring participant photos.

Qualitative Approach

This research consisted of in-depth qualitative interviews. Participants were recruited through targeted and snowball sampling using flyers, social media, and community connections through various social service organizations. This project was conducted in Los Angeles, California, and all participants had experience in the foster care system in the greater Los Angeles area. While there were a total of 25 youth formerly in foster care who participated in this research, this article will focus on the voices and experiences of seven participants who identified as transgender and gender-expansive. The findings reflect the in-depth qualitative interviews with these participants, which lasted from 1 to 3 hours. Participants in this study were afforded the opportunity to either create a pseudonym or choose a favorite color by which they would be referred, and were asked questions related to family history, foster care placements and transitioning out of care, educational experiences, mental

health, substance abuse, LGBTQ identity and coming out, resilience, romantic and sexual relationships, mentorship, and systemic change. The interview transcripts were analyzed using Consensual Qualitative Research (CQR), which involved asking specific open-ended questions about a topic from the participants that were then coded into themes in a consensual manner by the researchers (Hill, 2012). A within-case analysis of the seven transcripts preceded a cross-case analysis of all transcripts in search for common themes.

Findings

Portrait of the Participants

The seven participants who identified as transgender and gender-expansive (also part of the larger LGBTQ former foster youth research project) embodied diverse racial identities, sexual orientations, sexual expressions and gender identities. They ranged in ages between 18 and 26 years old. Of the seven participants, three had completed high school, one had a GED, two were pursuing GEDs, and one had some college experience. All but one participant shared that they had used drugs and misused alcohol at one point in their lives, sometimes for issues related to gender identity, trauma, or mental health. All seven participants had harmed themselves at one point in their lives, and three specifically mentioned being hospitalized because of suicide attempts. Four of the participants shared experiences of sexual assault, but they were very hesitant about elaborating on their experiences.

Teal, an 18-year-old Latino pansexual, trans male, had experienced seven foster care placements. RedWhiteBlack, an 18-year-old Black pansexual youth, who identified as demi and tri-gender, had four foster care placements. Pulpo Libre, an undocumented Native 25-year-old, who identified as queer and gender fluid, experienced one foster care placement. Ryusuke, a 26-year-old Black, Native and Asian mix, identified as a gay trans male and experienced more than 14 foster care placements. Starla Von Switch, a 21-year old Latino and White,

straight, trans female, had a total of fifteen foster care placements. Kim Kardashian, a Black and Asian straight female, who identified as intersex, experienced two foster care placements, and Pink, a 24-year-old Black trans woman, had over thirty foster care placements.

Five themes emerged from the data: (1) increased placement disruption as compared to youth who identified as LGB; (2) lack of worker and caregiver competency; (3) barriers to accessing gender-affirming medical care; (4) barriers to housing, education, and employment that contribute to engagement in the underground economy; and (5) strength and resilience in the face of adversity because of faith and spirituality, trans-affirming organizations and community groups, and pride in one's identity.

Theme 1: Increased Placement Disruption

Youth in our sample who identified as transgender and gender-expansive had nearly twice as many placements (12) as youth in the sample who identified as cisgender (6.3). Whether it was due to explicit rejection by members of their immediate or extended family of origin, by foster parents or caregivers, or due to an environment that was more subtly non-affirming, lack of acceptance of participants' gender identities commonly contributed to decreased options for permanency and stability. For example, Pink noted that she'd had over 30 placements, and seldom felt safe within them:

And I'll say, like, there was one foster home that I went to, the only foster home that I've ever went to in my whole entire life that I was comfortable at. Once they moved me from there, it was, like, really just, like, downhill from there, you know. I was scared. I was always trying to run away. I remember I tried to run away.

In expanding upon what made this foster placement exceptional, Pink noted that it was the only home in which she felt cared for as a human being rather than as a source of income. Initially removed from her mother's home due to chronic physical and emotional abuse, which

she did not attribute to her identity, Pink at one point lived with her father, who was not accepting of her trans identity:

I moved with my dad to Englewood, and I was going to high school out there with him. It was okay, but it didn't last too long, you know, cuz I'm who I am today, and that's one of the reasons why it just didn't last, you know. I couldn't take not being myself. I just couldn't take it.

Lack of acceptance sometimes foiled potential placements before youth had even been placed in a home, as was the case for RedWhiteBlack:

I had some people, like, outside, family, like a potential foster home that I was gonna go to, they retaliated—cuz they were like really, really, really like traditional, traditional Christians, like radical... and I was just like, 'okay, I'm gonna cut off from you and move on.

Lack of acceptance on the part of family and caregivers also limited the availability of options for participants upon transitioning out of care. It is widely known that, regardless of their reasons for entering care, emancipated foster youth often return to live with their family of origin upon exiting care (Courtney & Dworsky, 2006). However, in the face of strained dynamics related to participants' identities, the possibility of post-care reunification was less likely. Additional factors limiting housing stability after foster care were institutional policies that were structurally discriminatory because they relied upon residential placements based upon sex assigned at birth. For example, Teal noted, "even trying to find transitional housing was hard because some places were like 'we don't know where to put you because you're trans.'"

Theme 2: Lack of Worker and Caregiver Competency

Although participants described both positive and negative experiences with social workers, foster parents, and other caregivers while in foster care,

many described experiences of chronic incompetency when it came to understanding and affirming the experiences of young people in care who are transgender and gender-expansive. Most commonly, this manifested in misgendering, or failing to acknowledge or affirm participants' gender identity. This took many forms, and included concerns like forgetting or refusing to use correct gender pronouns and to address youth by their asserted name, and/or forcing youth to wear clothing that corresponded to their sex assigned at birth. For example, Starla Von Switch described having a foster mother who refused to call her by her asserted name:

I ended up going to this one lady's house and she was like really hardcore Christian, and like Pentacostal Christian, so she wasn't accepting of me. I was already starting to present more as female, at that time I was pre-hormones, I was probably like 13 or 14 ... and she just wasn't really accepting of it. One time I asked her to call me 'she' and she just shot the idea down. She was like 'until your birth certificate is changed, I'm going to call you that' ... you know, like my legal name.

