

# *Child Welfare*

*Over 95 Years of Excellence*

Journal of Policy, Practice, and Program

*Special Issue*

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

*(Second of two issues)*

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Library of Congress Catalog Card Number 52-4649.

*Child Welfare* (ISSN 0009-4021) is published bimonthly by the Child Welfare League of America, Inc. Periodicals postage paid at Washington, DC, and at additional mailing offices.

POSTMASTER: Send address changes to:

Child Welfare League of America, 727 15th Street NW, Suite 1200, Washington, DC 20005.

For information regarding advertising, abstracts, and indexes, contact the Managing Editor at [journal@cwla.org](mailto:journal@cwla.org).

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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.

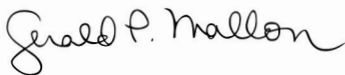
Volume One centers on the twin themes of (1) data and evaluation and (2) youth who are transgender and gender expansive. In the first article, Poirier and colleagues focus on the experiences of and opportunities for improving services and outcomes for youth who are LGBTQ through the lens of the Jim Casey 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*

*(Second Issue)*

Children and young people in foster care who are LGBTQ<sup>1</sup> 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 practices<sup>2</sup> 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 jurisdictions<sup>3</sup> 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 cisgender<sup>4</sup> and heterosexual.

Progress on gathering information for Adoption and Foster Care Analysis and Reporting System (ACFARS)<sup>5</sup> 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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<sup>1</sup> LGBTQ refers to those who self-identify as lesbian, gay, bisexual, transgender or questioning their sexual identity or gender identity.

<sup>2</sup> 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/>

<sup>3</sup> 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.

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

<sup>5</sup> 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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# Reversing Erasure of Youth and Young Adults Who are LGBTQ and Access Homelessness Services: Asking about Sexual Orientation, Gender Identity, and Pronouns

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Youth and young adults (YYA) who are LGBTQ are overrepresented in the population of youth experiencing homelessness. Youth homelessness service providers need to be able to identify and refer YYA who are LGBTQ to appropriate and competent supportive services that will address their unique needs, ensure that transgender and gender expansive YYA are referred to using accurate names and pronouns, and collect data that can provide a better understanding of the prevalence of homelessness among YYA who are

LGBTQ. Enabling YYA to identify sexual orientation, gender identity, and pronouns when seeking homelessness services is one recommended practice for working with YYA who are LGBTQ. This study aimed to better understand the experience of being asked sexual orientation, gender identity (SOGI) and pronoun questions when accessing YYA housing supports and services, and to center the voices of YYA who are LGBTQ in the conversation regarding SOGI and pronoun questions. While the vast majority of respondents supported asking YYA about their pronouns, they had mixed views about whether or not sexual orientation and gender identity should be asked when YYA access homelessness services.

Homelessness among youth and young adults (YYA) who are lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQ) has received recent attention from advocates, policymakers, researchers, and youth-serving systems. The United States Interagency Council on Homelessness (USICH) issued a framework to end youth homelessness by the year 2020. The framework acknowledges YYA who are LGBTQ as a specific population warranting attention, given their disproportionate representation and unique needs (USICH, 2013). Recent research has documented the challenges faced by YYA who are both LGBTQ and experiencing homelessness, including institutional barriers (e.g., provider refusal of service, lack of staff training, binary sex-segregated accommodations and programming) and discrimination when accessing services (Abramovich, 2016a; Shelton, 2015; Choi, Wilson, Shelton, & Gates, 2015; Gattis, 2013). One suggested best practice for serving YYA who are LGBTQ is to enable YYA to self-identify their sexual orientation and gender identity (Ferguson & Maccio, 2012; Lambda Legal, 2009). Asking these questions can be one way to identify and refer YYA who are LGBTQ to appropriate and competent supportive services that will address their unique needs, to ensure that transgender and gender expansive youth are referred to using accurate names and pronouns, and to collect data that can provide a better understanding of the prevalence of homelessness among YYA who are LGBTQ. When delivered in a culturally and linguistically competent manner, these questions can also communicate openness and support for a range of sexual identities, gender identities, and gender expressions.

The practice of integrating questions about sexual orientation and gender identity in health care and child welfare settings has been explored in recent research (Wilson, Cooper, Kastanis, & Choi, 2016; Cahill et al., 2014). However, research has not yet explored how YYA who are LGBTQ accessing homelessness services experience this practice. The goals of this study were (1) to better understand the experience of being asked sexual orientation, gender identity (SOGI) and pronoun questions when accessing YYA housing supports and services, and

(2) to center voices of YYA who are LGBTQ in the conversation regarding SOGI and pronoun questions. Understanding the experience of being asked SOGI and pronoun questions begins to fill a gap in the existing literature about service acquisition and best practices for engaging YYA who are LGBTQ and are experiencing homelessness.

## Review of Literature

YYA who are LGBTQ experience homelessness at disproportionate rates. Recent studies estimate that YYA who are LGBTQ comprise between 25–40% of the population of YYA experiencing homelessness (Choi et al., 2015; Durso & Gates, 2012; Maccio & Ferguson, 2016; Quintana, Rosenthal, & Krehely, 2010). Family conflict is the most commonly cited cause of homelessness for all young people, regardless of gender or sexual identity (Abramovich & Shelton, 2017; Cull, Platzer, & Balloch, 2006; Gaetz, 2014; Karabanow, 2004). However, identity-based family conflict resulting from a young person coming out is one of the most frequently cited pathways leading to homelessness among YYA who are LGBTQ (Abramovich, 2016b; Choi et al., 2015; Cochran, Stewart, Ginzler, & Cauce, 2002). Once homeless, YYA who are LGBTQ are disproportionately impacted by a range of negative outcomes. For instance, YYA who are LGBTQ experiencing homelessness report higher rates of housing instability, mental health concerns, substance use, and physical and sexual exploitation, and are at increased risk for involvement in the criminal legal system in comparison to their heterosexual and cisgender peers (Abramovich & Shelton, 2017; Cochran et al., 2002; Durso & Gates, 2012). In a recent survey of homeless youth service providers, respondents reported that the YYA they serve who are LGBTQ experience longer durations of homelessness compared to their counterparts who are heterosexual and cisgender. Similarly, providers reported that among the YYA they serve, the YYA who are LGBTQ, especially YYA who are transgender, are often in worse physical and mental health than their counterparts who are heterosexual and cisgender (Choi et al., 2015).



It is important to note that these health disparities are not inherent among YYA who are LGBTQ and experiencing homelessness. Rather, they are often the result of societal oppression rooted in heterosexism and cisgenderism, widespread discrimination, and the negative attitudes associated with homophobia and transbias (Shelton, Wagaman, Small, & Abramovich, 2017). For YYA who are transgender, structural barriers create additional challenges to program engagement, retention, and successful outcomes (Shelton, 2015). Ultimately, YYA who are LGBTQ are less likely than YYA who are heterosexual and cisgender to access services, often due to societal and institutional stigma, fear, harassment, and discrimination (Abramovich, 2016b; Gattis, 2013).

## **Homelessness Services as Locations Where LGBTQ Identities are Erased**

Institutional erasure occurs through a lack of policies that accommodate trans identities or trans bodies, including the lack of knowledge that such policies are even necessary. This form of erasure is actualized in several ways. The possibility of trans identities can be excluded from the outset in bureaucratic applications such as texts and forms. (Bauer et al., 2009, p. 354)

Namaste (2000) describes institutional erasure as the conceptual and institutional relations (p. 137) that result in the invisibility of transgender people. She describes the institutional world and institutional practices as continuously and deliberately erasing people who are transgender by denying their existence and excluding them from employment, education, health care, and housing. Also, Namaste (2000) argues that the erasure of people who are transgender occurs in several different ways, such as when services do not allow them to self-identify on forms, but rather force them to identify according to the gender binary in predetermined categories (e.g., “male/man” or “female/woman”). An intake form that asks a single, binary question about sex or gender is one example. Such a form presumes all service users will be cisgender.

As a result, any identity that does not fit into the “female/woman” or “male/man” binary is not captured and therefore, seen to not exist. Likewise, institutions can erase people who are LGB through exclusionary policies and practices that disregard or silence sexual orientation.

Institutional erasure often occurs through an absence of organizational policies that acknowledge and honor the existence and experiences of people who are transgender and gender expansive (Bauer et al., 2009) and/or people who are LGBTQ. Key institutional documents such as forms play a major role in rendering people invisible and thereby erasing their identities (Abramovich, 2016a). Similar to Namaste’s (2000) conceptualization of the erasure of people who are transgender, institutions like the shelter system may effectively erase YYA who are LGBTQ through their exclusion from key forms, programs (e.g., by refusing services), policies (e.g., by not having inclusive nondiscrimination policies and guidelines for providing LGBTQ-affirming services), reports, and statistics.

Abramovich (2016a) describes shelters as sites of normalized oppression, where the frequent verbal harassment of YYA who are LGBTQ, a lack of LGBTQ-affirming policies, and the absence of LGBTQ-focused cultural competency training are considered acceptable. The normalization of oppression in this context makes it difficult for the staff and administration of shelters to recognize heterosexism and trans-bias when it occurs (Abramovich, 2016a). YYA who are transgender and gender expansive face significant barriers when attempting to access safe and affirming shelter and housing services. Heterosexism and cisgenderism, and the norms they produce, create systemic challenges to affirming service acquisition for YYA who are LGBTQ—particularly for YYA who are transgender and gender expansive (Shelton, 2015). Further, YYA of color who are transgender and gender expansive must contend with racism, as well as cisgenderism and heterosexism, when attempting to access shelter and supportive services (Page, 2017; Olivet & Dones, 2016). When working with YYA who are LGBTQ, programmatic approaches that address multiple forms of oppression—including the impact of racism, classism, heterosexism, and cisgenderism—should be developed and implemented (Wagaman, 2016).

## Reversing Erasure: Emerging Policy and Practice

As policymakers, practitioners, advocates, and researchers have gained an awareness of the difficulties facing YYA who are LGBTQ experiencing homelessness in the past decade, attention to this population has grown and a new body of work has emerged. Trainings, toolkits, and best practices (Ferguson & Maccio, 2012; Wilber, Ryan, & Marksamer, 2006); policy recommendations (Page, 2017; Keuroghlian, Shtasel, & Bassuk, 2014; Cray, Miller, & Durso, 2013, Mottet & Ohle, 2003); and reports (Price, Wheeler, Shelton, & Maury, 2016; Hussey, 2015; Ray, 2006) have collectively aimed to address the unique needs and experiences of YYA who are LGBTQ and experiencing homelessness, and to prepare the youth homelessness service sector for competent and affirming care with this population of YYA. Significantly, national organizations such as the True Colors Fund ([www.truecolorsfund.org](http://www.truecolorsfund.org)) were created to expand national and local focus on the needs of and services for YYA who are LGBTQ and are experiencing or at risk for homelessness. Furthermore, research and evaluation has aimed to build new understanding about the population and service-related needs (Abramovich & Shelton, 2017; Choi et al., 2015; Durso & Gates, 2012; Gattis, 2013; Maccio & Ferguson, 2016; Poirier & Rummell, 2016; Rosario, Scrimshaw, & Hunter, 2012).

One recommendation emerging from this growing body of work is to enable YYA to self-identify their sexual orientation and gender identity (Maccio & Ferguson, 2012; Lambda Legal, 2009). The reasons are multifold: to identify YYA who are LGBTQ for referral to appropriate and competent supportive services that will address their unique needs, to ensure that YYA who are transgender and gender expansive are referred to using accurate names and pronouns, and to collect data that can provide a better understanding of the prevalence of homelessness among YYA who are LGBTQ. When delivered in a culturally and linguistically competent manner, these questions can also communicate openness and support for a range of sexual identities, gender identities, and gender expressions.

SOGI questions have been developed and tested with a range of populations, including in schools (Temkin et al., 2017), youth in contact

with child welfare systems (Wilson et al., 2016) and people who are LGBTQ in health care settings (Cahill et al., 2014). Guidance exists for asking SOGI questions in population-based surveys (Badgett & Goldberg, 2009; Herman, 2014) and for asking about and managing SOGI data in child welfare systems (Wilson et al., 2016). The emerging literature in this area has influenced the practice of asking SOGI in youth homelessness services; however, little is known about the effectiveness of the practice or about the experiences of YYA themselves when asked these questions while seeking housing and supportive services. Further, research has yet to examine the practice of asking YYA experiencing homelessness about the pronouns they use. To continue working to eliminate the erasure and silencing of YYA who are LGBTQ, this article adds new research to the emerging body of work concerning YYA who are LGBTQ and experiencing homelessness. Specifically, it reports findings from a study that sought to (1) better understand the experience of being asked sexual orientation, gender identity (SOGI), and pronoun questions when accessing YYA housing supports and services; and (2) center voices of YYA who are LGBTQ in shaping recommendations about how to ask about SOGI and accurate pronoun usage.

## Methods

This study aimed to explore how YYA who are LGBTQ experience being asked SOGI and pronoun questions when accessing homelessness services. Data were collected through a survey that the True Colors Fund designed and administered to inform its technical assistance to service providers working with YYA experiencing homelessness. True Colors Fund collected data during April and May 2016 via SurveyMonkey. The survey was sent via email to a convenience sample of young people who are LGBTQ, had histories of homelessness, and had been included in the organization's work within the previous two years. All respondents were involved in varying degrees with the True Colors Fund. They became involved with the organization after being nominated for recognition by a service provider or community member in their communities.

The 30-item survey was distributed to a total of 80 YYA; 36 responded yielding a 45% response rate. Of those 36 responses, 32 surveys were complete and included in the analysis (40% of the original sample).

Respondents were asked open-ended questions (“What words do you use to describe your...”) about their sexual orientation, gender identity, and race/ethnicity. The open-ended nature of these questions provided the flexibility for respondents to share the words they use to describe themselves, rather than fitting within existing categories of sexual orientation, gender identity, and race. The survey also included questions about when and how they were asked SOGI and pronoun questions when accessing services for youth experiencing homelessness. Response options for when they were asked included: as soon as I arrived, on the same day I arrived, within one week, after one week, I don’t remember, and N/A (I wasn’t asked). Response options for how they were asked included: it was on a form I filled out, a staff person asked in an intake interview, my case manager asked me in a meeting, I wasn’t directly asked—it just came up, it happened another way, I don’t remember, and N/A (I wasn’t asked). Respondents were also asked if they recalled the specific questions they were asked, how they felt when being asked SOGI and pronoun questions, and what, if anything, they would have liked to have happened differently. The survey also asked respondents about whether or not, and how, such questions should be asked (using the same response options as above) and their recommendations for service providers regarding asking SOGI and pronoun questions of YYA experiencing homelessness.

## **Data Analysis**

After receiving the secondary dataset, data were input into SPSS for descriptive analysis. Open-ended responses were analyzed using a thematic analytic approach (Auerbach & Silverstein, 2003; Braun & Clarke, 2008). The first step of the analytic approach involved familiarization with the data. The researchers separated the open-ended responses from the survey items, compiled the responses into a single document, and reviewed the responses. Because the study aim was to

understand respondents' experiences of being asked SOGI and pronoun questions, the researchers first utilized an inductive process of open coding, allowing the content of the data to guide code development. One researcher engaged in the process of open coding of the responses, from which 11 initial codes related to respondents' experiences being asked SOGI and pronoun questions were developed. A codebook was developed, with a single survey excerpt illustrative of each code. The codebook and the open-ended responses were shared with the second researcher, who then independently applied the codes. Once complete, both researchers compared their application of the codes with 93% interrater reliability. The researchers discussed the instances when their codes differed and came to a consensus on how to code the data. The 11 initial codes were then condensed into three overarching themes, which included affirmed, afraid/uncomfortable, and erased. Respondents were also asked to share recommendations for service providers when asking SOGI and pronoun questions. The recommendations were not included in the thematic analysis, but are reported in this article, following the presentation of the primary themes. The next section describes the findings.

## Findings

The final sample consisted of 32 YYA who are LGBTQ with histories of homelessness. The majority of respondents were YYA of color, including YYA who described their race/ethnicity as Black/African American (38%), Hispanic/Latinx (16%), mixed race (13%), and Native American (9%). Respondents were between the ages of 18 and 26 (mean age 23). Table 1 provides complete demographic information. The category Transgender Man/Male includes respondents who self-identified as transgender man, as well as two respondents who identified as trans masculine and transgender/agender transman. Gender expansive includes respondents who identified as genderqueer, gender fluid, two-spirit, and agender. The survey also asked respondents to identify their sex assigned at birth. We used this data to identify respondents with a transgender history, even though they did not self-identify as such. This enabled

**Table 1. Respondent Demographic Data—Gender Identity, Race/Ethnicity, Sexual Orientation**

Descriptor	N	%
<b>Gender Identity</b>		
Transgender Woman/Female	5	15.6
Transgender Man/Male	6	18.8
Gender Expansive	4	12.5
Cisgender Woman/Female	5	15.6
Cisgender Man/Male	12	37.5
<b>Race/Ethnicity</b>		
Black/African American	12	37.5
Native American	3	9.4
Mixed race	4	12.5
Hispanic/Latinx	5	15.6
White	7	21.9
No answer	1	3.1
<b>Sexual Orientation</b>		
Gay, lesbian, homosexual	12	37.5
Pansexual	2	6.3
Bisexual	4	12.5
Queer	5	15.6
Straight	4	12.5
Something else	3	9.4
No answer	2	6.2

respondents who have a transgender history to be included in analyses comparing responses of respondents who are transgender and cisgender.