Starla also shared that she was misgendered by other workers in multiple contexts. Speaking of one youth worker, she noted:

She would constantly disrespect my pronouns. Like I would tell her "I'm starting to go by she, I want you to call me this name," um, I was going by T. at the time because it was close to my legal name, and I kept telling her to call me that and she would just not call me that and she was very reluctant and very aggravated that I would ask her to do that. I kept trying to explain to her like why it was important to me, you know me being early in my transition and that it was really detrimental unless she called me by my preferred name and she just wasn't open to it at all.

At times, workers and peers jointly created a non-affirming dynamic for participants. Teal describes his experience of transitioning within the context of a group home:

There's so many people that you deal with in the group home, like staff don't have to accept you and it's really frustrating when they're

just jerks about it most of the time. Like cutting my hair, everybody was like ‘oh you were so pretty’ and stuff like that, and like, because they knew me how I was before. So I think that was also really big for me, was them not wanting to accept who I really was and trying to stay the person who they thought I was, because I had long hair and stuff like that. So being around so many people and so many kids, it was six girls in the house. So all of them went just like ‘why?’

It should be noted that rare encounters with affirming workers, caregivers, and organizations had a profoundly positive impact upon participants. Starla Von Switch describes one such encounter:

Yeah, after I came to LA I ended up at [name of organization], and it was actually a good experience for me, like they were very accepting and stuff. When I first got there, I didn’t have many clothes because I was living on the street and even though I wasn’t really presenting as female, you know like I didn’t have the financial resources or whatever, like they still called me ‘she,’ like it was a big deal for them. They just accepted me for me and I really like that program because of that. Any time I meet a homeless youth on the street who could be under age I refer them there.

Theme 3: Barriers to Accessing Gender-Affirming Medical Care

There were many instances where the participants in this study shared common barriers to accessing gender-affirming medical care. This often had to do with obtaining access to hormones. For example, Teal shared, “I think during the transition in the group home was really hard too, because of course you have to go through the court to start hormones and I think it’s really frustrating because it’s a whole long process. So I had to wait till I turned 18 to start hormones.”

RedWhiteBlack shared how even the thought of not being able to access hormones caused their peers to attempt suicide:

I’ve known some friends in my community that have tried to commit suicide because of that. So I want that to be taken care of because

what we automatically think when we can't get our hormones is that they don't want to give us the hormones, and if they don't want to give us the hormones, who will? So then we're just like, we can't move forward.

While in foster care, Ryusuke asked his social worker for estrogen blockers but the social worker would not acknowledge the request, stating that he was just having a hormone imbalance. Ryusuke shared,

I always felt and identified as male. Most of them [social workers] told me to keep that quiet, not tell anybody I even requested one of my social workers to—that I could—if I could take, um, E-Blockers, and I asked her three times before never asking her again and each time was no. They thought I had a hormone imbalance when, truthfully, it was just really how I felt.

When asked about the biggest challenge since being in and also leaving foster care, RedWhiteBlack expressed “Hormones, hormones, hormones, hormones, hormones. That’s the main problem. Getting them!” They continued to share,

You have to go through Medical-card, like I got new one, but then something glitched in the system, like a whole bunch of others, and then they had to replace them. And then mine took forever to get replaced, and by the time it was replaced, I was here, and when I was here when they sent it, it got sent back. So I have the paper, but nobody wants the paper. They want the card. Like, the paper has all my information on it, and it's been signed by my social worker that it's official, but nobody—every time I take it up to someone, they're just like, 'No, this isn't enough. We want the card.' I have to go to court May 10th and request for it again.

While RedWhiteBlack had the support of their social worker, systemic barriers prevented them from accessing their hormone treatment.

Theme 4: Distinct Barriers to Housing, Education, and Employment

Many of the participants identified distinct barriers related to housing, education, and employment. Often, the lack of access to these resources contributed to homelessness, drug use, and engagement in sex work in order to survive. All seven participants experienced homelessness at one time or another. RedWhiteBlack shared,

I became homeless ... the reason was because we [foster care family] ended on a bad note, and it became a negative space, so I had to leave like, right then and there, or something was gonna end up happening.

Other participants shared that their experiences of homelessness were directly connected to their negative experiences in their foster care placements. Pulpo Libre said:

I've been homeless for the past, I wanna say, two years. I've been couch-surfing, but prior to couch-surfing, I was living on the streets. And then, after being sexually assaulted, I started sleeping in laundry rooms, for a sense of security and safety. I also started sleeping in certain hospitals. I started isolating myself from a lot of friends, a lot of family members...

Many of the youth experienced homelessness for long periods of time; sexual assault and violence often intersected with their experiences of isolation and a lack of support while living on the streets.

With regards to education, it is noteworthy that all seven participants reported bullying connected to their gender identity and expression. Kim Kardashian shared "I was being bullied at school. Then I had to go home and be, um, mentally tortured and physically tortured." Kim Kardashian ended up running away from home. Unable to complete school because of the extreme harassment, at the time of the research study, she shared that she was pursuing a GED. Kim Kardashian also struggled with homelessness, stating "when I came to Los Angeles, you know ... I didn't end up

being homeless until I came to West Hollywood.” Starla Von Switch, who also had several periods without housing described a similar educational trajectory. She noted “I didn’t really feel safe going to school because I was bullied a lot and dealt with a lot of hardships going to regular high school ... so I ended up dropping out when I was 16. I was like, f___ it.”

Additional barriers related to education for participants included changing multiple schools because of numerous foster care placements, resulting in a disruption to their education. Teal, who shared that he had been in 12 different schools as a result of changing foster care placements, barely completed high school.

Difficulty finding legal forms of employment was a common theme among the participants. This had to do with their struggles to complete their education as well as identity related discrimination. RedWhiteBlack noted the bias and discrimination they encountered in seeking employment due to their gender identity and presentation:

I’ve been looking for jobs but most of the time, it’s been kind of discriminatory because people are like ‘Oh, you look like this, but you say you’re this, so we can’t really have that for our staff and our buyers.’ So I usually get turned down.

Teal acknowledged having engaged in survival sex but did not want to elaborate more on his experiences. Similarly, Pink found herself homeless and engaged in sex work to make ends meet. She expressed:

Well, life in the last six months has been pretty interesting. I came from being homeless into being into my own apartment after so long. I’ve been prostituting—well, I—I don’t do it anymore, but, you know, like, when I when I moved out of my parents’ house—I wouldn’t say necessarily when I moved out of my parents’ house, but it all started when I started to transform to transgender. Like, not so much even transgender. Like, even when I was a gay boy, there would be guys hitting on me, picking me up. I was like, what the hell is this? Like, prostitution came into my life. It snuck in there. Like, you know, it was crazy. Like, I wasn’t even thinking about prostituting. I didn’t even know what that was, like, you know.

Due to their documentation status, Pulpo Libre had a difficult time obtaining work. They shared that they were an “undocumented artist” and had experienced homelessness and the inability to find work. The intersections of gender identity, gender expression, sexual orientation, race, social class, documentation status, and experiences of being in the foster care system all served to inform the various barriers that participants faced when trying to be independent, pursue an education, obtain housing, and find legal employment.

Theme 5: Strength and Resilience in the Face of Adversity

Despite their negative experiences before, during and after exiting foster care, most of the participants in this study exhibited extraordinary resilience and shared ways in which they managed to carry on despite their life circumstances. Within this study, we understand resilience as the ability to survive, overcome, and make meaning in the face of adversity. Sources of resilience included faith and spirituality, being connected to trans affirming organizations and community groups, and developing pride in one’s identit(ies) and communities.

Faith and Spirituality

In one form or another, spirituality and religious beliefs were sources of strength for several of the participants. Kim Kardashian shared her thoughts on God and religion, stating, “I believe in God but I don’t believe that God would tarnish a trans person or neither a trans man or trans woman or intersex person. God is love.” Teal expressed his spiritual based resilience by stating “I’m very religious. I believe in God and there’s no point to life without faith.” The belief that God is accepting of all individuals regardless of gender helped to validate their identity and contributed to their self-acceptance. Kim Kardashian continued to share her thoughts on religion by saying:

I’m not really fond of the hair, and you know, the mustache growth and the leg growth ... so I think God, like saw that, and He knew

that, and He was like, you know what? I'm not gonna curse her over this because you know her soul isn't male. Her soul is female.

It should be noted that while spirituality and religious beliefs helped provide emotional support to some of the participants, others connected religion to their experiences of rejection and non-acceptance. Yet, some participants still struggled with negotiating their spiritual and religious beliefs with their gender identity and sexual orientation.

Trans-Affirming Organizations and Community Groups

Most of the participants in this study were connected with gender-affirming and -supportive agencies, either while in care or post-emancipation, most commonly in the form of LGBT Centers. Affirming agencies served as safer spaces and linked the participants with other transgender- and gender-expansive individuals who served as peer advocates and role models. Pink shared that the community LGBTQ center was her only support, saying, "I've never really had a support group until I came here. This is the only place in my whole entire life that will accept me ... with no judgment." Starla Von Switch expressed the positive feelings she had for role models by sharing that being connected with an affirming agency "helped me see other trans people. I think it really helped to have role models and people to look up to." As previously mentioned, Pulpo Libre had the additional challenge of being undocumented and went on to explain that they also accessed organizations that supported their intersecting identities, such as one that was trans-affirming and also provided services for immigrant youth. With regards to connecting to affirming and supportive groups, Teal offered advice to foster parents, saying, "I think parents need to let the kids search for them and the parents need to be okay with letting them go to the LGBTQ center and figure out who they are."

Pride in One's Identities and Communities

Arriving at a sense of pride in one's identit(ies) and communities facilitated resilience for many participants. Teal noted the uplifting impact of pride in his community:

As an LGBT community, people tell us that we're freaks, that we're crazy but we're going to do it anyway to be ourselves. And I love the strength that I see the trans people have within LGBTQ because we're fighting to be ourselves.

Another participant, Pulpo Libri, expressed their self-acceptance by connecting with their gender and ethnic identities:

I went through being comfortable within my own skin, being brown, having long hair, and appreciating from different perspectives not just from a cultural, indigenous perspective but also expressing my feminine side. Having that duality and balance within myself, and not needing the validation of others yet still appreciating the validation of others.

When prompted to answer the question of what they feel most proud of, Pulpo Libri said the following:

Acknowledging my roots and that there's many identities that come into play, to who I am. And not exactly living in fear. Always be willing to move forward. Living without shame, *sin verguenza*, *sin miedo*, and appreciating one's strengths, regardless in what shape, what shade, what form it comes in but recognizing that we all have our strengths.

Often, this pride in one's identit(ies) and communities translated into participants' desire to mentor and advocate for other youth who are transgender and gender-expansive. Teal discussed his motivation to become a social worker:

Being one of the first trans social workers, it's going to take a lot of faith and courage, there's a lot of people that aren't going to accept

it but I'm going to continue to help kids even though people aren't accepting me for who I am, and I'm going to show those trans kids and those LGBT kids that it's fine to be [themselves].

Discussion

Although the findings from this study are not generalizable because of the small sample size, participants' narratives make an important contribution to the body of child welfare research within which the experiences of young people who are transgender and gender-expansive are almost entirely absent. Specifically, participants' narratives expand our understanding of the impact of competent and trans-affirming workers and caregivers, the power and limits of legal protections and policies, the consequences of a persistently hostile context for transgender and gender expansive young people who are child welfare-involved, and the factors that contribute to their resilience.