Of the 32 respondents, 28 reported having accessed social services for youth experiencing homelessness. Though four respondents did not access social services for YYA experiencing homelessness, they provided answers to survey questions about if, when, and how they believe these questions should be asked; thus, they are included in the analysis.

Of the 28 respondents who accessed social services for youth experiencing homelessness, experiences varied. See Table 2 for respondent

**Table 2. Respondent Report of Being Asked about SOGI & Pronouns**

Descriptor	N
<b>Asked about...</b>	
All 3 (SOGI & pronouns)	6
A combination of SOGI & pronouns (but not all 3)	6
Sexual orientation only	6
Gender identity only	3
Pronouns only	1
Not asked about SOGI or pronouns	6

reports. For example, six reported that they were asked about all three: sexual orientation, gender identity, and pronouns. In contrast, six respondents were asked about their sexual orientation only, while another six reported not being asked any questions about their sexual orientation, gender identity, or pronouns. Most reported being asked these questions either as soon as they arrived or on the same day they arrived to access services, and most reported either being asked directly by a staff person during an intake interview or filling out the information on a paper form.

Three primary themes emerged from the analysis regarding how respondents experienced being asked about their sexual orientation, gender identity, and pronouns. Being “out” about their SOGI, or being visible as LGBTQ, created feelings of safety and affirmation for some respondents and added to fears and feelings of discomfort for others. Respondents described feeling affirmed, erased, or afraid when considering their experiences being asked SOGI and pronoun questions while accessing services for youth experiencing homelessness. Respondents also provided recommendations for service providers regarding how and when to ask SOGI and pronoun questions. Each theme is described in this section, followed by the respondent’s recommendations. Verbatim excerpts from the open-ended questions are included, along with respondents’ age, and the words they used to describe their sexual orientation and gender identity. Next we explore each of the three core themes.



## *Affirmed*

Being asked about their SOGI and pronouns made some respondents feel affirmed, communicating to them that they were in an inclusive place where they could be open about these aspects of their identity. Of the 16 respondents who elaborated on their experiences being asked SOGI and/or pronoun questions, 11 respondents made statements exemplifying the theme of being affirmed. For example, one respondent shared the following:

I appreciated it. I felt like it was an inclusive place... When I spoke of my girlfriend, they didn't flinch like most people did and it was a world that I realized I wanted to live in. Where I wasn't looked like a strange creature for having a girlfriend and being feminine presenting. (26-year-old, queer, cisgender female)

For another respondent, being able to disclose their sexual orientation facilitated a feeling of safety. They said: “[I felt] safe, because they knew (23 year old, queer, genderqueer person).” Similarly, a third YYA responded:

I felt entitled to using services at a place for the first time, finally, as it was mostly to serve LGBT+ youth. It was a space for me. It felt great. (26-year-old, queer, cisgender female)

For some respondents, asking SOGI and pronoun questions and making space for youth to share who they are fostered a positive experience that left them feeling safe and affirmed. One respondent shared:

I believe that it creates a space where a person has the option of discussing who they are seeing, who they are more freely and openly. After all, a person may be experiencing homelessness for lack of openness in a previous home, which was the case for me. A person does not have to discuss but I know I was hesitant a lot because it was “taboo” or I wasn't sure if it was safe to do so. I didn't want to be treated differently or like I had leprosy. The shelter I was in made it known that it was accepting and it made me feel safe and entitled—a new and refreshing feeling. (26-year-old, queer, cisgender female)

The welcoming environment in the shelter “made it known” that she could openly be herself without worrying that she would be treated differently. Yet another respondent emphasized the ways in which asking YYA specifically about their gender identity can be affirming and can normalize YYA whose identities and experiences are often marginalized.

It normalizes trans experiences AND gives youth the chance to vocalize how they identify themselves. (26-year-old, queer, trans-masculine person)

### *Afraid/Uncomfortable*

The experience of being asked SOGI and pronoun questions did not result in feelings of affirmation for all YYA participating in the survey, though. Seven of the 16 respondents who elaborated on their experiences being asked SOGI and pronoun questions shared instances that resulted in feelings of fear and discomfort. As several respondents noted, with disclosure often comes risk—risk of marginalization, victimization, or disappointment when despite disclosure, an affirming environment cannot be provided. Further, some respondents were concerned about how their identity disclosure would impact their accommodations. This fear was reflected in the words of the following respondent:

[I felt] a little scared it would affect my placement. [I felt] terrified I would be put in a ‘girls’ room no matter my answer. (18-year-old, queer, agender person)

Although some respondents may have felt affirmed sharing their SOGI and pronouns, this feeling did not always extend beyond their interaction with staff. As some respondents noted, when accessing services they also interacted with their peers within the program, who may not have reflected the same openness toward diverse SOGI as the staff members. The following respondent experienced fear in relation to other YYA in the program.

I wish they would have warned LGBT clients of other clients who have displayed homophobic behavior. (23-year-old, queer, genderqueer person)

The same young person offered the following suggestion to reduce the amount of fear and discomfort they felt within the program:

It would have been better for me to meet other folk in the program that could have acted as ambassadors. That would have helped me feel more comfortable with what I was getting myself into (I trust young people more than case managers when it comes to my safety). (23-year-old, queer, genderqueer person)

Several respondents also questioned staff knowledge and comfort with asking about SOGI. For example, one respondent shared: “They seemed confused about my sexual orientation and gender identity” (23 year old, straight, transgender woman). The knowledge and comfort level of staff asking SOGI questions impacted the experience of another respondent, who stated:

I felt terrible. They asked the question so shyly and beated around the bush. (19-year-old, queer, femme/demi-girl)

Additionally, several respondents experienced discomfort when asked about their pronouns when accessing services. They reported their discomfort to be a result of staff lack of knowledge. For example, one respondent noted that she didn’t think staff members understood the concept of asking about pronouns. Another described an awkward encounter when discussing their pronouns with the staff member. They were not directly asked about their pronouns, but when it “came up,” the respondent described the experience as:

...awkward ‘cause they assumed my pronouns. ‘Oh so you use (blank) pronouns instead of (blank) pronouns?’ (18-year-old, queer, agender person)

Respondents also expressed a desire for staff members to be familiar with terminology and to demonstrate competence discussing issues

related to exploring SOGI and the coming-out process. Several respondents reported being in the midst of figuring out their gender identities and wished they could have engaged in a discussion with staff about their process.

I felt the staff member was empathetic, but I wish they were better equipped to describe what it all meant because I was still figuring it out. (23-year-old, queer, genderqueer person)

### *Erased*

I wish they would have asked. (20-year-old, bisexual, transgender/agender transgender man)

As the quote above illustrates, erasure was a third core theme in the data. Respondents described feeling erased both when they were not asked SOGI and pronoun questions, and also during interactions when their identities were not validated or respected. These interactions included both instances when their SOGI was assumed, and also instances when they were asked about their SOGI, but their responses were not affirmed. In the following example, a respondent wrote about being asked how she identified her sexual orientation, but was categorized differently than her response. She stated:

When I responded I was queer, they asked me if that was like bisexual and then marked bisexual anyway. I would like to have more freedom to identify and to be asked in a confident, inviting, and polite way. (19-year-old, queer, femme/demi-girl)

As demonstrated in this quote, a lack of familiarity with the terminology YYA use to describe their SOGI left some respondents feeling unheard, invalidated, and erased. Likewise, asking only about sexual orientation but not about gender identity acted as a form of erasure for some with diverse gender identities. For instance, when being asked her sexual orientation, one respondent felt the staff member was challenging the validity of her gender identity. She stated:

I felt that she was implying that I'm not a woman but a homosexual man. (20-year-old, straight, transgender female)

Some respondents addressed how they decided not to disclose their SOGI when asked because of their own internal processes related to their identities. Below, a respondent described how shame impacted her ability to disclose her sexual orientation when asked.

I told them I was straight and then later on bi but I felt ashamed for being bi, so I hid the fact. (23-year-old, bisexual, cisgender female)

Several respondents reported not being asked about their gender identity, but rather having a staff member make assumptions based on their government issued identification or a subjective interpretation of their gender expression. Several YYA shared the experience of having their gender assumed. They reported:

All they did was look at my license and assume. (24-year-old, bisexual, transgender male)

I would have liked to have been asked instead of them assuming. (22-year-old, queer/pansexual, transmasculine/genderqueer person)

They confirmed the gender identity they assumed I was and marked me as female. 'You're a female...'. (26-year-old, queer, cisgender female)

## **Recommendations for Asking about SOGI and Pronouns**

Respondents' opinions varied regarding whether or not SOGI and pronoun questions should be asked when YYA seek housing and supportive services, however the majority of respondents were in favor of the questions being asked. In particular, respondents indicated that they should be asked their pronouns. Table 3 presents the responses to the question: *Do you think young people should be asked about their sexual orientation/identity, gender identity, and the pronouns they use when accessing services for people experiencing homelessness?* by respondents' gender identity.

**Table 3. Should You be Asked SOGI and Pronoun Questions?**

	<b>Sexual Orientation</b>	<b>Gender Identity</b>	<b>Pronouns</b>
<b>Cisgender YYA (n = 17)</b>			
Yes	9	11	12
No	4	1	1
I don't know	1	2	1
Missing	3	3	3
<b>Transgender/Gender Expansive YYA (n = 15)</b>			
Yes	7	9	12
No	5	2	0
I don't know	3	4	3

Though not all YYA believed SOGI and pronoun questions should be asked when accessing services, the majority of respondents did. Respondents also indicated the importance of being asked about gender identity specifically. YYA who are transgender and gender expansive often face extreme discrimination and structural barriers when attempting to access shelter services (Shelton, 2015; Abramovich, 2016a, b). A respondent who was not asked about his gender identity stated:

That would have been great for them to know, since, you know, it's actually very important. (20-year-old, bisexual, transgender/agender man)

On the other hand, some respondents commented that whether or not they share their SOGI should be a personal and individual choice and should not be asked when they are seeking housing or supportive services. Other respondents were undecided about whether or not SOGI and pronoun questions should be asked, or thought that identity related questions should only be asked for specific purposes, as illustrated in the following response:

I think only for the purpose of placing young people into housing situations where they feel safe being their true selves. Otherwise,

I don't. Identity should not play a role. (23-year-old, [sexual orientation not provided], cisgender male)

Respondents made a variety of comments about how and when SOGI and pronoun question should be asked (see Tables 4 and 5). Responses were mixed about the appropriate timing for asking SOGI questions. More respondents suggested being asked about gender identity than sexual orientation upon their arrival at a program. Regarding the preferred methods for asking SOGI questions, responses were almost evenly divided between asking SOGI questions on a paper form, computer, or tablet and asking face-to-face. An important finding to guide practice can be found in the survey responses related to pronouns: A majority of respondents reported that pronouns should be asked upon their arrival to the program, and that they should be asked about their pronouns face-to-face.

**Table 4. When Should You be Asked SOGI and Pronoun Questions?**

	Sexual Orientation	Gender Identity	Pronouns
Upon arrival	9	13	19
After getting to know program	12	11	7
Some other time	1	2	1
Shouldn't be asked at all	6	3	2

**Table 5. How Should You be Asked SOGI and Pronoun Questions?**

	Sexual Orientation	Gender Identity	Pronouns
On a paper form, computer, or tablet	11	12	8
Ask me face-to-face	11	11	17
Ask in another way	5	4	2
Shouldn't be asked at all	2	2	2

Respondents also provided specific recommendations for service providers regarding asking SOGI and pronoun questions, such as being “polite” and “assertive.” Additional suggestions included:

- “Include room for people who do not want to respond or don’t fit in those boxes.” (25-year-old, gay, cisgender male)
- “Always ask if they are comfortable enough for you to ask such personal questions.” (23-year-old, bisexual, cisgender female)
- “Have the other youth be educated on LGBT topics.” (23-year-old, homosexual, two-spirited person)
- “Ask pronouns of everyone not just queer obvious youth.” (18-year-old, queer, agender person)

One respondent elaborated on her recommendations by providing specific language suggestions for staff members asking YYA SOGI and pronoun questions. She recommended the following:

We give the option for youth to disclose their sexual orientation/identity to better serve them, including but not limited to referring them to appropriate resources. You may disclose this now or at a later time. (26-year-old, queer, cisgender female)

What is your gender identity? You have the option of opting out or disclosing at a later time. (26-year-old, queer, cisgender female)

Staff member: ‘Hello, my name is \_\_\_ and my pronouns are \_\_\_, what are your pronouns?’ (26-year-old, queer, cisgender female)

Several respondents also emphasized the importance of allowing YYA to disclose SOGI information when they are ready, rather than at a prescribed time which may create discomfort. They emphasized the right of YYA to choose if, when and how they share their SOGI.

If they’re not comfortable answering then pressure should NOT be applied. They will open up in time (or not). Either way it’s their choice. (20-year-old, bisexual, transgender/agender man)



A person should also be told that if they prefer not to disclose that they don't have to. (26-year-old, queer, cisgender female)

## Discussion

In the absence of literature describing the experiences of YYA who are LGBTQ being asked SOGI and pronoun questions when accessing youth homelessness services, the findings from this study provide an important contribution for service providers seeking to ask SOGI and pronoun questions of program participants. This study centered the voices of YYA who are LGBTQ with histories of homelessness, providing a first-hand account of their experiences, their opinions, and their recommendations for asking SOGI and pronoun questions of YYA experiencing homelessness.

Respondents experienced a range of feelings when they were asked SOGI and pronoun questions by staff members at agencies serving YYA experiencing homelessness. The varied responses could be due to several factors, including how comfortable the respondents felt when accessing services, the respondents' history of trauma and rejection related to their identities, a desire for privacy and confidentiality, their own developing understanding of their SOGI, a fear of discrimination, and/or the social context within which they exist. Wagaman (2016) suggests that those working with YYA who are LGBTQ consider the contextual factors impacting how and when YYA who are LGBTQ identify themselves as such. With the above factors in mind, providers can give YYA the option to answer SOGI and pronoun questions, but not require they do so in order to gain entry into the program. Providers can also foster an open agency environment where SOGI is regularly discussed, so that YYA who are questioning their SOGI or who are not comfortable sharing their SOGI upon arrival may have opportunities to do so at another time. YYA may disclose their SOGI when they are comfortable and ready to do so, often after assessing their surroundings—both individuals within the agency and the agency environment—for signs of acceptance (Jacobs & Freundlich, 2006).

Findings reflect diverse feelings from YYA who are LGBTQ about the practice of asking SOGI and pronoun questions. For some respondents, being asked about their SOGI or pronouns was validating and affirming, communicating respect and facilitating a sense of safety. When YYA feel validated and comfortable, they may be more able to more fully engage in services rather than constantly worry about the impact their identity may have on their experiences and safety. For other respondents, the experience was the opposite—they felt erased, afraid, unsafe, and uncomfortable. YYA often connected these experiences to the perceived comfort level and competency of the staff. For example, multiple respondents commented that staff members either seemed confused by their sexual orientation and/or gender identity and/or pronouns, or seemed to feel uncomfortable when asking questions about SOGI. This finding emphasizes the importance of staff training regarding SOGI. Understanding the differences between sexual orientation and gender identity is of critical importance for staff asking SOGI and pronoun questions, as is the ability to reflect and affirm the identities shared by YYA. Further, several respondents expressed a desire to have specific concepts explained to them in greater detail when being asked SOGI and pronoun questions, and wished they could have had a discussion with staff members about their identities. For YYA who are in the process of exploring their identities, having a knowledgeable and non-judgmental staff member with whom to discuss identity related topics could be beneficial. Additionally, an important finding to guide practice can be found in the survey responses related to pronouns: A majority of respondents reported that pronouns should be asked upon their arrival to the program, and that they should be asked about their pronouns face-to-face.

YYA who are LGBTQ may have dealt with having their identities disavowed and disparaged and may carry those traumatic experiences with them. They may be questioning their SOGI, especially if they have experienced rejection or discrimination related to their identities. Some of the YYA in this study reported feeling afraid to disclose or ashamed of their emerging identities when they were

asked SOGI questions. This fear and shame could be the result of societal oppression, and/or community and familial rejection, and may prevent YYA from disclosing their SOGI, which may then prevent them from gaining access to the identity affirming care and support that would be beneficial and contribute to their overall well-being. This finding indicates that asking SOGI and pronoun questions alone is not enough to communicate a welcoming space and to ensure the responses from YYA are accurate representations of their identities.