Several participants in this study noted the profoundly positive impact of encounters with trans-affirming workers and organizations and the significantly detrimental impact of workers and organizations who lacked linguistic competency, familiarity with appropriate services and resources for this community, and/or who demonstrated personal bias against youth who are transgender and gender-expansive. Research suggests that an openness and willingness to freely discuss issues related to gender identity and sexual orientation are both associated with positive outcomes for youth who are LGBTQ (McCormick et al., 2016). However, as this study revealed, many workers and caregivers in the child welfare system lack the skills and/or comfort to engage in these critical conversations with youth in a way that is affirming. This has weighty consequences given that experiences of prejudice and discrimination are correlated with increased suicidal ideation and otherwise poor mental health, substance abuse, and homelessness for young people who identify as transgender and gender-expansive (McGuire, Mahan, Lacey, Clark, & Hoelscher, 2017; Grossman & D'Augelli, 2007).

Although limited, some jurisdictions have implemented mandatory training of child welfare employees and caregivers, while others allow employees to self-select into or out of trainings, and still others offer no trainings at all. Given the overrepresentation of LGBTQ-identifying youth in general, and transgender and gender-expansive youth specifically, within child welfare settings, we recommend that every jurisdiction offer and make mandatory LGBTQ competency training. Further, given the tendency for erasure of transgender and gender-expansive youth experiences within many LGBTQ competency trainings, we recommend that such trainings have modules specific to working with youth who are transgender and gender expansive. Moreover, given that learning to work with communities in a way that is culturally responsive is a lifelong commitment and process, we recommend that such trainings be accompanied by ongoing coaching and support.

While training can help to change the knowledge of individual workers or caregivers, and to a certain extent, can even impact the culture of an organization, without affirming policy, youth in foster care who are transgender and gender-expansive continue to fall victim to structural barriers and unjust bureaucratic processes. This can have a range of impacts, including landing youth in gendered residential spaces that are incongruent with their identity or experience of their gender. These young people may also be denied access to arguably life-saving medical services and resources such as hormones. In order to ensure youth's wellness and safety, we recommend that all states have legal protections guaranteeing foster youth's right to be placed in settings and to use restrooms and other facilities consistent with their gender identity, to use their asserted name and pronouns, and to wear clothing, hairstyles, etc., that feel good to them. We additionally recommend that all states' Medicaid programs cover transition related medical services for youth and that child welfare agencies contract only with trans-affirming and knowledgeable medical providers.

While more and stronger trans affirming policies are needed, we are in a current historical moment when the rights of youth who are transgender and gender-expansive are being lost rather than gained on

a national level. Title IX protections guaranteed within educational settings under the Obama administration were dissolved in 2017. This has dangerous consequences given that participants in this and other research have attributed dropping out of school to experiences of chronic bullying. It is also noteworthy that youth in this study all reside in California, which has passed more laws than any other state to support youth who identify as LGBTQ in general, and youth who identify as transgender and gender-expansive specifically (Movement Advancement Project, 2017). In January 2004, California passed the Foster Care Non-Discrimination Act (AB 458) to ensure that LGBTQ individuals involved with the foster care system have the right “to be safe and respected in their placement, to use restroom facilities according to their gender identity and gender expression, to participate and decline participation in religious activities, and to use their preferred name and pronouns and wear clothing and hairstyles that make sense for their preferred gender identity and gender expression” (EQCA, 2015). California Senate Bill 731, signed into law in October 2015, gave protections that ensure all youth in foster care have the right to a placement that is consistent with their gender identity, regardless of the sex listed on their legal and dependency court documents. Moreover, it states that youth in California should have the right “to have caregivers and child welfare personnel who have received instruction on cultural competency and sensitivity training relating to, and best practices for, providing adequate care to LGBT youth in out-of-home care” (EQCA, 2015). While California’s policies should be a model for other states, it is noteworthy that youth in this study were in the most legally prepared state in the country and still encountered rampant mistreatment and incompetency. Therefore, rigorous and ongoing evaluation of policy implementation and adherence is also needed.

Conclusion

Although the intent of child welfare systems is to remove youth from harmful contexts and offer them safe environments in which to develop,

thrive, and transition to adulthood, it is clear that child welfare contexts may fail to do so and even may do much to perpetrate transphobic discrimination and violence. Transgender and gender-expansive youth who feel unsafe in a foster care or group home setting may choose to live on the streets, which all of the study participants experienced. Living on the streets puts youth at risk for issues such as becoming involved in sex work and being exposed to HIV, rape, and incarceration (Sikerwar & Rider, 2015). Many of the participants in the study described experiences of sexual assault, in addition to transphobic verbal and physical assault in the street. As participants' testimonies demonstrate, although incredibly resilient, youth who identify as transgender and gender-expansive are also among the most vulnerable populations served by the child welfare system. There is much progress to be made to ensure that child welfare settings are doing everything possible to support their well-being and resilience, and thwart the persistently high rates of homelessness among transgender-identifying youth and young adults who exit their care.

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Queering the Question: Using Survey Marginalia to Capture Gender Fluidity in Housing and Child Welfare

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This research uses survey marginalia to differentiate the housing and child welfare experiences of youth identifying as gender non-conforming from their peers identifying as cisgender LGB. Marginalia references the unexpected responses people provide by writing in instrument margins or not complying with research

tools. Findings indicate that data-cleaning and discrete questions about identity can erase youth identifying as gender queer or gender fluid from sampling as data noise, prompting an underreported incidence of risk. The inclusion of marginalia surfaces youth who are otherwise miscategorized or eliminated from sampling and alters the findings on trajectories from foster care to homelessness, experiences with violence, and incidence of harassment within social services. The paper presents an alternative method of including these youth in measurement bringing visibility to the intersection of housing insecurity, child welfare, and gender identity.