Further, most respondents who were not asked SOGI and pronoun questions reported wishing that they had been asked. It is unclear if not being asked these questions is connected to staff knowledge and comfort or to organizational practices, or a combination of both. One organizational practice to examine is the reliance on government issued identification for information about YYA entering a program. The gender marker on a YYA's government-issued ID card should not be assumed to be an accurate representation of their gender identity, nor as an indicator of what pronouns they use.

This study highlighted the value of asking YYA experiencing homelessness what they want and need in relation to the disclosure of their identities. While the vast majority of respondents supported asking YYA about their pronouns, they had mixed views about whether or not sexual orientation and gender identity should be asked when YYA access homelessness services. Exploring when and how to ask these questions with YYA can provide an opportunity for authentic YYA-adult partnerships. Partnering with YYA to determine when and how to ask SOGI and pronoun questions within an agency recognizes that YYA possess knowledge and expertise resulting from their lived experiences (Shelton, Price, & VanCleeve, 2017). When YYA are able to share power with adults in service settings and are engaged in the process of developing programmatic policies and practices, they may have greater ownership over the policies and practices, may experience more motivation to participate in the program, and may become more empowered to improve their own lives

and communities through the collaborative experience (Ferguson, Kim, & McCoy, 2011).

## Future Directions

Findings from this study illuminate areas for future research to improve the process of asking YYA experiencing homelessness SOGI and pronoun questions. This study focused on the experiences of YYA who are LGBTQ. Asking the same questions of heterosexual and cisgender YYA is an important step in developing SOGI and pronoun questions that are affirming and comprehensible to all YYA experiencing homelessness. Research needs to explore existing barriers and challenges to asking SOGI and pronouns questions among staff of organizations serving youth experiencing homelessness. Understanding barriers and challenges at the individual staff level, as well as the organizational level, could inform the development of professional development opportunities to support staff and organizations as they work to identify, engage, affirm, and retain YYA with diverse SOGI in their programs.

While SOGI questions have been developed and tested with a range of populations, including school based youth (Temkin et al., 2017), child welfare involved youth (Wilson et al., 2016) and LGBTQ people in health care settings (Cahill et al., 2014), such questions have not been tested with YYA experiencing homelessness. Given the unique backgrounds and experiences of YYA who are LGBTQ experiencing homelessness, testing SOGI and pronoun questions with this population would be a beneficial step to ensuring these data are being collected in the most appropriate manner. This is especially important given that the terms YYA use to identify themselves vary widely and may be dependent on a number of sociodemographic categories (McInroy & Craig, 2012).

Lastly, findings indicated that YYA who are LGBTQ reported feeling unsafe and erased both when being asked SOGI and pronoun questions, as well as when these questions were not asked. Future research could explore notions of visibility, safety, engagement and retention in youth homelessness services in relation to being asked/disclosing SOGI.

For instance, when asked in a culturally and linguistically competent manner, does the act of asking SOGI and pronoun questions contribute to a feeling of safety for program participants? Does a feeling of safety contribute to engagement and retention in program services?

## **Limitations**

Several limitations must be noted when interpreting the study's findings. The study utilized secondary data and as such, analysis was limited to the data collected by the organization. No data were collected about where the services were accessed, therefore, regional differences could not be examined. Additionally, respondents were not asked when they accessed services. Several could not recall whether or not they were asked SOGI and pronoun questions, or how or when SOGI and pronoun questions were asked. The small sample size also limits the generalizability of these findings. Further, the group of YYA who participated in the study were involved, through a nomination process, with the True Colors Fund, a national nonprofit organization addressing LGBTQ youth homelessness. The responses of this particular group of YYA may differ from responses from YYA who are less connected to leadership and advocacy opportunities. Additionally, the sample was comprised of YYA who identified as LGBTQ, therefore, the findings cannot be generalized to YYA who are heterosexual and cisgender experiencing homelessness, who may have had different experiences with SOGI and pronoun questions and different opinions about the utility of such questions. Lastly, the characteristics of survey nonrespondents are not known (or why they didn't participate), so an assessment of potential non-response bias is not feasible. Despite these limitations, this study makes an important contribution to the literature and identifies key areas to explore in future research.

## **Conclusion**

This study explored how YYA who are LGBTQ experience being asked SOGI and pronoun questions when accessing homelessness services.

Significantly, it highlights the importance of asking what these young people want and need in relation to the disclosure of their sexual orientation and gender identities. While the vast majority of respondents supported asking YYA about their pronouns, they had mixed views about whether or not sexual orientation and gender identity should be asked when YYA access homelessness services. Exploring when and how to ask these questions with YYA can provide an opportunity for authentic YYA-adult partnerships. Importantly, along with more research on these issues, this study has the potential to strengthen practice among youth homelessness service providers, and improve the experiences of and outcomes among those YYA accessing their services who are LGBTQ.

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# Child Welfare Systems and LGBTQ Youth Homelessness: Gender Segregation, Instability, and Intersectionality

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This study documents the child welfare experiences of youth who are LGBTQ and their perspectives on how these experiences influenced their housing instability and homelessness. Youth detailed incidents of gender segregation, stigmatization, isolation, and institutionalization in child welfare systems that they linked to their gender expression and sexuality, which often intersected with being a youth of color. The youth described these incidents as contributing to multiple placements and shaping why they experienced homelessness.

Annually, around 1.6 to 2 million youth, aged 12 to 24 years old, experience homelessness each year in the United States (Gibson, 2011; Karabanow, 2004; Witkin et al., 2005). Youth who are lesbian, gay, bisexual, transgender, and queer (LGBTQ) are estimated to make up at least 40% of this population of youth experiencing homelessness, despite being about 5–8% of the general U.S. youth population (Durso and Gates, 2012; Ray, 2006). A main pathway into youth homelessness is aging out of government programs (Gibson, 2011; Thompson, Bender, Windsor, Cook, & Williams, 2010), and youth who are LGBTQ may also be over-represented within child welfare systems (Van Leeuwen et al., 2006). A 2014 report found that almost 20% of youth in Los Angeles child welfare systems identified as LGBTQ (Wilson, Cooper, Kastanis, & Nezhad, 2014).

Given these findings, I ask: *How do youth who are LGBTQ and are experiencing homelessness perceive how child welfare systems shaped their pathways into homelessness?* To address this question, this study presents qualitative findings from youth who are LGBTQ and experiencing homelessness to document their accounts of being in child welfare systems. I specifically attend to the ways in which the youth discussed how their gender expression and its intersections with sexuality and race shaped experiences of gender segregation and instability within child welfare systems and how these experiences may contribute to experiencing homelessness.

## Background

Youth who are LGBTQ are likely to experience multiple placements while in child welfare systems and to be placed in congregate care settings (Elze, 2014; Mallon, Aledort, & Ferrera, 2002). Congregate care settings are often unsafe for youth who are LGBTQ, whereby they are susceptible to victimization (Elze, 2014; Marksamer, 2011). Youth in congregate care are also less likely to achieve placement permanency (Elze, 2014; Jacobs & Freundlich, 2006). In effect, multiple placements and experiences of instability may contribute to some youth who are

LGBTQ to run away from child welfare systems or to not have a place to stay when they age out of care.

Notably, youth who are transgender and/or gender-expansive often have a difficult time in child welfare systems. Violence enacted upon people who are LGBTQ is often not because they are “out” as LGBTQ, but because service providers, caretakers, and peers are policing the youth’s gender behaviors (Keuroghlian, Shtasel, & Bassuk, 2014; Saewyc et al., 2006). Mental health treatments and other behavior modifications may be used against youth who are transgender and gender-expansive as a way to try to modify their gender expression (Mallon & DeCrescenzo, 2006; Marksamer, 2011). Youth of color who are transgender and gender-expansive face compounding stressors and experiences of discrimination within child welfare systems, whereby racism and racial profiling can shape how some youth’s behaviors, including their gender behaviors, are monitored and disciplined (Mallon & DeCrescenzo, 2006).

Furthermore, life in foster homes may be unsafe for youth who are LGBTQ. In a focus group study conducted with 25 foster parents, the foster parent participants feared that an LGB-identifying foster child could make the other children in the house non-heterosexual and/or would molest other children (Clements & Rosenwald, 2007). Some foster parents held heterosexist beliefs, and almost every foster parent in the study had the child removed once they found out that the child was non-heterosexual. Heterosexism and other biases against children who are LGBTQ and are in foster homes can lead to youth experiencing multiple placements and being placed in group homes or residential facilities (Clements & Rosenwald, 2007; Wilson & Kastanis, 2015). Youth who are LGBTQ may choose the “safety” of the streets over foster homes and other placements (Forge & Ream, 2014).

Many of the ideas about and treatment toward youth who are LGBTQ and are in child welfare systems can be situated within the larger U.S. social context, wherein stereotypes about and discrimination against people who are LGBTQ influence experiences and outcomes (Mallon & Woronoff, 2006; Nolan, 2006). “Heteronormativity”

describes how social norms, discourses, and practices construct heterosexuality as superior to all other expressions of sexuality (Warner, 1993). Within a heteronormative society, the gender expressions of men as masculine and women as feminine are naturalized and given preference. Many everyday experiences of discrimination among people who are non-heterosexual are because of their gender presentation and behaviors, whereby biases toward certain forms of gender expression are associated with anti-gay biases (Gordon & Meyer, 2008). Cisgenderism, the practice that systematically discriminates against and denies the existence of people whose gender identities and expressions do not align with the gender they were assigned at birth (Ansara & Hegarty, 2012), also shapes differential treatment against youth whose lives challenge the gender binary.

Significantly, “intersectionality” was coined to document how social categories intersect and shape people’s experiences differently (Crenshaw, 1991). People of color and/or people of low income or who are poor experience heterosexism and anti-trans biases differently, as discrimination based on gender and sexuality intersects with racial and class inequality. Furthermore, youth of color, especially children and youth from families that are financially strained, are disproportionately represented within child welfare systems (Roberts, 2003; Wilson, Cooper, Kastanis, & Nezhad, 2014). Given these disparities, attending to the ways in which race and class intersect with gender and sexuality is crucial to understanding how youth who are LGBTQ and are experiencing homelessness perceive their experiences within child welfare systems.

## Methods

This project is a multi-site ethnography on homelessness among youth who are LGBTQ, conducted primarily at two organizations that provide services to youth experiencing homelessness in central Texas. From January 2015 to June 2016, the researcher volunteered weekly at a drop-in center for youth experiencing homelessness and at a shelter for youth who are LGBTQ and are experiencing homelessness. The researcher

conducted 40 in-depth, semi-structured interviews with youth who are LGBTQ and are experiencing homelessness. All interviews were digitally audio-recorded, lasted around an hour, and took place in person. The interviews were conducted where the youth chose to be interviewed, mainly in private settings. The youth who were interviewed voluntarily agreed and were informed about all processes of consent. All names have been changed for confidentiality.

The majority of the youth were recruited through the two field sites, though four youth came from a transitional living program associated with the drop-in center and two youth came from a Child Protective Services (CPS) licensed shelter. The interviews covered four main topics: the youth's perceived pathways into homelessness, the present needs of the youth, their resiliency, and their everyday experiences. At the end of each interview, the youth stated their demographic characteristics. To the best of the researcher's knowledge, only one youth declined to be interviewed, possibly because of a lack of rapport, as the researcher only met the youth once.

The researcher transcribed each interview and then uploaded all field notes and interview transcriptions into MAXQDA, a qualitative data analysis software. The transcriptions and field notes were coded following a grounded theory approach. The researcher coded the data by first attaching labels to segments of the data, describing what each segment is about. Eighty-one initial themes were developed. The researcher also wrote memos to interpret themes within the data. Focused coding was then implemented to move the analysis to a more conceptual level, which included the over-arching themes: gender expression, sexuality, child welfare systems, segregation, violence and abuse, and instability. These themes came through an inductive approach of analyzing the data. Finally, the researcher did axial coding to identify the relationship between the focused codes (Charmaz, 2006). The validity of the findings were confirmed through prolonged engagement in the field and through member checking (Creswell & Miller, 2000), whereby the researcher discussed the emerging findings with the youth and with the service providers at the field sites to confirm their credibility.

## Findings

In this study, one youth was 17, two were 25, and the rest were 18 to 24 years old. Ten youth identified as non-Hispanic white, ten identified as black, 14 identified as Hispanic and/or Latina/o, three identified as white Hispanic, one identified as black Hispanic, one identified as black, Mexican, and white, and one identified as mixed. Six youth identified as lesbians, eight (youth who identified as transgender) identified as heterosexual, ten identified as gay, 12 identified as bisexual, two identified as pansexual, one identified as “kind of everything,” and one identified as “attracted to transgender women.” One youth identified as a non-binary transguy, one identified as a trans man, two identified as gender-fluid, seven identified as transgender women, 14 identified as men, and 15 identified as women. Many youth were from Texas, though some were from other parts of the South, and some came from other places such as California.

Twenty-one of the 40 youth mentioned being in child welfare systems at some point during their childhood; the findings presented are based on these 21 youth’s accounts. Some youth entered the child welfare system during childhood, while other youth entered during their teenage years. Almost all of the youth discussed having multiple placements. Many youth aged out, some left before aging out, and a couple youth were adopted, though reported familial conflict within their new family. Several themes connected many of the youth’s narratives, even though there was a variety of involvement within child welfare systems.

Many youth detailed child welfare system experiences of gender segregation, stigmatization, isolation, and institutionalization that they often linked to their gender expression and sexuality, which often intersected with being a youth of color. The youth described these incidents as contributing to multiple placements within child welfare systems. Some of the youth reported that these experiences of instability led to their running away from placements and/or not having a place to go upon aging out, potentially influencing the reasons they were experiencing homelessness. Overall, many youth discussed how the gender segregation of child welfare placements negatively influenced their experiences

in child welfare systems. This gender segregation was specifically linked to issues of stigmatization, isolation, and institutionalization.

### *Stigmatization*

Gender segregation was reported as contributing to a sense of stigmatization as well as denying some youth respect and acceptance for their identity. For example, Trinity, a 20-year-old white gender-expansive lesbian, talked about why she ran away from a CPS-licensed emergency shelter. She stated, “The shelter was divided—girl-side, boy-side. [...] I was like going on 16 years old, and the staff said I could not talk to any of the little girls like 13 and under.” Trinity continued, “And the reason being is because I was gay. Because they thought I would do something to them, which made no fucking sense ‘cause I never showed any history of that kind of crap.” Trinity concluded, “But it made it seem like I was a pedo[phile], and it made me feel very disgusted with the place.”

Justice, an 18-year-old black heterosexual transgender woman, also told me:

Basically, I was in foster care, and the placement where I was at, they weren't providing me some of the things that I needed being transgender. Placing me in the wrong dorm. Misgendering me a lot of times. They would deny me a lot of basic rights.

For Trinity, the gender segregation and further stigmatization of feeling like being seen as a pedophile led her to run away from the CPS shelter and begin experiencing homelessness on the streets at 16 years of age. Being denied proper placements, being misgendered, and being denied basic rights, Justice left CPS for the streets when she turned 18 years old.

### *Isolation*

Gender segregation was discussed as a form of isolation that also contributed to being marked as different. Furthermore, gender segregation does not account for people's intersecting identities and needs. Xander,



a 19-year-old black, gender-expansive, gay youth, who was residing at a CPS-licensed shelter, told me about a previous shelter where he once stayed. He stated, “I was gay. They didn’t want anyone around me. I wasn’t allowed to be with the boys, and obviously, I wasn’t allowed to be with the girls.” Eventually, he got put on a 30-day notice, and staff members at the shelter evicted him. When I inquired why, Xander said another guy “was throwing caramel in my hair. My hair is one of my trigger points.” Xander said he stabbed the boy “in the balls with my [hair] pick.”

Talking about the loneliness of being in child welfare systems, Xander told me, “I felt like I really had no one. I didn’t even have my fellow CPS children. [...] When you’re LGBTQ in CPS, even then to the kids, you’re an anomaly. You’re weird.” Giving a specific example, Xander detailed,

I felt like a zoo animal put on stage around those kids, just ‘cause I was the only gay dude. ‘What’s it like being gay? Are you a male or female?’ To this day, I don’t even say I have anyone on my side. Creole community, black community, LGBTQ—I never feel like I fit in, because even amidst them, I have to deal with the fact that I’m a CPS child. Oh ‘cause you’re black, you’re one of us. ‘Cause you’re gay, you belong in this LGBTQ group. I don’t feel like I truly belong. I don’t. There are times I question my humanity because of that. It has gotten to the point where I have no self-esteem.

Being gay and black may have made Xander uniquely targeted in being bullied, as Xander linked his experiences of bullying to his hair. In fighting back, Xander experienced instability and further placements, as staff removed Xander from this shelter and sent him to another one. Likewise, for Xander, the intersections of his identities as black, LGBTQ, and a CPS child were never fully embraced and accepted in child welfare systems or in society.

### ***Institutionalization***

Other youth detailed experiencing gender segregation and institutionalization in residential treatment centers (RTCs) and psychiatric

hospitals. Adelpha, an 18-year-old heterosexual transgender woman, who identified as black, Mexican, and white, detailed:

They locked me up in a RTC for six months in the middle of nowhere, and it's basically this boot camp for CPS kids. And they treat—literally, it is worse than prison. [...] I started wearing makeup and dressing really feminine [at the RTC]. And they were like—they would come up to me, and they were like, “You need to stop that. This isn't Dallas.” They would make me take off my makeup. And then I was trying to grow out my hair there. And somebody would be there everyday, well not everyday, but I think it was every month to cut hair, 'cause everybody had like a buzz cut. I was like, “No, I'm not cutting my hair.”

Perhaps paradoxically, the gender segregation of child welfare systems is how Adelpha met someone who was transgender. Adelpha told me, “I met this trans woman, and she was in CPS too. I didn't know she was transgender, 'cause I didn't know nothing about that.” Adelpha went on:

I was like, who are you living with 'cause there was a whole bunch of different CPS kids in different foster homes. She was like, “Oh, those guys over there.” And I was like, “Oh, I didn't know girls and guys could be in the same foster homes together.”

When the other person told Adelpha they were transgender, Adelpha said she replied by stating, “I kind of feel that way too.”

The six youth in this study who discussed spending time in RTCs all described them as institutionalized prison-like facilities. Adelpha's gender expression was regulated at this boot camp. Adelpha, though, met a youth who identified as transgender, which Adelpha said allowed her to explore her gender identity more after Adelpha's caseworker dropped Adelpha off at homeless shelter for 18–21 year olds when Adelpha aged out of CPS.

Lastly, Alaina, a 19-year-old white Hispanic woman who identified as a gender-expansive lesbian, discussed how her gender expression and sexuality shaped her experiences in child welfare systems. Alaina said one foster family she was with “would get mad, 'cause I liked boy stuff.

I just liked a lot of boy stuff, and they would force me to wear girl stuff—Barbies and all that. And I just didn't want to—that just wasn't me." Alaina went to a new placement where the family "let me kind of explore, I guess, what I wanted to be or something like that. I ended up dressing like a boy, going to school, doing all that. I ended up feeling a certain way towards a female." Alaina thought liking females "was so wrong," but the foster parent told Alaina that "it's something you can't control. She pretty much taught me how to be the way I am, and to feel better about myself." At some point though, Alaina had to leave that placement and go to another foster home. At this new home, Alaina said:

[the foster mom] did not agree with the tomboy lifestyle. She just did not. And it was hard for me there because she always locked me in a room, 'cause I was gay. And I would always say that. And then eventually, I just took off and ran away.

At another point, Alaina went back to this foster parent. However, Alaina noted that, "She didn't want me there, 'cause I was with a girl still. So she didn't want me there, so she ended up putting me in a hospital in Dallas."

Some youth noted how child welfare systems were a contradictory space. For example, Alaina said she experienced discrimination because of her gender expression and sexuality from many foster parents, though one foster home helped her to accept herself. Nonetheless, Alaina left when she was not accepted and was sent to a psychiatric hospital because of her sexuality. Some youth reported that if a foster parent(s) does not want a child anymore, the foster parent(s) must give a 30-day notice to the Department of Family and Protective Services; however, to bypass keeping the child for 30 days, the foster parent(s) can send the youth to a mental hospital. Alaina ran away from many of her placements while growing up, and she was currently residing at the LGBTQ shelter until her caseworker could get her into a transitional living program for youth formerly involved in CPS.

## Discussion and Implications

Similar to Shelton's (2015) study on the programmatic barriers that youth who are transgender and gender-expansive and are experiencing homelessness encounter, this study shows how child welfare systems are often shaped around and uphold cisgenderism. Cisgenderism in child welfare systems can take many forms. This cisgenderism includes, for example, segregating youth based on gender in shelters and other placements, isolating youth who are transgender and gender-expansive, misgendering youth, trying to suppress their gender expressions, and labeling and stereotyping youth who are or are perceived to be LGBTQ. Cisgenderism may also result in evicting youth who are transgender, non-heterosexual, and/or gender-expansive or sending them to mental hospitals, RTCs, and other institutions, and acting in ways that limit permanency for the youth.

A main way in which cisgenderism impacted many of the youth in this study was through the gender segregation of CPS placements. Gender segregation is a form of systemic oppression that can also be experienced as a microaggression through being misgendered. The wrong housing placement can potentially expose youth who are transgender and gender-expansive to other forms of violence that they could encounter within gender segregated spaces. Negative stereotypes about people who are LGBTQ, such as being "sexual predators," could stigmatize youth who are LGBTQ and prevent them from being allowed to interact with other youth. Making a person who identifies as LGBTQ room by themselves could be a way to protect them, but this isolation can further notions that they are different.

The discrimination toward expansive expressions of gender marked the lives of youth in this study more than necessarily being "out" as LGBTQ. In U.S. society, there has often been a conflation of gender expression with sexuality, for if a person does not enact and embody gender expressions that are in line with stereotypical expectations for the gender they were assigned at birth, one is seen as challenging both heteronormativity and the gender binary. As child welfare systems

often uphold the gender binary, they also uphold heteronormativity, whereby people who are non-heterosexual are also stereotyped, isolated, targeted, and kicked out of shelters and foster homes.

Furthermore, the youth of color in this study may have their gender expression and behaviors monitored in specific ways. Youth of color may be more likely to be in congregate care settings, in RTCs, and in other public settings such as mental hospitals and emergency shelters. The institutionalized prison-like experience of RTCs can tell youth that they are criminals, which can be further exacerbated if one is a youth of color, who may already be stereotyped, seen, and treated as a criminal. Violence, heterosexism, and transbias are potentially more frequent in public settings (Meyer, 2015), and placement permanency is often harder to achieve when youth are in out-of-home care (Freundlich & Avery, 2005). Stereotypes about people of color as criminals and/or hypersexual, along with racial profiling, can shape the monitoring and disciplining of youth of color who are LGBTQ (Mallon & DeCrescenzo, 2006; Ritchie, Mogul, & Whitlock, 2011). Systems are often not built to accommodate intersecting identities and experiences, and youth of color who are LGBTQ may be detrimentally impacted, especially in achieving placement permanency, by these systemic shortcomings.

One way to respond to systemic shortcomings is through implementing policies that are LGBTQ-affirming. In Texas, there are no policies in place to treat people according to their self-identified gender while in CPS. Likewise, nothing in the Texas residential childcare contracts addresses children who are LGBTQ. However, youth in state custody legally have the right to safety, protection from abuse, prevention of harm, and equal protection (Estrada & Marksamer, 2006; Mallon & Woronoff, 2006). Therefore, specific policies that are LGBTQ-affirming need to be implemented to protect and treat people equitably based on their self-identified gender, to house youth where they want to be housed, and to provide safety and specialized care for youth who are LGBTQ.

Furthermore, gender segregation of housing needs to be reexamined, as gender segregation can uphold cisgenderism and heteronormativity,

marginalizing youth who are LGBTQ and are in care. In upholding the gender binary, gender segregation erases people who do not identify and/or are not within this binary. In turn, shelters and housing specifically for youth who are LGBTQ may be ideal for some youth, though other youth who are LGBTQ may prefer being integrated into and part of programs that are for all youth in care. Youth need to be able to be housed safely where they want and to have their voices be centered in designing and implementing CPS housing and placement policies. Asking the youth who are LGBTQ and in care how to improve child welfare systems, services, and housing could be a best approach for respecting and affirming youth who are LGBTQ and in working to house them safely and permanently.

Likewise, finding supportive homes that can allow youth who are LGBTQ to flourish is needed, along with trying to achieve placement permanency within these homes. Youth-driven, individualized approaches that focus on permanency for youth who are LGBTQ could be an effective approach in trying to find stability for the youth. Finding ways to connect youth who are LGBTQ and are in care with each other, especially youth of color who are LGBTQ, may also help them to not feel alone and to build communities, friendships, and relationships. Equity for youth of color who are LGBTQ and are in care also means prioritizing efforts to ensure they are not disproportionately in congregate care settings, RTCs, and mental health institutions. Indeed, the role of congregate care settings, RTCs, and mental health institutions as part of child welfare systems may need to be assessed to better understand if they help youth to achieve placement permanency.

## **Limitations**

Several limitations must be noted when interpreting this study's findings. This study is mainly retrospective data from youth already experiencing homelessness reflecting on their experiences within child welfare systems. Retrospective data is the youth reflecting back on their experiences in CPS in order to make sense of their current lives,

whereby they may have viewed their lives and needs differently while they were in child welfare systems. Future studies need to continue studying youth who are LGBTQ and are currently within child welfare systems, especially gaining their voices and perspectives on the services they are receiving. Longitudinal studies that can follow youth who are LGBTQ through CPS and what happens after they age out or leave care could be essential in understanding more concretely the potential links between child welfare systems and LGBTQ youth homelessness.

This was a qualitative study that took place in central Texas. As such, the results may not be generalizable to other urban or rural areas. Texas is a conservative state, which may influence experiences of youth who are LGBTQ in ways that may differ in other states and locales. The youth were also accessed through organizations. Youth who are in contact with organizations may have different past experiences than youth who may be experiencing homelessness but not accessing services and/or shelter through organizations. The majority of the data was also accessed through gaining rapport with the youth before conducting interviews. Some youth knew the researcher for months before interviews were conducted. This rapport can shape not only access to interviewees but also how much and what youth may disclose. The interviews may not have been possible without building this rapport, but nonetheless, this rapport can also shape the type of data gathered. Despite these limitations, this study makes an important contribution to the literature regarding how youth who are LGBTQ and are experiencing homelessness perceive how child welfare systems and gender segregation within these systems contributed to their experiences into homelessness.

## **Conclusion**

For some youth who are LGBTQ, are experiencing homelessness, and were involved in child welfare systems, gender segregation of placements negatively impacted their experiences while in care. Gender segregation of child welfare systems further stigmatized some youth

who are LGBTQ, marking them as different and shaping feelings of isolation. Youth, especially youth of color, also experienced different forms of institutionalization. These experiences did not seem to help the youth to achieve placement permanency. Instead, the youth reported that these experiences created instability and led to multiple placements, leaving them often with no where to go when they left or aged out of care.

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# Out of the System and onto the Streets: LGBTQ-Identified Youth Experiencing Homelessness with Past Child Welfare System Involvement

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Youth who identify as lesbian, gay, bisexual, transgender, or questioning (LGBTQ) are over-represented in the child welfare system and also among people experiencing homelessness. This article reports on the experiences of youth who identify as LGBTQ and also have previous child welfare system involvement—as compared to youth identifying as heterosexual, cisgender—as a subsample of youth experiencing homeless-

ness in a southeastern metropolitan area. The study sample was comprised of primarily black males who reported an average age of 21. Approximately one third of youth identified as LGBTQ. Over half of the youth in the sample had been in foster care, while 43% indicated some other form of child welfare system involvement. Of those who had been in the foster care system, 11% were eligible to return to care based on their age. When compared to their heterosexual, cisgender counterparts, a greater percentage of youth who are LGBTQ had been kicked out of their homes, had been homeless for more than one year, reported being abused as a child, were victimized while they were homeless, indicated a mental health problem, and identified adult friends or a professional contact (rather than family members)

as a source of support. Fully 95% of both groups in the sample reported some form of trauma. Findings support the need for child welfare system workers to adopt identity affirming, trauma-informed practices with youth who are in care and highlight the challenges in preparing youth for successful, independent living. The child welfare system and homeless providers should deliver a coordinated response to both prevent pathways to system involvement and intervene when necessary.

In 2015, approximately 21,000 youth in the United States became emancipated—commonly referred to as “aged out”—from the foster care system; neither being adopted nor reunified with their family of origin, and were therefore expected to live independent lives (U.S. Department of Health and Human Services, 2016). In addition to the youth who aged out, nearly 1,000 youth ran away from foster care (U.S. Department of Health and Human Services, 2016). Over the past two decades, studies have consistently indicated a strong association between experiencing homelessness and having prior placement in the foster care system (Zlotnick, 2009). Youth who age out of foster care are among the populations at the greatest risk of becoming homeless (Dworsky, Dillman, Dion, Coffee-Borden & Rosenau, 2012) with as many as half of youth experiencing homelessness or housing instability within 18 months of their exit from the foster care system (Kushel, Yen, Gee, & Courtney, 2007). While precise population statistics on the number of youth experiencing homelessness are difficult to ascertain, it is estimated that approximately 1.24 million will face an episode of homelessness in a given year (National Center for Homeless Education, 2014), representing approximately seven percent of the total population who are homeless (Henry, Watt, Rosenthal, & Shivji, 2016).

For youth who identify as lesbian, gay, bisexual, transgender, questioning (LGBTQ), or as non-heterosexual, or gender expansive, the risk of becoming homeless or facing housing instability is greater than that faced by their cisgender, heterosexual counterparts. Youth who identify as LGBTQ are less likely to be adopted or reunited with their family than heterosexual, cisgender youth, with those who identify as transgender or gender-expansive having the least success achieving permanency (Child Welfare Information Gateway, 2013; Jacobs & Freundlich, 2006), contributing to less security and greater risk for becoming homeless. Studies indicate that between 20 and 40% of youth experiencing homelessness identify as LGBTQ (Cochran, Stewart, Ginzler, & Cauce, 2002; Durso & Gates, 2012; Quintana, Rosenthal, & Kehely, 2010; Van Leeuwen et al., 2006; Wright et al., 2016), which is

a significant overrepresentation when compared to general population estimates. Furthermore, youth of color are overrepresented among youth who are LGBTQ and experiencing homelessness (Choi, Wilson, Shelton, & Gates, 2015). To date, there is a significant dearth of published research available to understand, draw attention to, provide appropriate services to, and effectively advocate for a population who, although demonstrate large levels of resilience, face significant risks to their well-being.

For youth who identify as LGBTQ and have previously been in the foster care system, or have some other form of child welfare system involvement, even more limited attention has been paid to their experience and well-being (McCormick, Schmidt, & Terrazas, 2017). While these youth share common experiences with their heterosexual, cisgender child welfare system-involved (CWS-I) counterparts (i.e., histories of trauma, poor relationships with parents/caregivers), they also have distinctive experiences related to their sexual orientation, gender identity and expression. While some research does exist on the experiences of youth who were previously CWS-I and who are experiencing homelessness, we are not aware of any studies that focus on sexual orientation and gender identity. This study aims to describe characteristics and experiences of youth who are LGBTQ who have previous child welfare system-involvement and are currently experiencing homelessness.

## **Literature Review**

Children and youth with previous child welfare system-involvement are one of the most vulnerable populations in the United States. (American Academy of Pediatrics, 2005). A large body of literature highlights the increased risk for homelessness and subsequently poor social, educational, health, and financial outcomes among youth who age out of the foster care system (Bender, Yang, Ferguson, & Thompson, 2015). This section synthesizes some of these key issues in the literature.

### *Homelessness*

Youth report becoming homeless for a variety of reasons, including social, economic, and environmental influences, but youth who identify as LGBTQ most often report experiencing homelessness due to running away or being ejected from their home of origin because of their sexual orientation or gender identity (Durso & Gates, 2012; Rosario, Scrimshaw, & Hunter, 2012). For youth with histories of foster care system involvement, experiencing physical abuse, engaging in delinquent behaviors, and having symptoms of a mental illness are predictors of homelessness (Dworsky, Napolitano, & Courtney, 2013). Furthermore, research indicates that for emancipated youth aged 17 or 18, 14% had experienced homelessness and 39% were unstably housed (Kushel, Yen, Gee, & Courtney, 2007). Additionally, in a study of former foster youth, 31 to 46% had experienced homelessness at least once by the time they turned 26 years old (Dworsky, Napolitano, & Courtney, 2013).

### *Trauma and Violence*

The process of becoming, experiencing, and identifying as homeless is often traumatic for youth. This trauma is often confounded by previous occurrences of trauma and abuse experienced by youth who have had some form of child welfare system involvement; moreover, youth who are in care have often experienced sexual trauma, making them more likely to engage in risky sexual behaviors (Homma, Wang, Saewyc, & Kishor, 2012; Ramseyer Winter, Brandon-Friedman, & Ely, 2016). Youth experiencing homelessness with a history of foster care are more vulnerable to being recruited into sex trafficking (Fong & Cordosa, 2010). Furthermore, youth who identify as LGBTQ experience higher rates of rejection, abuse and victimization from their families of origin than their heterosexual, cisgender counterparts (Liu & Mustanski, 2012; Marshal et al., 2011; Wilson & Kastanis, 2015). For example, youth who are LGBTQ are 1.2 times more likely to be physically abused and 3.8 times more likely to experience sexual abuse at the hands of a parent or caregiver



than their peers who are heterosexual and cisgender (Friedman et al., 2011). For those who are in foster care, approximately one third report experiencing violence after revealing their identity to their family members (Laver & Khoury, 2008). Also, after becoming homeless, youth who identify as LGBTQ are more likely than youth who are heterosexual, cisgender to experience additional trauma through physical and sexual victimization (Cochran, Stewart, Ginzler, & Cauce, 2002; Gattis, 2011).