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This research draws on mixed-method surveys with youth who identify as LGBTQ to determine how gender identity intersects with experiences in housing and child welfare. National-level data indicates an overrepresentation of this population in child welfare and homelessness (Choi et al., 2015; Wilson & Kastanis, 2015), but comparatively less is known about how these systems intersect, and how the experiences of youth who are gender non-binary differ from those who identify as cisgender LGB (Shelton, 2016). Nonetheless, many practitioners rely on static gender definitions when referring youth to child welfare and housing services (Mallon, 2009). That is, that one must be consistently male or female and that each side of this binary leads to sex-specific practice recommendations. This is evidenced in trans-affirming practices such as placing girls who identify as transgender in juvenile justice settings with those whose female identity corresponds with their birth sex (Squatriglia, 2008). The underlying drive is equity and yet this approach creates a new other; those who fit neither male nor female creating practice dilemmas for those structurally bound to refer clients to single-sex settings (Thaler, Bermudez, & Sommer, 2009). Research tools assuming fixed gender identities likewise bind grant-writing, evaluation research, and needs assessments. Thus far, the approach to including this population in sampling often involves adding an additional letter to the LGBT acronym, but with increasing numbers of youth self-identifying as gender non-conforming it is likely that current methods miss additional people at risk.

This study bridges these gaps by using survey marginalia to understand child welfare and housing data. Marginalia references the unexpected responses people provide by writing in survey margins, crossing out questions, skipping scale items, or generally not complying with a research tool by extending answers beyond pre-set instrument boundaries (McClelland & Holland, 2016; Stoudt, 2016). Historians, along with literary and religious scholars, have long prioritized the thoughts people provide when interacting with text (Krueger, 2015; Hoeniger, 1966). As McClelland (2016) notes, we interact with ideas and events in history

understood in the context of what Jane Austen wrote in the margins of books (Krueger, 2015), what Benjamin Franklin penned in corners of political documents (Rossiter, 1952), and what Jonathan Edwards underlined in his Bible (Santayana, 2011). These forms of marking text are taken seriously because we take these luminaries seriously. In this case, we extend a similar degree of importance to the manner in which youth interact with instruments by anchoring the ways they mark-up surveys in critical and mixed-methods theory (Butler, 1990; Hesse-Biber & Leavy, 2008; Hooks, 1984; Teddlie & Tashakorrie, 2009). By including all of their comments and interactions with the instrument in our dataset we capture a more holistic understanding of how gender non-conforming youth experience child welfare and housing insecurity.

Marginalia provides researchers with new methodological options for including this population in research and a starting point for capturing the shifting linguistics of gender identity. We do this by drawing on Eckert & McConnell-Ginet's (1992, p. 1) call to "think practically and look locally" with regards to power, gender, and local constructions of language. In practice, this means designing survey tools that create space for expression rather than constrain it. To that end, we use terms provided by research participants that may or may not reflect language used elsewhere in the literature, other communities, or in other practice settings. Gender non-binary, gender queer, gender non-fluid and gender non-conforming were all used by youth self-identifying outside the fixed categories of male or female. For purposes of clarity, the remainder of the paper utilizes gender non-conforming as an umbrella term for the aforementioned descriptors.

Literature Review

Anywhere from 20–40% of youth experiencing homelessness identify as LGBTQ, and similar overrepresentations exist in child welfare (Shelton, 2015; Wilson & Kastanis, 2015). Despite comprising only 5–7% of the overall youth population, LGBTQ youth are three times more likely than their non-LGBTQ peers to experience foster

care (Irvine & Canfield, 2015). Although anywhere from 14–39% of LGBTQ-identifying youth experiencing homelessness cite their sexual orientation or gender identity as contributing to housing instability most do not move directly from their family to the street (Berberet, 2006; Ream & Forge, 2014). More frequently, they shift away from home into a transitional housing setting or kinship care arrangement before experiencing homelessness. They are also leaving homes marked with long histories of economic strain, violence, or drug abuse pre-exposing their families to frequent encounters with the child welfare system not necessarily related to their child's sexual orientation or identity. The documented numbers of LGBTQ-identifying youth who were explicitly kicked out of what Ream & Forge (2014, p. 9) term "otherwise well-functioning homes" is fairly small. When these youth are forcibly kicked out of otherwise stable homes due to their orientation or gender identity, they tend to exit homelessness quickly (Ream & Forge, 2014).

However, regardless of how or when youth who identify as LGBTQ encounter child welfare and housing systems, nearly all of them describe experiencing physical abuse, harassment, or sexual abuse associated with their identity when entering social service systems (Hunter, 2008; Mallon, 2009; Ream & Forge, 2014). Prejudice by others associated with their sexual orientation or gender identity hinders social service access when the process of seeking help mimics the trauma they are fleeing (Stotzer, Silverschanz, & Wilson, 2013). Many child welfare workers feel it is dangerous for this population to self-disclose their identity because it can elicit physical abuse and harassment in group homes and foster care settings (Ream & Forge, 2014). In some cases, shelters explicitly exclude these youth from care, kick them out due to their sexual orientation, or force them to comply with dress codes, placing them at risk (Quintana et al., 2010). For example, one Midwestern shelter forces youth identifying as LGBTQ to dress in orange jumpsuits, physically marking them as outsiders and making them clear targets for harassment; many other providers require youth who identify as transgender to dress in accordance with the sex they were assigned at birth, prompting acute anxiety and symptoms of depression

(Quintana et al., 2010). As a result, many opt for the “relative safety” and predictable risks of the streets rather than submitting themselves to potential victimization within social services (Ream & Forge, 2014, p. 11). Once couch surfing or living on the streets, they are 70% more likely than their peers to exchange sex for housing which is linked with higher rates of sexually transmitted infections, experiences with violence, and sexual exploitation (Keuroghlian et al., 2014).