### ***Mental Health and Risk Behaviors***

Experiences of heterosexism, transgender bias and stress, and distal stress associated with sexual and gender identity are significant threats to the mental health of youth (Steever, Francis, Gordon, & Lee, 2014). Youth who are lesbian, gay, and bisexual report high rates of depression (Marshall et al., 2012), and feelings of sadness or hopelessness that are greater than their heterosexual counterparts (Kann, Olsen, & McManus, 2016). They are also at increased risk for self-harm and suicidal ideation (Liu & Mustanski, 2012; Marshall et al., 2012), with one study reporting youth who are lesbian, gay, and bisexual were four times more likely to attempt suicide (Kann, Olsen, & McManus, 2016). Youth who are transgender face a similar trend in reports of mental health; they are at two to three times greater risk for depression, anxiety, suicidal ideation and attempts, and self-harm (Reisner, Vetter, Leclerc, Zaslow, Wolfrum, Shumer, & Mimiaga, 2015).

Homelessness is related to high levels of daily stressors (Ecker, 2016) and mental health symptoms (Cauce et al., 2000; Yoder, Hoyt, & Whitbeck, 1998). Lack of permanency and feelings of insecurity, together with decreased levels of sleep, nutritional needs, combined with loneliness and a decreased sense of self-worth, serve to induce and exacerbate depressive symptoms (De Rosa, Montgomery, Hyde, Iverson, & Kipke, 2001; Whitbeck & Hoyt, 2000). Youth who are LGBT and experiencing homelessness also experience increased levels of post-traumatic stress disorder (PTSD) and depressive symptoms, including feelings of sadness or hopelessness (Cochran, Stewart, Ginzler, &

Cauce, 2002; Gangamma, Slesnick, Toviessi, & Serovich, 2008; Walls, Hancock, & Wisneski, 2007; Whitbeck, Chen, Hoyt, Tyler, & Johnson, 2004).

When a young person experiences homeless, their risk for substance use and abuse increases (Cauce et al., 2000; De Rosa, Montgomery, Hyde, Iverson, & Kipke, 2001; Whitbeck, Hoyt, Yoder, Cauce, & Paradise, 2001), although, the prevalence of use is similar irrespective of previous child welfare system-involvement (Hudson & Nandy, 2012). Substance use and abuse among youth who are LGBTQ has been reported at higher rates when compared to their heterosexual, cisgender counterparts (Cochran, Stewart, Ginzler, & Cauce, 2002; Salomonsen-Sautel et al., 2008; Unger et al., 1998; Unger, Kipke, Simon, Montgomery, & Johnson, 1997). Although there are conflicting findings when examining use of specific substances, youth who are LGBTQ and experiencing homelessness are more likely to use marijuana (Walls, Hancock, & Wisneski, 2007).

Unstable housing also places youth at risk for contracting HIV and other sexually transmitted infections, including hepatitis C (Moon et al., 2000; Rew, Whittaker, Taylor-Seehafer, & Smith, 2005; Walls, Hancock, & Wisneski, 2007). Young males who are gay and experiencing homelessness are less likely to say they intend to use condoms and show lower levels of self-efficacy in using condoms when compared to heterosexual males (Taylor-Seehafer et al., 2007). Regarding actual usage, one study found, among 13–21 year olds experiencing homelessness, youth who are LGBTQ report high rates of unprotected intercourse (Cochran et al., 2002). Additionally, youth who are lesbian-identified and experiencing homelessness have higher rates of unprotected vaginal and anal sex than lesbians who were housed (Walls, Hancock, & Wisneski, 2007).

Furthermore, there is an established body of research that posits that many youth experiencing homelessness engage in “survival sex” (Clatts & Davis, 1999; Ennett, Bailey, & Federman, 1999; Gaetz & O’Grady, 2002; Haley et al., 2000; Kipke, O’Connor, Palmer, & MacKenzie, 1995). Survival sex refers to the exchange of sexual behaviors for resources such as food, shelter, and money. For those young adults who

are LGBTQ-identified, the rate of engagement in survival sex has been reported to be greater (44%) compared to 32% of their heterosexual and cisgender counterparts (VanLeeuwen, et al., 2006).

### ***Social Support***

Young people experiencing homelessness often have few social resources and low levels of social support (Johnson, Whitbeck, & Hoyt, 2005). Social support is an important protective factor that safeguards against negative experiences (Cohen, 2004) and predicts episodes of homelessness for youth who were previously in foster care; the more perceived social support, the less likely a youth is to experience homelessness (Dworsky & Courtney, 2009). Among the general population, youth who are lesbian, gay, and bisexual report low levels of social support (Marshall, et al., 2011). While on the street, youth seek support from their street based peers which is a relationship associated with more risky behaviors (Wenzel, Tuckers, Golinelli, Green, & Zhou, 2010). However, these peer networks are integral for both support and survival among youth (Garrett, Higo, Phares, Peterson, Wells, & Baer, 2008). For example, Smith (2008) found that youth often create “street families” that mirror the roles of family life which often alleviates stressors associated with homelessness.

## **Methods**

### ***Data***

This descriptive study used data from the 2015 *Atlanta Youth Count* (AYC) collected between May 15 and July 31, 2015. The full sample was comprised of 693 homeless and runaway youth between the ages of 14 and 25, who were experiencing homelessness in metro Atlanta at the time of the survey. The survey collected important demographic information about youth experiencing homelessness including age, race, gender, sexual orientation, gender identity, personal and family

background, trauma exposure, educational status, financial and employment status, health and mental health status, health risk behaviors, involvement with the child welfare, and criminal justice systems and contact with health and outreach organizations.

The study was approved and overseen by Georgia State University's Institutional Review Board (IRB, study number H15427). A waiver of parental consent was obtained for the initial study as the IRB determined that the population would likely include youth who had run away from home or were otherwise unaccompanied. A 'minor response protocol' was developed and followed each time researchers encountered a youth under the age of 18. This protocol included following state mandated reporting requirements and alerting a local police liaison if the youth was in imminent danger.

### ***Recruitment***

The AYC study used a sophisticated capture-recapture field sampling method to obtain a sample representative of the current population of youth experiencing homelessness in metro Atlanta. While originating in the biological sciences, capture-recapture methodologies have been successfully implemented in social science research (Bloor, Leyland, & McKeganey, 1991; Rossmo & Routledge, 1990; Smit, Toet, & van der Heijden, 1997). In the initial study, during the first wave of data collection respondents received a token. During two separate, two-week periods, additional waves of data collection followed, where respondents were asked if they had in their possession, or had seen, the token. This enabled the researchers to determine the number of respondents who were "unique" to each wave of data collection, and enabled the researchers to calculate a population estimate (for further description of the methodology used, see Wright et al., 2016). Teams of trained outreach workers, service providers, students and youth conducted the sweeps of metro area shelters, streets and known locations where youth experiencing homelessness routinely spend their time.

## **Study Participants**

Youth who were homeless or runaway between the ages of 14 and 25, who were (1) living independently (i.e., no consistent support from parents or other family members) and (2) without a permanent stable residence at the time of the survey, were eligible to participate in the full AYC study. Eligible participants were incentivized to take a brief 15-minute survey. At the completion of the survey, participants received a \$10 Visa gift card and a list of community resources to access a wide array of services if necessary.

## ***Study Measures***

The survey instrument contained measures that indicated whether participants had been in the foster care system due to abuse and /or neglect, had been in foster care due to juvenile delinquency or had received any child welfare services other than foster care. Demographic information that included age, race, ethnicity, sexual orientation, and gender identity were included. Participants were asked to indicate the reason for and length of time they had been homeless. To explore each participant's exposure to trauma, a series of questions were asked related to abuse and victimization, exposure to violence, and commercial sexual exploitation. The instrument included measures of mental health problems, indicators of serious mental health challenges and health-risk behaviors such as substance use and risky sexual behavior. Aspects of social support measures included the number of family, friends or professionals that participants felt they could rely on, as well as membership in a street family or crew. A detailed description of all study measures used on the survey instrument can be found in Appendix A.

## ***Statistical Analysis***

IBM SPSS 24 software was used for data screening, variable transformation, and analyses. Since the current study focused on youth experiencing homelessness who had previous child welfare system involvement, only participants who answered affirmative to one or more of the child

welfare system-involvement variables were included in the analyses for this study ( $n = 295$ ). Other respondents were excluded.

## Results

### *Descriptive Statistics*

Youth with prior CWS-I comprised 43% of the full AYC sample. Within the CWS-I sample, 60% indicated they had been in foster care because of previous abuse and/or neglect, 38% had been in care because of juvenile delinquency or criminal behavior and 43.2% reported receiving services from the child welfare system, other than foster care. Of youth who had been in the foster care system, 11% were under the age of 21 and eligible to return to care. A large percentage (56.3%) of the youth in the CWS-I sample experienced a parent going to jail or prison. The CWS-I sample was comprised of respondents who were primarily Black (65%) and male (65.6%), with a mean age of 21.4. Within the CSW-I sample, 29.8% of youth self-identified as LGBTQ and 8.8% identified as transgender. There were no significant age, race or ethnicity differences between LGBTQ and heterosexual, cisgender participants (See Table 1.).

Most CWS-I study participants (61.8%) reported living in Georgia when they first became homeless. At the time of the survey, 44% of the participants had been experiencing homelessness for over six months and over 60% of the sample reported being homeless between two and three times in the past three years. Twenty percent of the CWS-I sample reported a developmental or learning disability and over half had attained less than a high school education (53.4%). Characteristics of the CWS-I sample compared to the full AYC sample can be found in Table 1.

### **Comparing Youth who Identify as LGBTQ with Youth who are Heterosexual, Cisgender**

Table 2 displays the results that compare differences between youth who are LGBTQ and youth who are heterosexual, cisgender. Within the description that follows, statistically significant results are noted with their respective

**Table 1. Individual Characteristics as a Percentage of Each Sample**

<b>Characteristic</b>	<b>Child Welfare System-Involved (n = 295)</b>	<b>Full sample (n = 693)</b>
Age (Mean)	21.4	21.5
<b>Race</b>		
White	6.1	5.3
Black	65.0	71.0
Native American	1.0	.7
Asian	0.0	.7
Pacific Islander	0.3	.3
Biracial	4.1	4.4
Multiracial	16.7	11.8
<b>Ethnicity</b>		
Hispanic or Latino	10.4	8.2
<b>Sex assigned at Birth</b>		
Female	34.4	33.5
Male	65.6	66.4
<b>Sexual Orientation</b>		
Straight	70.2	71.6
Gay or Lesbian	14.9	13.8
Bisexual	11.5	10.9
Undecided/Questioning	3.4	3.7
<b>Gender</b>		
Cisgender-male	58.0	60.5
Cisgender-female	33.2	32.9
Transgender	8.8	6.5
<b>Education</b>		
Currently attending	14.7	14.1
Less than high school	53.4	45.1
Graduated or GED	35.0	38.6
Some College	8.5	12.4
College Graduate	1.4	1.0

**Table 2. Differences Between Youth Who Identify as LGBTQ and Heterosexual, Cisgender**

Variable	LGBTQ (%)	Heterosexual, Cisgender (%)
<b>Pathway to homelessness</b>		
Alcohol/Drugs	9.8	5.9
Mental Illness	5.4	2.0
Runaway	3.3	3.3
Family Violence	20.7	28.6
Kicked Out of Home*	32.6	19.7
Child Welfare Problems	7.6	6.4
<b>Length of time homeless</b>		
Less than one month	15.4	13.3
One month to one year	52.7	59.6
More than one year	31.9	27.1
<b>Individual Trauma</b>		
Child abuse	66.3	57.6
Sexual violence as child**	39.1	23.2
Sex Trafficking*	32.6	21.2
Trauma while homeless**	51.1	34.0
Robbed/something stolen	69.7	63.0
<b>Exposure to Violence</b>		
Home	39.1	23.2
Neighborhood	32.6	21.2
<b>Mental Health</b>		
Ever experienced mental health problems	44.6	37.1
Indicators of serious mental illness	33.0	35.5
<b>Risk Behaviors</b>		
Alcohol use past year*	70.3	52.2
Marijuana use past year	73.6	66.5
Other drugs past year	18.9	17.8
Unprotected intercourse	56.8	63.8

(continued)



**Table 2. Differences Between Youth Who Identify as LGBTQ and Heterosexual, Cisgender (*Continued*)**

Variable	LGBTQ (%)	Heterosexual, Cisgender (%)
<b>Social Support</b>		
Family members	47.1	57.0
Friends same age	66.7	59.5
Adult friends*	69.0	54.8
Professional	44.8	33.5
Identify street family	55.2	49.0

*Note:* \* $p < .05$ . \*\* $p < .01$ .

p-values. The percentages for noteworthy variables that are not statistically significant are also included to inform the discussion. We examine findings related to homelessness and then trauma, mental health and health risk behaviors, and finally social support (see Table 2 for complete data).

***Pathway to Homelessness and Length of Time of Homeless***

A third of youth who are LGBTQ were kicked out of their homes (33%) compared to 19.7% of youth who are heterosexual, cisgender ( $p = .016$ ;  $p < .01$ ). More youth who are heterosexual cisgender (28.6%) reported being homeless due to family violence compared to 21% of youth who are LGBTQ, but this difference was not statistically significant. The majority of youth experienced homelessness one month to a year. However, approximately one third (31.9%) of youth who are LGBTQ had been homeless for more than one year, compared to approximately one quarter (27.1%) of youth who are heterosexual, cisgender.

***Trauma***

Two-thirds of youth who are LGBTQ and over one half of youth who are heterosexual, cisgender reported experiencing child abuse. Additionally, 77% of youth who are LGBTQ and 71% of youth who

are heterosexual, cisgender reported exposure to violence in their homes and neighborhoods of origin (77% and 82% respectively). There were significant differences between youth who are LGBTQ and youth who are heterosexual, cisgender around their experiences with sexual violence as a child ( $p = .005$ ;  $p < .01$ ), sex trafficking ( $p = .035$ ;  $p < .05$ ) and victimization while homeless ( $p = .005$ ;  $p < .01$ ). Over half (51.1%) of youth who are LGBTQ were victimized while they were homeless compared to one third (34%) of youth who are heterosexual, cisgender youth.

### ***Mental Health and Health-Risk Behaviors***

There were no significant differences between youth who are LGBTQ and youth who are heterosexual, cisgender regarding experiences with mental health problems or indicators of serious mental health. However, 45% of youth who are LGBTQ and 37% of youth who are cisgender self-identified that they have experienced a mental health problem. More youth who are LGBTQ (70.3%) reported using alcohol in the past compared to 52.2% of youth who are heterosexual, cisgender ( $p = .004$ ;  $p < .01$ ). Although it was not significant, it is worth noting that both LGBTQ and heterosexual, cisgender groups reported high rates of unprotected intercourse (57% and 64%, respectively).

### ***Social Support***

Overall, most youth who are LGBTQ identified adult friends as their main source of social support ( $p = .025$ ;  $p < .05$ ). This finding was similar for youth who are heterosexual, cisgender. Almost one half of youth who are LGBTQ identified at least one professional contact as a source of support compared to one third of youth who are heterosexual, cisgender.

## **Discussion**

This is the first study known to the authors that focuses on a comparison of youth who are LGBTQ and youth who are heterosexual,

cisgender with previous child welfare system-involvement and who were currently experiencing homelessness. While the vast majority of child welfare system-involved youth in our study were Black or African American, it should be noted that a similar proportion of the non-CWS-I AYC sample were Black or African American (See Table 1). Child welfare system-involved youth are overrepresented in the full AYC sample which parallels other studies of youth experiencing homelessness (Bender, Yang, Ferguson, & Thompson, 2015; Forge, 2012). This study examined whether a subsample, comprised of youth previously involved in the child welfare system, had distinctive experiences when compared on their sexual and gender identity. An alarming 95% of the CSW-I sample reported that they had experienced some form of trauma during childhood. Although this is to be somewhat expected in a child welfare involved sample, it contributes to the cumulative trauma these youth continue to experience after their child welfare system-involvement ends.

Research indicates that youth who age out of foster care often have not been taught basic life skills needed to achieve successful independent living (Scales, Benson, Leffert, & Blyth, 2000). Among the youth in our sample, 11% who had been in foster care were of an age at the time of the study where they could have continued receiving services from the child welfare system to assist with housing and other supports (i.e., mental health, education, employment). Furthermore, one fifth reported a developmental or learning disability and over half had not finished high school. Sixty-five percent of youth who had been in foster care, and were between the ages of 18 and 21 at the time of the study, did not have a high school diploma or a GED. It appears that for youth who were experiencing homelessness, the very system designed to promote safety, permanency and well-being, has fallen short, and draws attention to the fact that youth fall through the relative safety net of mainstream services (Ream & Forge, 2014).

Youth who are LGBTQ were overrepresented in our sample, similar to findings from previous studies of youth experiencing homelessness (Durso & Gates, 2012; Quintana, Rosenthal, & Kehely, 2010;

Van Leeuwen et al., 2006). Our results reinforce previous research that indicates it is common for youth who are LGBTQ to report being kicked out of their home as their primary reason for experiencing homelessness (Ecker, 2016). This was the case for one third of the youth in our study, which may indicate more complex challenges presented to child welfare professionals when engaging with families who reject their child based on their sexual orientation or gender identity. Professionals need to be equipped with the training and skill sets to engage in potentially uncomfortable discussions with families around affirming the identity and meeting the needs of their children.

All youth, irrespective of sexual orientation or gender identity, experienced exceptionally high rates of individual trauma and exposure to violence in their homes and neighborhoods. This again highlights the cumulative trauma that youth in our sample have sustained. We also found an exorbitant number of youth had been sexually victimized both as children and while homeless. Of particular concern is that more youth who are LGBTQ had experienced child abuse, sexual violence as a child, and victimization while living on the street compared to heterosexual, cisgender youth. This finding is similar to other research specific to youth who are LGBTQ experiencing homelessness (Rew et al, 2005; Taylor-Seehafer et al., 2007). However, in our sample, despite all participants having some form of prior child welfare system intervention, youth who are LGBTQ reported high rates of physical or sexual re-victimization and substance use. This is a clear indication of the need for targeted interventions to engage youth while they are living on the streets, while at the same time doing so with the full understanding that many youth consider the streets safer than their experiences with previously encountered service providers and programs (SAMHSA, 2010). A first step to ensure service providers create safe spaces for youth who are LGBTQ is to evaluate organizational culture and practices. While housing based services and interventions designed specifically for LGBTQ-identified youth are few and far between (Quintana, Rosenthal, & Krehely, 2010) and the availability of “best practices” is limited (Ferguson & Maccio, 2015), all providers

should adopt identity affirming practices within a trauma-informed practice framework. Youth experiencing homelessness utilize social support networks that oftentimes includes social media. Youth-serving agencies can create identity-affirming messaging through social media, agency branding, and community outreach.

There are two overarching contexts that are relevant for discussion in our study; the child welfare system and homeless providers and services. Too often, each are siloed as two separate entities, with little acknowledgement of the intersection of each that young people often experience, and the supportive role they play in their lives. Our findings indicate that over half of youth who are LGBTQ in our study identified a professional contact as a form of social support. While we were not able to ascertain from which professions these supportive adults identified, it is common for youth who were formerly in foster care to continue contact with, and feel support from, adults in the child welfare system (Collins, Spencer, & Ward, 2010), and such adults may be in a position to provide support across systems of care.

The aforementioned findings speak to the challenges child welfare and policy advocates face in preventing the pathways to system-involvement that begin within the youths' family of origin. Child welfare personnel, including foster parents, better educated and trained on their critical role in the lives of youth identifying as LGBTQ in their care to avoid re-traumatizing and further victimization of youth. To do this, child welfare systems should implement strategic foster parent training and recruitment to attend to the general well-being of youth who are LGBTQ and their life skill needs well before they age out of foster care.

Additionally, The Preventing Sex Trafficking and Strengthening Families Act P.L. 113–183, which was enacted in September 2014, requires Title IV-E agencies to identify, document, and respond to children in the child welfare system who are at risk of becoming, or who are currently, trafficking victims (see <https://www.congress.gov/bill/113th-congress/house-bill/4980/text>). Findings in this study reinforce that this act is an excellent first step in acknowledging the high

rates of sexual victimization among child welfare system-involved youth. Ultimately this can also prevent the trafficking of youth who are at high risk for it.

Significantly, community partners face the challenge of engaging youth experiencing homelessness in services that are trauma-informed and delivered with cultural humility (Ortega & Coulborn Faller, 2010). Child welfare organizations, homeless service providers, law enforcement and the education system must work together to develop and implement prevention initiatives to eliminate homelessness among youth, in particular youth aging out of, or running away from, foster care. Youth must be engaged in services that address their past trauma and be involved in ongoing, practical activities that develop life, social, and job readiness skills, and ones that help them develop support systems by identifying mentors and other supports. Since youth in Georgia can remain in foster care until the age of 21, and so many youth in our sample chose to leave foster care, it is important to explore this trend further. Policies should reflect the importance of developing independent living skills for all youth in the child welfare system well in advance of them preparing to exit care, regardless of sexual orientation or gender identity, as close to half are currently counted among our nations homeless population.

Lastly, the high percentage of youth being robbed and victimized on the street highlights the need to engage law enforcement in collaborative partnerships to combat the ongoing victimization and trauma that youth are experiencing while they are homeless. We need to work with law enforcement to better understand the nature of youth experiencing homelessness, especially youth who are LGBTQ and homeless. The law enforcement agencies who come in contact with youth should obtain training on trauma-informed approaches so that they can be more aware of and responsive to the cumulative trauma these youth experience in their homes, neighborhoods and on the streets. Along with training, an additional component could be the assigning of community liaisons to work specifically with youth who identify as LGBTQ and are experiencing homelessness, and who

demonstrate cultural humility, assisting with building capacity within law enforcement as a whole.

## Limitations

Although descriptive studies allow us to identify patterns and make sense of data, the findings in the current study cannot be generalized to any other group or population. The AYC relied on self-report for all measures which inherently introduces bias into study findings. Additionally, measures of past experiences (i.e., trauma from childhood) relied on retrospective recall, which can introduce threats to the internal validity of studies (Hassan, 2005). To minimize recall bias, the AYC used a structured interview process conducted by trained interviewers and survey responses were anchored to specific time frames throughout the survey.

There was also the potential for response bias in the current study for several reasons. Participants may not have been willing, or felt safe enough, to disclose their sexual orientation or gender identity to interviewers. Furthermore, they may have been reluctant to report instances of sexual violence, sex trafficking, and other forms of violence perpetrated against them, especially for youth who may view sex work as a means of survival, not victimization. Participants were asked to report their true age, but they were also informed that researchers were mandated to report youth who were under the age of 18. Despite describing consent procedures and methods for protecting their identity, some respondents may have inflated their age.

The current study presents findings that aggregate responses from study participants who self-identified as lesbian, gay, bisexual, transgender, or questioning (LGBTQ). While this study is unique and makes a much-needed contribution to the dearth of understanding of youth who have had a form of child welfare involvement and who are currently homeless, youth experiences may be associated with particular sexual or gender identities, whereas this study examines the population as a whole. It is our aim to disaggregate these in a future study. Additionally,

because the majority of participants in the sample identified as black or African American, meaningful comparisons based on race and ethnicity were prohibited. While on the one hand this is a limitation to the current study, on the other it highlights the enormous over-representation of youth of color in the study population. It is our aim to explore this, as well as encourage others to do the same, in future studies.

How child welfare system-involvement was defined in the study may also limit the findings. While prior foster care system involvement was measured clearly, the item measuring other system involvement could have been more comprehensive; the definition was not expanded upon during the interview, leaving “other child welfare system involvement other than foster care” to be interpreted by participants. It should also be noted that it was possible for participants to indicate all three categories of child welfare involvement, which may have caused confusion for some, thus our results may underrepresent the prevalence of child welfare system-involvement among participants in this sample. Future studies should be focused on an in-depth examination of the number, timing, form and length of involvement with the child welfare system, along with the experiences of those youth who are LGBTQ who are now experiencing homelessness.

## **Conclusion**

To date, the AYC is the most comprehensive study of youth experiencing homelessness who also have prior child welfare system involvement. The study also focused on youth in one of the largest cities in the southeastern United States. Despite the limitations, our findings have important implications for policy and practice in both child welfare and homeless services. Nearly half of our sample had some previous involvement with the child welfare system, and just under half of those youth self-identified as LGBTQ. This alarming overrepresentation indicates the need for child welfare policy makers and front-line workers to implement early interventions that prevent children’s exposure to sexual abuse and violence at home, address the associated trauma, and develop



community interventions to reduce neighborhood violence. Such efforts in achieving permanency and reducing exposure to trauma will serve as important protective factors that will interrupt the pathway to homelessness.

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# Developing Relationship-Building Tools for Foster Families Caring for Teens who are LGBTQ2S

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Youth who identify as lesbian, gay, bisexual, transgender, queer/questioning, and two-spirit (LGBTQ2S) are disproportionately represented in the foster care population and often face discrimination within the system. This article summarizes findings from focus groups with youth in care who are LGBTQ2S, foster caregivers, and child welfare workers to explore (a) the unique challenges and support-related needs of youth in care who are LGBTQ2S and their foster caregivers, and (b) strategies for building better relationships between these youth and caregivers. Findings can be used to improve youth placement stability.

***Acknowledgements:** This work was supported by the National Institute on Drug Abuse (grant #3R01DA038095-02S1). The content of this paper is solely the responsibility of the authors and does not necessarily represent the official views of the funding agency. The National Institute on Drug Abuse played no role in the study design; in the collection, analysis and interpretation of data; in the writing of the report; nor in the decision to submit the article for publication.*



There are more than 400,000 children in foster care in the United States (U.S. Department of Health and Human Services, 2016). While few empirical studies can offer precise data on the percentage of youth in care who are lesbian, gay, bisexual, transgender, queer/questioning, and two-spirit (LGBTQ2S), experts agree that LGBTQ2S youth are disproportionately represented (Wilber, Ryan, & Marksamer, 2006; Wilson & Kastanis, 2015). Approximately 3–8% of youth in the United States identify as LGBTQ (Kann et al., 2016; Russell & Joyner, 2001; Savin-Williams, 2006). In contrast, studies of youth in care have found this percentage to be 15–19% (Courtney et al., 2005; Wilson & Kastanis, 2015). As part of a foster parenting program module development project, this article reports on some of the challenges and support-related needs of youth in foster care who are LGBTQ2S and their foster caregivers, and explores strategies for building better relationships between youth who are LGBTQ2S and their foster caregivers.

### **Challenges for LGBTQ2S Youth in Care**

Youth in care who identify as LGBTQ2S face a variety of challenges and unique vulnerabilities, both in care and beyond. Studies have found that youth who identify as LGBTQ2S are often placed in discriminatory or unprepared foster families and group homes, in the care of organizations intolerant of LGBTQ2S individuals, or in more highly restrictive placements than is necessary due to a lack of safe and affirming options. Moreover, youth who identify as LGBTQ2S are often served by social workers with no specialized training on how to effectively support these youth. Youth who identify as LGBTQ2S are sometimes forced into conversion therapy, and many, especially transgender teens, do not receive appropriate health care (Gilliam, 2004; Makadon et al., 2015; Substance Abuse and Mental Health Services Administration, 2015). Youth in foster care who identify as LGBTQ2S are at high risk for homelessness as the rejection and discrimination they often experienced in their biological homes (Ryan et al., 2009) is replicated in the child welfare system (Gilliam, 2004). In addition, research has

found that youth in care who identify as LGBTQ receive fewer permanency options than foster youth who do not identify as LGBTQ, and are more likely to age out of care (Mallon, 2011).

## **Understanding the LGBTQ2S Youth–Caregiver Relationship**

Many youth who identify as LGBTQ2S enter foster care for the same reason as non-LGBTQ2S youth: maltreatment. Although very little research has been conducted on two-spirit youth, research indicates that a high proportion of youth in out-of-home care who identify as LGBTQ end up there as a result of conflict around their sexual orientation or gender identity (Mallon, 2011; Wilber et al., 2006). Once in care, many youth who identify as LGBTQ2S continue to face the same hostility, rejection, and harassment that they experienced within their families of origin. For example, a 2001 survey of youth in out-of-home care in New York City who identified as LGBTQ found that 78% of these youth were removed or ran away from their foster care placements because of anti-LGBTQ violence or harassment (Woronoff et al., 2006). Even when placements are accepting of youth who identify as LGBTQ2S, they often lack the knowledge and training to provide adequate care and support. However, there is growing consensus about the importance of family acceptance and support in ensuring safety and well-being for youth in care who identify as LGBTQ2S (Wilber et al., 2006; Woronoff et al., 2006).

## **The Connecting Program**

Despite advancements in understanding the challenges and needs of youth in care who identify as LGBTQ2S, there are no known evidence-based approaches to improving placement stability and social and emotional well-being of these young people. To begin addressing this, the authors developed a new program module focused on enhancing placement stability and well-being for youth identify as LGBTQ2S

by building stronger relationships between these youth and their foster caregivers. This module was created as part of Connecting, a parenting program for foster caregivers. Connecting is a self-directed prevention program theoretically guided by the social development model (Hawkins et al., 2008). It is designed to promote healthy relationships between caregivers and foster teens (age 11–15) in their care, and prevent teen initiation of high-risk behaviors such as drug use, violence, and early sexual activity. Using the ADAPT-ITT framework (Wingood & DiClemente, 2008), Connecting was systematically tailored for child welfare using an evidence-based, universal parenting program called Staying Connected with Your Teen (Barkan et al., 2014). Using a combination of videos, guided discussion, and activities, the first two chapters focus on building and strengthening relationships between caregivers and teens in their care, while the next eight chapters cover a range of topics such as family communication, identifying and reducing risks, promoting teen involvement in family decision-making, and managing emotions. In addition, caregivers receive weekly support calls to encourage program completion, problem-solve, and celebrate progress. More detailed information on the Connecting program can be found in Barkan and colleagues (2014).

One shortcoming of the original Connecting curriculum is that it did not specifically address the unique challenges faced by youth in care who identify as LGBTQ2S and their caregivers, including how to build stronger relationships. Thus, as part of a study funded by the National Institute on Drug Abuse, we conducted research to inform development of a new program module for Connecting that offers specialized relationship-building supports for foster families caring for youth who identify as LGBTQ2S.

This article summarizes the findings from focus groups with youth with foster care experience who identify as LGBTQ2S, foster caregivers, and child welfare workers to inform development of a new parenting program module, and in particular to explore two research questions: (a) what are the unique challenges or support-related needs for youth in foster care who identify as LGBTQ2S and their foster caregivers,

and (b) what strategies do they recommend to build better relationships between youth who identify as LGBTQ2S and their foster caregivers?

## Method

### *Participants*

Twenty-eight participants were recruited for three focus groups: one each for child welfare staff ( $n = 13$ ), foster caregivers ( $n = 9$ ), and young adults with foster care experience who identify as LGBTQ2S ( $n = 6$ ). Child welfare staff eligibility included being currently employed by the Washington State Department of Social and Health Services (DSHS) Children's Administration (CA), with professional experience working with teens who identify as LGBTQ2S and their caregivers. Eligible caregivers were foster or relative caregivers with experience caring for teens involved in the child welfare system. Young adults were age 18 to 24, identified as LGBTQ2S, and were in the child welfare system during their teenage years. All participants were from a major metropolitan area in the Pacific Northwest. Participant demographics are detailed in Table 1.

To recruit child welfare staff, we reached out to several offices with which we have had previous working relationships. CA staff and supervisors were invited to participate by telephone calls and emails from research staff. Caregivers were recruited through CA staff and caregiver-serving community organizations. Young adults were recruited through CA staff as well as organizations that serve foster care alumni, youth experiencing homelessness, and youth/young adults who identify as LGBTQ2S. Caregivers and young adults received \$50 for their participation, as well as a stipend for childcare and transportation if needed. All study procedures were approved by the Washington State DSHS IRB.

### *Data Collection and Analysis*

Focus groups took place in fall 2016. Each group contained 6 to 13 participants, and lasted 1.5 to 2 hours. Focus groups were conducted

**Table 1. Participant Demographics**

	CA Staff (n = 13)	Foster caregivers (n = 9)	Young adults (n = 6)
	Mean (SD)	Mean (SD)	Mean (SD)
Length of service	9.7 (10.6)	7.6 (8.7)	n/a
<b>Race</b>	%	%	%
White	69%	67%	50%
Black/African American	8%	11%	33%
Asian	8%	11%	0%
American Indian/Alaska Native	0%	0%	17%
Other (“Mixed”, “Very blended”)	15%	11%	0%
Declined to respond	8%	11%	17%
<b>Hispanic ethnicity</b>			
Hispanic, Latino, Spanish origin	8%	11%	0%
<b>Gender</b>			
Female	77%	78%	33%
Male	23%	22%	33%
Transgender male	0%	0%	17%
Transgender female	0%	0%	0%
Two-Spirit	0%	0%	17%
<b>Sexual orientation</b>			
100% heterosexual	100%	78%	0%
Mostly heterosexual	8%	11%	17%
Bisexual	0%	11%	33%
Mostly homosexual	0%	0%	17%
100% homosexual	0%	0%	33%

*Note:* Percentages may not add up to 100%, as participants were allowed to choose any and all categories that applied. CA = Washington State Children’s Administration.

using a semi-structured protocol developed by the research team. At the beginning of the focus groups, participants were given a brief overview of Connecting and the goal of developing a new LGBTQ2S youth-specific module. Participants were then asked about challenges

and support-related needs of youth who identify as LGBTQ2S and their foster caregivers; any strategies they may suggest for helping youth and foster caregivers build better relationships with each other; tips for helping caregivers and youth discuss sensitive topics such as sex or other risky behaviors; and strategies for intentionally addressing discrimination, safety, and acceptance. Focus groups were digitally audio recorded. The recordings were transcribed by a professional transcription company.