The aforementioned risks are compounded for youth of color as they are already navigating the social and health implications of racial exclusion in housing and economic markets (Kattari et al., 2016). National-level data capturing the intersection of race and the LGBTQ community is still lacking, but regional research indicates that the majority of LGBTQ youth experiencing homelessness are people of color who experience higher rates of violence, abuse, mental health trouble, and sexually transmitted diseases than their peers (Page, 2017; Quintana et al., 2010). In some cases, these disparities can be attributed to a legacy of racial discrimination, but legal scholars also argue that these outcomes result from “legislative invisibility” created by color/gender-blind policies ignoring the intersection of race and sexual orientation (Page, 2017, p. 20).

Differentiating the Needs of Youth who Identify as Transgender and Gender Non-Conforming

For well over a decade, the child welfare challenges faced by this population has generated research revealing how their needs differ from those identifying as heterosexual (Mallon, 1998). However, as this knowledge expands, research specifically capturing experiences of transgender and gender non-conforming youth remains sparse (Mallon, 2009; Saltzburg & Davis, 2010; Kenagy & Hsieh, 2005). Instead, they are grouped alongside their cisgender LGB peers in sampling and research methodology (Shelton, 2015; Stotzer et al., 2011). This false equivalence of gender identity and sexual orientation inhibits intervention development, erases their strengths from empirical

literature, and stunts the efforts of practitioners motivated to serve these youth (Shelton, 2015; Wilber, Ryan, & Marksamer, 2006).

When sampling methods do differentiate transgender and gender non-conforming youth from their peers the results are troubling. Youth who identify as gender non-conforming are four times more likely than their peers who identify as cisgender LGB to experience physical abuse, more likely to report running away from home or being kicked out, and more likely to have their foster or group home placement disrupted (Irvine & Canfield, 2016). Given these disparities and sampling conflation with peers who identify as cisgender LGB, researchers must first confront the question of *if* and *how* youth beyond the binary are accounted for.

Theoretical Framework: Marginalia as Method and Theory

In research, reliability is the degree to which an instrument consistently produces stable and predictable results over time (Golafshani, 2003). Scale development, program evaluation, and population-level research necessarily rest on instrument stability. In the case of youth who identify as gender non-conforming, the intake forms and tools commonly used are remarkably reliable, but in ways the most well-meaning researchers likely do not intend. A dichotomous research tool, where one must check a single box to the exclusion of another, can reliably reject this population from the same research designed to include them. Unlike their peers who identify as cisgender LGB, youth who identify as gender non-conforming do not fit the boxes researchers construct because they are situated within and between the ways we often think about gender identity. As such, they are reliably left out of measurement altogether or placed within a LGB framework where identity is presumed fixed or synonymous with sex at birth. This functionally erases them and their lived experience from those seeking their expertise to inform policy, practice, and research.

In this case, finite gender categories reliably erase people who identify as transgender and gender non-conforming from sampling while hindering the efforts of researchers motivated by social justice and a sincere desire to create safe spaces for and with this population. Put another way, youth who identify as gender non-conforming lack an appropriate box to check. This constrains the self-determination and agency of researchers and the population. We understand agency to mean the degree to which one consciously controls their actions, decisions, bodies, and desires. In the context of research, this pertains to one's ability to carry out their research aims relatively unencumbered. In the context of practice, it references the degree to which a client can exercise self-determination in setting goals and participating in treatment plans. Human behavior is always interacting with a social environment that is shaping one's ways of knowing, potentially altering research trajectories even when the study prioritizes the client's voice. For example, as the methods section illustrates, youth who identify as LGBT helped design the survey used in this study. Nonetheless, it still reproduced a process of masking youth who identify as gender non-conforming, akin to Butler's (1990, p. 198) description of gender performativity as a "compulsion to repeat."

On the one hand, this inherent tension can be understood through a Foucauldian lens of power and resistance whereby the subjugation, or erasure, of gender non-conforming exists in the combative space between resisting biased tools (the youth) and those who possess them (the researchers). On the other, one can disrupt this process by anchoring their research tools in a manner that invites agency on the part of the researcher and the participant while also acknowledging the problematic structures creating the tension in the first place (Evans et al., 2010). By situating unexpected marginalia responses within established empirical methods governed by a compulsion to repeat, all parties are offered the type of agency Butler argues is "located within the possibility of a variation on that repetition (Butler, 1990, p. 198)." To be clear, a box option labeled "gender non-conforming" remains a box, but if one takes Butler's theory (1990) seriously they can insert agency into

the very space creating and maintaining dominant gender discourses by letting youth creatively adapt their instrument responses.

Methods

Our Institutional Review Board approved this research, which is a subset of a larger study on health, mental health, criminal justice, and education in the context of strengths-based LGBTQ programming. For this research, we are reporting findings pertinent to the intersection of housing insecurity and child welfare with a particular focus on youth who identify as transgender and gender non-conforming. The aim is to determine the relationship between these systems to inform future hypothesis generation and evaluation research accounting for this population.

Sampling and Recruitment

Surveys containing qualitative open-ended questions, closed ended responses, and likert scales were conducted with 75 LGBTQ-identifying youth recruited through an urban agency providing case management, housing referrals, and mental health treatment for young people. Recruitment criteria included youth who self-identified as LGBTQ and were currently experiencing housing insecurity. Staff identified potential respondents during intake and invited their participation in the agency's study. The final sample included 75 youth between the ages of 16 and 24. Forty-nine percent self-identified as Black, 23% as mixed race, 4% as White, and 24% as another race/non-White. 59% of participants described their gender identity as male, 13% as female, 8% as transgender female, 3% as genderqueer, 3% as non-binary or gender non-conforming, one declined answering, and 12% selected more than one gender identity. One participant identified as transgender male.¹

¹ As described later, marginalia methodology permitted participants to select more than identity.

Data Collection and Analysis

An agency staff member with extensive experience with youth who identify as LGBTQ privately administered all surveys, which were then de-identified for our team. Agency staff designed the survey and included input from youth identifying as LGBTQ. The instrument contained close-ended questions capturing encounters with child welfare, eviction, homelessness, and couch surfing, along with open-ended questions capturing participants' lived experience of the aforementioned items such as, "Do you feel safe where you are currently staying? If no, why not?" Responses were physically reported on hard-copy packets providing marginalia data collection opportunities we would otherwise miss.