Transcript data were analyzed using conventional thematic content analysis (Hsieh & Shannon, 2005) conducted in Dedoose qualitative data analysis software. One team of three researchers analyzed data for one research question while a different team of three researchers analyzed data to answer the second question. Four of these six researchers have either lived experience or direct practice experience working with youth in foster care or youth who identify as LGBTQ2S, and three have MSWs. Those without an MSW included a PhD research scientist, an undergraduate Human Development student, and a master's-level research coordinator.

For each research question, team members independently coded the first transcript. This involved identifying key concepts that provided answers to the research questions and labeling them with initial codes. Teams then convened to resolve initial coding discrepancies, resulting in consensus-based coding results. The initial code list emerging from this process was then used to guide coding for the remaining two transcripts, although new initial codes could be added if no existing codes captured the concepts. Once all initial coding was complete and all discrepancies had been resolved, coding teams then collaboratively grouped initial codes into subthemes based on similar content. These subthemes were then grouped into larger themes that represented similar challenges or strategies conveyed in the subthemes. Content did not have to be present in all three participant groups to become a theme; however, all themes (and most, but not all subthemes) were in fact represented in all three participant groups. Thematic network maps were then created to summarize the findings. To assess the trustworthiness

of the findings, they were emailed to all focus group participants with a request for feedback if the findings did not accurately reflect their experiences in the groups. Participants were given two weeks to provide feedback, but none was provided.

## Results

### *Research Question 1: Unique Challenges and Supports*

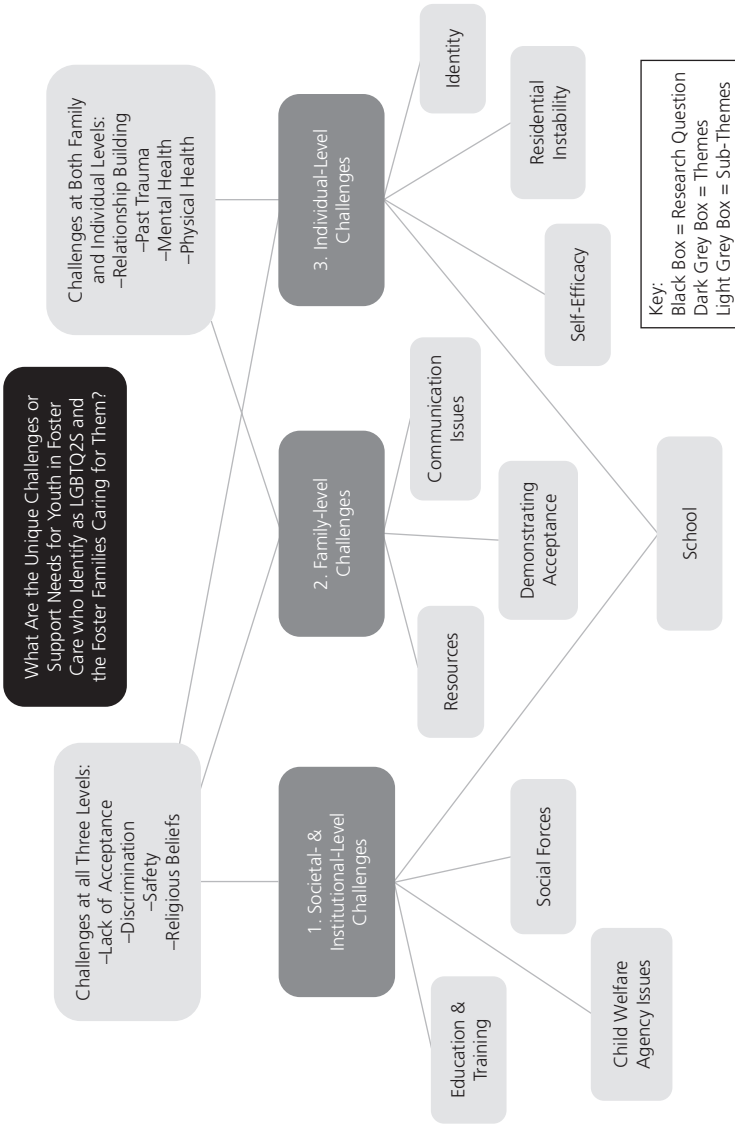
Participants were asked to identify challenges and supports that may be more unique to youth in care who identify as LGBTQ2S and their caregivers compared to non-LGBTQ2S youth in care. Analyses revealed challenges and needs at three levels: the larger society, family, and individual. These three themes and their respective subthemes can be seen in the thematic network in Figure 1.

#### *Societal and Institutional Challenges*

Lack of LGBTQ2S acceptance from the larger society and the institutions that operate within it was a key identified challenge. One youth formerly in foster care said, “you have the entire outside world telling you that you should be converted out of your sexual orientation or your gender identity.” Youth who identify as LGBTQ2S may thus be reluctant to express their identities in a society that does not accept them. Stigma and discrimination are natural consequences of unaccepting attitudes and beliefs. A youth participant explained that, “[discrimination] could cause a lot of damage within the youth and fear within themselves and anger.” One child welfare worker pointed out that youth in care who identify as LGBTQ2S “already are belonging to a system [foster care] that is sort of stigmatized in society,” so in effect are subject to discrimination based on both their sexual and/or gender identity as well as their foster care system involvement.

Safety concerns based on anti-LGBTQ2S discrimination was also a rich area of discussion. A former foster youth advised caregivers to

Figure 1. Thematic network for Research Question 1





“think about the safety implications of having a kid that might get targeted for their identity.” Similarly, a child welfare worker explained the importance of “talking about safety. I mean bullying, other kinds of things that could come up where, you know, they need to know that you have their back and that just that safety [to] talk about places where they might not be safe.”

Child welfare agencies play a large role in ensuring the safety of youth in foster care who identify as LGBTQ2S. Although child welfare workers noted that caregivers are not allowed to discriminate against foster youth based on their LGBTQ2S identity, one worker explained how unaccepting religious beliefs among foster caregivers contribute to the challenges faced by youth in care who identify as LGBTQ2S: “I have a certain percentage of my foster parents have always been faith-based and I think some of them will struggle mightily and maybe they just won’t take the youth that we’re talking about into their homes.” This may result in fewer safe and supportive placement options for youth in care who identify as LGBTQ2S.

### *Family-Level Challenges*

Youth who identify as LGBTQ2S face additional challenges at the family level. Rejection and fear of rejection are two such challenges. One caregiver stated, “I think that these youth may struggle with a lot of fear. They may not feel that they’re accepted in their own families, and therefore, they have a fear of expressing themselves as their own person.” For many youth, this fear has already become a reality as it contributed to their placement into care, and may continue to be distressing. A caregiver shared from her foster daughter’s experience, “Her dad would get upset with her over the phone. And she was kicked out of the house because of her gender. And so therefore, there was a lot of that—dealing with that—and not going home.” Some participants explained that youth who identify as LGBTQ2S who enter new foster homes may be afraid to connect with new caregivers due to fear of continued rejection. One youth shared, “Because, I guess, if the kid already

feels like the world's against them because, you know, their previous family rejected them because they were transgendered or they were gay. And they go to this house and they're already expecting them to be like, 'Oh, you're gay? You need to leave...we don't want you here.'

Communication challenges were also a salient subtheme. One youth formerly in foster care explained that foster parents may say unacceptable things like, "Well, you can be gay but not date anyone... Or you can be trans but not transition, just wait till you're 18 and then do that." All groups talked about communication breakdown and the challenges of talking about sensitive topics with youth or caregivers who may not be ready to discuss these issues. Caregivers also expressed concern about timing or when best to talk about issues of sexual identity and sexual behavior.

### *Individual-Level Challenges*

Like many other elements of one's identity, sexual orientation and gender identity are sometimes fluid during adolescence. Like youth not in care, youth in care who identify as LGBTQ2S must navigate a personal journey of identity development and self-discovery, particularly in relation to their sexual and gender identity. As one caregiver explained, "...often times, somebody fits into one of these categories, because they're on a progression of self-discovery, and they might start out identifying as bisexual, and then end up identifying as heterosexual, and then, potentially become trans." Recognizing and adapting to uncertainty and changes in identity is a challenge for the teen as well as those around them. Another individual-level challenge involves the negative effects resulting from family and societal rejection. Participants connected this rejection to individual experiences of trauma and mental health issues, especially depression and anxiety. As an example, a child welfare worker explained, "... the child is at risk if they are constantly being mis-gendered and that's exacerbating their depression."

When asked specifically about youth who identify as transgender, individual challenges around receiving appropriate information and

medical care were discussed. One youth formerly in foster care said, “For me it’s less of an identity than it is a health condition, like something I go to the doctor for.” Caregivers and child welfare staff emphasized the importance of finding the right doctor and making sure youth have complete and accurate information about their medical options.

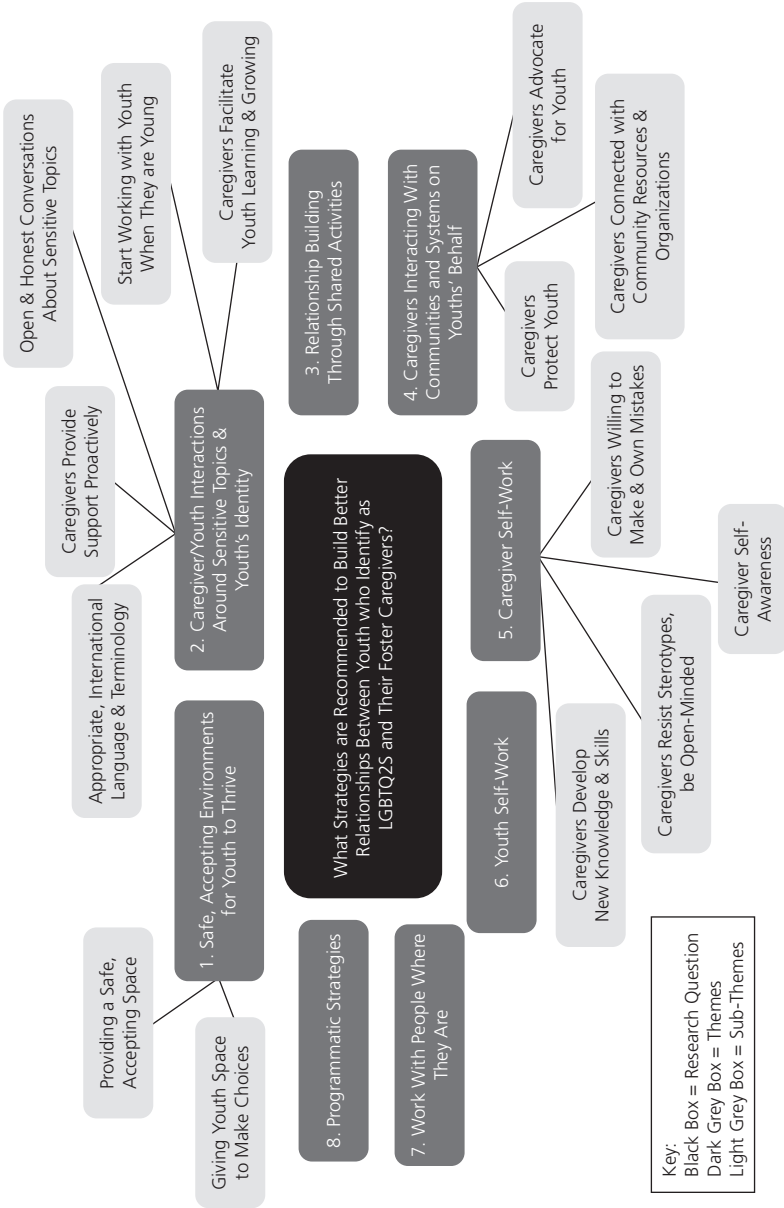
### ***Research Question 2: Relationship-Building Strategies***

Analyses for this research question resulted in eight themes, which are represented in Figure 2: (1) safe and accepting spaces, (2) caregiver/youth interactions, (3) shared activities, (4) caregivers acting on youths’ behalf, (5) caregiver self-work, (6) youth self-work, (7) working with people where they are, and (8) programmatic strategies.

#### *Safe, Accepting Spaces*

Many participants discussed the importance of caregivers creating a safe, accepting environment for youth in their care in their efforts to build trusting relationships. As one youth explained, “not everywhere outside that house is gonna be safe for them... So a lot of them just need that support and that knowledge that when they come home they are—they’re okay and they’re gonna be safe and accepted.” Participants shared several suggestions for and examples of creating this safe place; one caregiver participant said, “So, one of the things we found very early, is he really likes having rainbow flags, so we’ve got rainbows through parts of the house, and [he] wants to have them near the front door, so other people know we’re a safe place.” Another caregiver described how they created an accepting environment by learning about the youth’s hobbies and interests and getting involved. Additional recommendations for creating safe, accepting spaces focused on giving youth freedom to make their own choices; “...even simple things like letting the youth in their care choose how they dress and how they wear makeup or hair or whatever... it’s a simple way to say, ‘I’m accepting of your identity and we’re going to let you express that in this house and out in the community.’”

Figure 2. Thematic network for Research Question 2



*Caregiver/Youth Interactions*

All participant groups agreed that the nature of caregiver-youth interactions has a critical impact on relationship building. A wide variety of strategies for improving the quality of these interactions were discussed, including caregivers being willing to have open and honest conversations about sensitive topics such as sex or the youth's engagement in risk behaviors; starting these conversations at an early age; providing proactive support to youth; facilitating youth learning and growing; and using appropriate, intentional language and terminology. As one young adult described, "Don't be afraid to just go up to them and be like, 'Hey, what should I know?...' Just show that... you're willing to work with them and know about them."

Participants recognized that conversations about sensitive topics can be difficult to have; however, many emphasized the importance of having them anyway. One worker explained, "I really talk to caregivers about needing to model that it's okay to have difficult conversations and to acknowledge that [you] don't always have the right words... but I want you to know that we can talk... We don't need to have all the answers, but this is a safe place." Participants recommended that caregivers be proactive about having these conversations with youth, and that these conversations happen early and often.

Participants offered a number of concrete strategies for improving caregiver/youth interactions. These included listening to youths' stories, sharing personal experiences, and letting youth lead conversations. In addition, participants strongly emphasized the importance of using appropriate and intentional language and the correct terminology, including the pronouns youth use to describe their gender. One caregiver shared, "It was hard at first to switch [pronouns], and I saw how hurtful it was, and just really made a push. Instead of trying to remember 'she,' I would use her name—her first name—and then the 'she' came naturally, later." These interaction strategies can help create a safe environment within which the youth-caregiver relationship may be more likely to succeed.

### *Relationship-Building through Shared Activities*

Participating in activities together is one way participants from all three groups recommended caregivers and youth build healthy relationships, including activities that support youths' LGBTQ2S identity as well as those that increase bonding in a more fundamental sense. Participants suggested activities such as attending LGBTQ2S parades or organization meetings, or watching documentaries together about LGBTQ2S-related topics. One child welfare worker shared, "Sometimes, [caregivers] need to be helped with building [a] relationship with their youth. So I feel like some activities that require them to really talk to each other or just like working on a puzzle, something really simple." By engaging in activities that allow caregivers and youth to work together to build fundamental relationship skills, participants felt they would be better equipped to engage in more sensitive discussions.

### *Caregivers Interacting with Communities and Systems on Youths' Behalf*

Study participants also recommended ways for caregivers to act as a supportive interface between youth and the larger society as part of their relationship-building work with youth. One child welfare worker described how helpful it can be for caregivers to be knowledgeable of LGBTQ2S-focused community resources and get involved in local events: "There's things going on all the time. So I think either going with the youth or maybe encouraging them to attend or just, you know, using those resources I think and educating the foster parents about what's available out there." Other participants discussed specific community resources they had found helpful in supporting teens, such as summer camps for youth who identify as LGBTQ2S, books written for teens, support groups, and transgender-knowledgeable healthcare services. Participants also discussed how caregivers connecting with adults in the community who identify as LGBTQ2S can be beneficial to both caregivers and teens.