The study utilizes an equal status mixed methods design (QUAN/QUAL), which means the authors place equivalent importance on the quantitative/close-ended responses and the qualitative/open-ended descriptions of their lives (Teddlie & Tashakorrie, 2009). Quantitative analysis occurred in SPSS software and qualitative analysis occurred in the coding software Dedoose. As a small exploratory study only descriptive statistics were generated to lay groundwork for future hypotheses. Qualitative coding followed Braun and Clark's (2006) five thematic phases, which prioritize the surface-level themes participants articulate instead of interpreting underlying meaning.

Findings were generated in a two-step process. Step one followed standardized methodology, meaning that those who did not comply with the instrument were removed from the dataset in a typical data cleaning fashion. Any survey containing substantial missing answers, crossed out questions, contradictory information, or multiple checked boxes were removed from the dataset. Comments written in the margins, over the questions, or extending beyond the predetermined, open-ended spaces were likewise eschewed as data noise. Findings were generated as though these forms of marginalia were functionally non-existent generating an initial sample of 52 that did not include anyone self-identifying as transgender or gender non-conforming.

In step two, everything participants marked anywhere on the survey was included within the dataset. No response or survey was eliminated as data noise. Instead, any comments or survey interactions were interpreted as youth speaking back to the instrument and us as researchers. Including those ordinarily removed from the dataset expanded the sample to 75. Findings were generated a second time, and in the exact same fashion, but this time all marginalia remained. The quantitative findings and qualitative findings were subsequently integrated together, providing a fuller picture of the invisible spaces that youth identifying as gender non-conforming occupy. This involved creating a sub-sample of 23 we labeled as “queering the question.” Anyone checking multiple boxes or providing seemingly contradictory answers on questions of pronouns, identity, or sexual orientation was included in the queering sub-sample, which reflected youth whose gender identity is considered fluid, non-conforming, genderqueer, non-binary, or transgender. In this research queer describes those whose self-described gender identity is outside the male/female binary. For example, one participant self-identified as simultaneously male, female, and as using she/her pronouns. Since they checked multiple discrete boxes within the same question, they were eliminated from step one’s sample as data noise, but included in step two as someone queering questions.

Findings

Prioritizing marginalia as data produced salient findings in experiences with trauma and abuse, aging out of foster care, the presence of gender identity, and relative silence surrounding race. We begin with an overview of the entire sample. We then compare those who queered questions, which we understand as gender non-conforming, with those who did not.

Considering Youth who Identify as LGBTQ as a Whole

Using HUD’s unsafe housing definition as a rubric (HUD, 2016), more than 90% of the youth lived in dangerous settings within the past

two weeks. Only 24% currently lived within shelters or housing systems, one resided in a motel, and eight were residing in cars, squatting in abandoned properties, or living on the streets. Seventy-three percent cited conflict at home and/or being kicked out as a precursor to homelessness. Only three participants said race pertained to experiences with housing instability. Conversely, 71% described their sexual orientation or gender identity as contributing to their housing status. Seventy-two percent described “couch surfing,” meaning they would relocate from home to home as friends, family, or acquaintances would invite them to stay for brief windows of time.² Most reported preferring “couch surfing” to what they described as “systems involvement” or engaging with child welfare, housing, and social service agencies because they feared abuse and harassment due to their orientation or identity.

In more extreme cases of abuse, some called child welfare seeking help. However, whether they were actively pursuing “systems involvement” or fleeing it altogether, everyone described their motivation as driven by the need for safety, agency, and self-determination. Youth constantly engaged in a series of trade-off calculations to determine which housing option was their safest bet on a given night. By way of example, four participants exchanged sex for housing rather than returning to an abusive home or engaging with shelters where they feared violence associated with their sexual orientation or gender identity.

The housing situations youth described are widely understood to be social determinants of poor health and economic instability, but 70% of participants said they felt safe in their current environment. We interpret this finding in two ways. First, if youth describe dangerous situations as safe, it speaks to the lack of safety they experienced elsewhere as well as the degree of harm they fear when engaging social services. Second, although beyond the focus of this paper, it also implies that a

² According to agency staff youth constantly triangulate their sense of safety by pursuing more than one housing option simultaneously. This provides them with a back-up plan if they feel unsafe, feel forced out of a housing situation, or if they are kicked out altogether. For this reason, the agency designed the instrument so that participants could check more than one housing box at a time. The qualitative sections of the survey overwhelmingly supported this assertion by staff.

sense of agency and self-determination functions as a core component of safety that can also serve as a form of resilience or resistance to structurally shaped discrimination (Shelton et al., 2017).

Comparing Youth who Identify as Transgender and Gender Non-Conforming to their Cisgender LGB Peers

Differentiating those who queered questions shifted findings on trauma, abuse, and aging out of foster care. Youth identifying as gender non-conforming were more likely to age out of foster care and into homelessness (38% vs. 12%), more likely to report experiencing violence at home (44% vs. 29%), and more likely to be the victim of a crime (70% vs. 46%). Further, half of these youth surveyed reported experiencing a traumatic event involving a family member, compared with only 15% of their cisgender LGB peers.

With the exception of aging out of foster care and into homelessness, the quantitative findings on housing insecurity and gender identity barely differed. Regardless of gender identity, all participants reported nearly identical rates of eviction, shelter stays, couch surfing, and placements in transitional housing. However, when integrating the quantitative and qualitative descriptions of trauma, abuse, and assault experienced in those spaces, participants queering the question reported persistent levels of physical abuse, verbal harassment, and exposure to violence in almost every setting. This ranged from their families of origin to caregivers, official and unofficial kinship care arrangements, group homes, and transitional housing.

Among youth identifying as gender non-conforming, qualitative codes on abuse and trauma co-occurred with every type of housing or living arrangement. The single exception was an 18-year-old youth who described a kinship care placement with their grandmother as healing despite different values surrounding sexuality and identity. In their words, she “Did not agree, but did not judge. She loved and treated me with respect. Just realized I was different than her.” Beyond that relationship, like others identifying as gender non-conforming, they

reported some form of trauma or violence in every other housing situation. Conversely, although the cisgender LGB group also experienced trauma and abuse either at home or in social service settings, their experiences were far more episodic than persistent across all types of living arrangements, indicating that within this sample gender fluidity is associated with a higher risk for abuse.

Discussion

The rates of couch surfing, eviction, housing insecurity, and incidence of abuse found here largely reflects existing literature, but prioritizing marginalia surfaced how youth identifying as transgender and gender non-conforming differ from their cisgender LGB peers. Excluding their marginalia responses surrounding gender identity and pronouns would have led to underreported rates of abuse, trauma, and aging out of foster care into homelessness. Including marginalia brought transgender and gender non-conforming youth into the sample when they were otherwise erased. Their non-compliance with the instrument indicated affiliations with multiple, seemingly conflicting identities; 21% of youth self-identified as female, but 37% said they used she/her pronouns. Similarly, 59% described themselves as male, but only 41% report using he/him pronouns. We interpret these apparent contradictions as evidence of gender's elasticity in this population.

When closely listening to those queering questions it highlights how their understanding of self exists beyond the binary choices typically given as responses to "What is your gender?" Their non-binary understanding of self correlates with different experiences in housing and child welfare. This points to the need for decoupling youth identifying as gender non-conforming and transgender from their cisgender LGB peers when sampling, and indicates researchers ought to think more broadly about what they consider including or excluding from datasets. It also indicates that electronic intake forms or use of qualtrics in agency settings are likely misrepresenting this population because the system's default settings force respondents to click a single box.

Had the agency used the standard qualtrics approach instead of physical paper this research would have entirely erased or miscategorized the 23 respondents identifying as gender non-conforming.

Although youth of color dominate the sample (96%), race was simultaneously everywhere and nowhere. Only three associate race and ethnicity with housing insecurity. Some of this can be attributed to question framing, but nonetheless the survey provides several open-ended questions about housing histories, and race rarely surfaces. Despite the lack of written mentions of race, when comparing their housing experiences with data on race and housing from the region their housing histories mirror the affordable housing crisis underway in local communities of color.³ Although this study is not generalizable, this remains a noteworthy comparison. For example, the sample's eviction rate was only one percentage point higher than the known eviction rate for communities of color. Given the well-established gender and racial disparities in housing markets (Baker, 2014), and the lack of national-level data capturing the intersection of race and the LGBT community (Kattari et al., 2016; Page, 2017), this points to the need for future research in this area.

Limitations

Several limitations surround these findings. As an exploratory study, the instrument necessarily focused on the broad scope of child welfare and housing service encounters instead of fine-grained details. Consequently, precise determination of when and how often housing insecurity occurred remains missing. Sometimes youth delineate which experiences occurred before or after leaving home, but most do not provide enough information to determine how often they move from child welfare systems to the shelter system and vice versa. Given that couch surfing youth dominate the sample this inconsistency is expected, but it also

³ Specific local statistics are eliminated for anonymity.

hinders the degree to which the study inadvertently captures class, the spillover effects of racial discrimination experienced elsewhere, and prior social service entanglement. We were also unable to determine if gender fluidity is associated with length of stay in group homes, shelters, and transitional housing, which is also necessary for future study. Finally, as a small study resting on a purposive sample these findings are not generalizable to the larger population.

Practice and Policy Implications

The legal and ethical obligations of mandated reporting represent a problematic undercurrent in these findings. Since the study relies on existing agency-based data we worked with de-identified surveys only. However, three minors were living in situations obligating mandated reporters to contact child welfare and IRB-bound researchers to break confidentiality. Nine others had been legal adults for less than six months, but if they were still minors they also would have met mandated reporting criteria in the geographic study boundaries. Given this tension, had we personally collected the data versus using agency records, it would necessarily be restricted to legal adults representing yet another reason why child welfare practitioners must lead the way in capturing this population's emerging needs while maintaining appropriate legal guidelines. Researchers may need to work with de-identified closed cases only, but unless the file happens to capture a self-disclosed gender fluidity the findings will likely be limited and continue erasing gender non-conforming youth from research. At the agency level, creating space for youth to note gender fluid identities must move beyond offering additional boxes to check and into constructing safe social service settings that do not re-traumatize youth prompting them to flee "systems involvement."

On a macro level, this research and others (Mallon, 2009; Page, 2017; Shelton, 2016) highlights the necessity of population level data capturing sexual orientation and gender identity alongside race and other socioeconomic variables at-scale. If the LGBT Data Inclusion Act had

passed in 2016, it would have required a wider array of options for sexual orientation and gender identity in Federal surveys like the Census (H.R. 5373). Given the Trump administration's clear opposition to extending legal protections for this population (The White House, 2017), it is unlikely that any version of the act will pass soon. However, this does not preclude local governments from collecting data on those identifying as gender fluid. Instead, it offers child welfare agencies and researchers the opportunity to set a local policy agenda centered on their expertise of bringing gender non-conforming youth "from margin to center (Hooks, 1984)" while acknowledging how and when they experience social services differently.

Although we did not focus on how self-determination buffers against housing precarity for youth identifying as LGBT, these findings indicate that strength and pathways toward healing exist within the lived experience of risk. To that end, this data adds to the renewed focus on surfacing a more nuanced, strengths-based, and positive discourse on sexuality and gender identity in social work, child welfare, and social services (Baker et al., 2015; Bay-Cheng, 2013; Dodd & Tolman, 2017; McCave et al., 2014; Shelton, 2017; Sterzing et al., 2017; O'Neill, 2016).

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