The importance of caregivers being willing to advocate for youth was also frequently discussed. Participants described the need for caregivers to advocate for the youth in their care in a variety of ways, such as talking to the school to ensure their safety; working with the social worker to ensure the youth is receiving appropriate and competent physical and mental health care; and learning the legal processes involved with gender transitions such as name changes, among others. The importance of protecting youth from discrimination and harm often overlapped with the responsibilities of advocating and creating an accepting environment. One caregiver captured these complementary goals: “So, making sure they know that you’re there, no matter what. That you accept them, no matter what they decide, and that they don’t have to decide today what that is; but whatever they’re thinking that day is A-Okay. And that I will go to the school, and if anybody’s harassing them, I will deal with it. If their social worker is understanding, I’ll go there. I’ll talk to the counselor; I’ll talk to the attorney; whatever they need. So that they know that they’ve got somebody at their back.”

### *Caregiver Self-Work*

Another theme was caregiver self-work, or ways that caregivers may need to improve their ability to effectively support and connect with youth in care who identify as LGBTQ2S. Participants emphasized many types of knowledge and skills that would help caregivers, such as learning about the obstacles that these youth often face; gender and sexual identity; trauma and how it impacts health and behavior; the LGBTQ2S community; LGBTQ2S history; appropriate language (labels, pronouns); how to talk with school staff about their teen’s needs; and how to find LGBTQ2S-empowering community organizations and activities. One young adult gave this advice to caregivers: “...[don’t] be afraid to look up stuff about the community and stuff like that.... don’t fly into it blind.”

Two subthemes emerged from the data within the caregiver self-work theme: caregiver resisting stereotypes/remaining open-minded,

and building caregiver awareness. One caregiver, for example, mentioned that youth who identify as LGBTQ2S may still be developing and should not be defined by their gender: “I think it’s important... to be non-judgmental. And it’s really important also not to associate a gender with certain behaviors. That the emphasis on positive types of actions and behaviors, as a human being, is what is important for the youth to develop into...” Building caregiver self-awareness was a related subtheme; one child welfare worker’s recommendation suggested the importance of self-awareness as complementary to open mindedness: “And just keep an open mind, keep updating your language, and keep checking in and keep checking yourself.” Participants also emphasized the importance of caregivers being willing to make and to own their mistakes. This is where caregivers show their vulnerability and willingness to learn to the youth in their care, as expressed by one caregiver: “I think for her, me, showing that I didn’t have all the answers, but that I was willing to explore them with her, was helpful to her.”

### *Youth Self-Work*

Participants expressed that the responsibility of building caregiver-youth connections was not solely on caregivers, but on youth as well. Some recommendations focused on the importance of youth being patient with caregivers and understanding that people sometimes make mistakes. One youth described, “I think intentions go a long way. I know I haven’t had my pronouns mixed up in a long time but when they were, it’s like as long as the person is coming from a good place and they’re not doing it meanly, it’s so much easier to just be like, ‘It’s okay, just get it right next time.’” Another youth participant noted that youth “...need to understand that their caregiver might have questions” due to a lack of knowledge. Other caregivers may not yet be ready to talk about LGBTQ2S-related topics; as one youth participant explained, “You have to kinda be cautious how you approach topics like those. And start with, I guess, opening up, expressing that you would like them to attend [the pride parade] with you...and I guess try to understand if they’re



like, 'No, I'm not ready to do that type of stuff with you'." Recommendations were also made regarding the importance of youth being respectful to their caregivers just as they expect their caregivers to be to them. So, ensuring that learning, respect, and understanding are shared values observed by youth and caregivers was important.

### *Working with People Where They Are*

Another theme was the importance of accepting that not everyone may be ready or willing to actively accept and build skills around supporting youth in care who identify as LGBTQ2S, and developing strategies to support growth and progress. While reviewing example curriculum elements, a child welfare worker described this challenge: "Where it says [in the curriculum], 'I just want you to know that you're good with me, that I'm here for you.' Like they might not be ready to say that so like what kind of neutral language could they use to validate what the youth is saying while they are still trying to process how they are going to deal with it themselves." Another recommendation involved acknowledging small steps toward a caregiver developing acceptance. One youth respondent shared a personal experience to illustrate this: "I remember my bio-mom would never say the word [gay]... And she drove me to a pink prom once and she wouldn't ask what it was and she wouldn't acknowledge that it was a gay thing or whatever but she dropped me off... And that was like the tipping point. And then I think a few years ago she went to the pride parade... But I think like a little tiny, even just like a baby step is like, that made my month probably, I don't know. It's like a little goes a long way."

### *Programmatic Strategies*

Finally, study participants made a variety of recommendations for how to structure a caregiver-youth support program. These included suggestions such as facilitating activities that involve both caregivers and youth as well as youth- and caregiver-only activities; using icebreaker

activities to aid in relationship building; training caregivers on how to create accepting environments; offering interactive activities to train foster caregivers; and providing follow-up meetings and check-ins from program staff. One child welfare staff person explained the importance of check-ins with families: “I think [a program like this] may [be] difficult if they are not done in a facilitated way. Like just being done by the caregiver and the teen on their own, I think that they may struggle with really getting to the heart of what these activities are trying to get to.”

## Discussion

This study’s findings include a wide variety of considerations for programs aiming to better support the relationships between youth in care who identify as LGBTQ2S and their caregivers. This study supports previous research findings regarding many of the challenges that youth in care who identify as LGBTQ2S face, such as continued discrimination, lack of safe spaces, and other circumstances that make placement difficult (e.g., Gilliam, 2004; Mallon, 2011). In addition, this study builds on and expands current knowledge by both identifying various systems (society/system/community, family, individual) with which to intervene, as well as a wide variety of specific relationship-building strategies that map onto these different systems.

One notable finding regarding relationship building strategies was that, while one theme (*Working with People Where They Are*) reflected the reality that some people may not be ready to engage in fully accepting, supportive behaviors, the remaining themes assume and/or hinge on acceptance or an openness to acceptance already being in place. While it makes sense that, to build stronger relationships, a foundation of acceptance must almost certainly be in place, this foundation may or may not be a reality for many caregivers in this situation. Strategies for supporting caregivers in developing acceptance are also needed. One intervention approach, the Family Acceptance Project, aims to do just that. It has been used in a wide variety of contexts, including child welfare, and works with families to move to a place of acceptance with

their children who identify as LGBTQ2S (Ryan et al., 2010). Having a continuum of strategies that range from building a foundation for acceptance all the way to putting this acceptance to use to support meaningful relationship building can help improve a wide variety of placement situations for youth in care who identify as LGBTQ2S.

Furthermore, the majority of caregiver and staff participants identified as heterosexual and/or cisgender. It is important to consider the ways in which participants' identities impact their understanding of these youths' identities. Limited knowledge and personal biases about youth in foster care who identify as LGBTQ2S may pose barriers to developing accepting relationships among staff, caregivers, and youth in their care. However, because it is not always possible to place youth who identify as LGBTQ2S with caregivers who identify similarly, the problem that must be addressed is building this acceptance and support of youth who identify as LGBTQ2S in all caregivers. Thus, it may be that some of the most powerful recommendations for improving acceptance and support for youth in care who are LGBTQ2S through relationship building may in fact come from caregivers and child welfare workers who have had to grapple with this due to their lack of lived experience.

## **Implications**

This study uses the voices of practitioners, caregivers, and youth with foster care experience to support important elements of what we know is critical for youth in foster care who identify as LGBTQ2S, primarily acceptance, support, and ensuring safety (Wilber et al., 2006; Woronoff et al., 2006). We have used our findings to inform the development of a module to guide caregivers in how to care for and support teens in their identity development. Moreover, these voices support other scholarship and research and can be used to better support youth in care who identify as LGBTQ2S and their caregivers, particularly through interventions aimed at improving placement stability, and potentially permanency, for these youth. Programs designed to strengthen accepting relationships between youth in care who identify

as LGBTQ2S and their caregivers hold great promise because they better position caregivers to help these youth navigate the other complex systems and social situations they face. In addition, some of the key components needed for programs to better respond to the needs of youth who identify as LGBTQ2S and their caregivers delineated in this article may also provide critically important guidance for broader program development and systemic responses for this population. For example, several of the recommendations, particularly those captured in themes one through five, could be addressed through enhanced foster parent trainings. Working with stakeholders where they are, however, may be a more appropriate training topic for child welfare workers. Finally, youth self-work could be addressed in a variety of ways, such as through youths' interactions with their case workers, court appointed special advocates, independent living skills providers, or other support staff members.

## **Limitations**

The primary study limitation is that participants were all from one Pacific Northwestern metropolitan area that tends to be more progressive than other cities regarding LGBTQ2S acceptance and advocacy. Different themes may have emerged with a more nationally representative sample, or from communities that tend toward lower acceptance. Furthermore, only one focus group was conducted with each of the three participant groups; additional groups and a large sample of study participants may have resulted in different findings. Furthermore, the small sample size meant that only a small number of those representing particular sexual orientation, gender identities, races, or ethnicities were included (for example, there was only one participant who identified as transgender). Finally, the roles of race and ethnicity and how these relate to the barriers and support recommendations for youth who identify as LGBTQ2S and their caregivers were not thoroughly discussed in the focus groups, so we were unable to explore key issues related to intersectionality.

## Conclusion

The child welfare system serves to protect children from maltreatment and unsafe families and homes. This should be true for all youth in care. We found that acceptance, support, and ensuring safety are important elements to include in programming aiming to improve placement stability and well-being through relationship building. The discrimination and rejection that some youth who identify as LGBTQ2S face in their families of origin should not be replicated in the system meant to keep them safe. Instead, strategies for better building relationships between foster caregivers and youth in their care who identify as LGBTQ2S can help make the child welfare system work better for all children and youth.

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# Yes We Can Allegheny: Implementing SOGIE Inclusive System Improvements in Child Welfare

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The getR.E.A.L Allegheny initiative is an ongoing university/child welfare/national nonprofit collaboration to build system capacity for affirmative practice with youth who identify as LGBTQ and their families within a large child welfare system. By expanding capacity for affirmative practice, this project seeks to support healthy sexual and gender identity development for all youth involved with the child welfare system while ensuring safety, stability, and permanence. This article describes the project's approach. Findings related to system change

and successful implementation of reform efforts are offered, along with practical guidance for other jurisdictions engaged in SOGIE-related system improvement efforts.



A growing body of literature demonstrates that youth identifying as lesbian, gay, bisexual, transgender, queer, or questioning (LGBTQ) are over-represented in public child welfare systems (Dettlaff, Washburn, Vogel, & Carr, 2017; Martin, Down, & Earney, 2016; Wilson & Kastansis, 2015). It is currently estimated that anywhere between 15% and 30% of all system involved youth identifying as LGBTQ (Dettlaff et al., 2017; Wilson & Kastansis, 2015). However, little is known about how best to affirm and support these youth as they move from childhood into adolescence and adulthood.

Identity development is a dynamic and contextually situated process grounded in a community context where young people learn by connecting to their social world (Vianna & Stetsenko, 2011). Adolescence is a time of exploration where one begins to gain a clear sense of self that includes aspects of one's identity such as gender, race, ethnicity, social class, and sexual orientation (Dillon, Worthington, & Moradi, 2011). As adolescents who identify as, or are perceived to be, LGBTQ transition into adulthood, they face the same challenges as other adolescents, as well as additional challenges related to their SOGIE (sexual orientation and/or gender identity and expression) (Coker, Austin, & Schuster, 2010).

Adolescents who are stigmatized and discriminated against due to their sexual orientation, gender, race, ethnicity, immigration status, or class experience elevated risk for negative health outcomes (Clemans, DeRose, Graber, & Brooks-Gunn, 2010). For example, a recent review of the literature conducted by the Annie E. Casey Foundation (2016) found that youth identifying as LGBTQ are at significantly higher risk of negative outcomes related to safety (Block & Matthews, 2008), permanency (Durso & Gates, 2012; Yarbrough, 2012), and mental health (Dettlaff et al., 2017; Martin et al., 2016) than their heterosexual and/or cisgender peers. Fortunately, the health and safety of youth identifying as LGBTQ can be greatly enhanced through the use of affirming practice models that support healthy identity development, and through an intersectional frame that integrates elements of SOGIE with other elements of one's identity into safety and permanency planning (Dettlaff et al., 2017; Sikerwar & Rider, 2015; Winter, 2013; Yarbrough, 2012).

“Best practices” are often shaped by social policies existing at multiple levels, and may have differential impacts on the systems serving vulnerable youth and families involved with child welfare systems (Aarons & Palinkas, 2007; Landsverk, Brown, Reutz, Palinkas, & Horwitz, 2011; Shireman, 2015). The majority of child welfare jurisdictions still do not routinely inquire about youth’s SOGIE, nor do they consistently integrate SOGIE and other aspects of youths’ identities into case and permanency planning (Dettlaff et al., 2017; Martin et al., 2016). There remains vast diversity at the agency, county, and state levels concerning SOGIE-related policies such as sex-based placement and the use of affirming names and gender pronouns. There is also great variability concerning SOGIE inclusive non-discrimination policies, and how these policies are implemented and enforced within various child welfare jurisdictions (Wilber, 2013; Winter, 2013; Yarbrough, 2012). Moreover, even in jurisdictions with affirming policies, many youth who identify as sexual or gender minorities continue to experience adverse outcomes.

These concerns are complicated further by institutional bias and systemic discrimination, along with providers’ individual bias. Concerns about bias are not limited to a particular jurisdiction, nor to child welfare alone, but rather extend to all child- and family-serving systems. As a result, many who are a part of these systems lack the requisite knowledge and skills to effectively serve youth identifying as LGBTQ (Gandy, McCarter, & Portwood, 2013; Martin et al., 2016; Rosenwald, 2009; Sikerwar & Rider, 2015; Toner, 2013).

Child welfare systems need appropriate infrastructure, workforce capacity, and an affirming culture to fully support the diverse needs and many intersecting identities of the youth identifying as LGBTQ and families that they serve. This article explores the implementation of the getR.E.A.L Allegheny initiative in Allegheny County, Pennsylvania, since 2013 to improve outcomes for youth identifying as LGBTQ and their families. Implementation challenges will be highlighted, along with strategies for other jurisdictions wishing to implement similar programs and policies. Finally, a review of key elements necessary for

successful implementation of SOGIE-based initiatives will be presented to guide future capacity-building and workforce development efforts.

## **Innovation and Culture Change in Child Welfare**

Implementation science posits four main stages of the implementation process necessary for organizational change (Fixsen et al., 2005; Wallace, Blase, Fixsen, & Naoom, 2008). These stages include: exploration, installation, initial implementation, and full implementation. Although generally characterized as discernable stages, they are not mutually exclusive and often overlap (Fixsen, Blase, Naoom, & Wallace, 2009). The getR.E.A.L (Recognize, Engage, Affirm and Love) Network is comprised of 23 child welfare jurisdictions nationwide working to bring about *systemic changes to promote healthy sexual and gender identity development for youth through changes in organizational culture, climate, and policy*. The immediate goal of the getREAL initiative is to implement and evaluate a pilot intervention to increase the overall capacity within child welfare and broader child- and youth-serving systems for working effectively and affirmatively with youth identifying as LGBTQ and their families. The related long-term goal of this project is to create a cultural shift within child welfare jurisdictions to support the safety, health, and permanency of all youth identifying as LGBTQ.

### **Site Identification**

The first step of this process was to identify an appropriate venue to field test the *Guidelines for Managing Information Related to the Sexual Orientation & Gender Identity and Expression of Children in Child Welfare Systems* (Wilbur, 2013). These guidelines (available online) were developed as part of the California Putting Pride Into Practice Project (Family Builders, 2013). Field testing to identify the core implementation drivers crucial to uptake and sustainability was necessary before the authors released the *Guidelines* as “best practices.”

The implementation team selected a jurisdiction outside of California where the *Guidelines* had been developed so as to ensure they were applicable to a diverse national audience. Initial considerations for selecting an appropriate jurisdiction included selecting one that encompassed both rural and urban areas and had some degree of racial/ethnic diversity. The optimal pilot jurisdiction would also be comprised of stakeholders, such as child welfare administrators and employees, agencies contracted to provide services for youth with child welfare involvement, kinship providers, community leaders, resource families, and youth and families with child welfare involvement, who espoused a mix of both conservative and progressive beliefs related to diverse SOGIE. Additional considerations for this work were to find a site that had the requisite readiness for change (Weiner, 2009), openness to engaging in SOGIE focused work, continuity in leadership, and well-developed existing data management systems. These criteria were used to ensure that we could fully evaluate the feasibility and acceptability of implementing the *Guidelines* in diverse child welfare jurisdictions nationwide.

In 2013, the Center for the Study of Public Policy (CSSP) offered Allegheny County Department of Human Services (DHS) the opportunity to serve as the pilot jurisdiction for the getR.E.A.L. initiative. The getR.E.A.L. Allegheny project is an ongoing six-year collaborative effort between the Allegheny DHS Office of Children, Youth and Families (CYF), which served as the pilot jurisdiction for implementation; CSSP, which provided technical assistance and implementation support; and the University of Houston Graduate College of Social Work, which served as an external evaluator for the project. As the pilot site, DHS received a moderate amount of funding and technical assistance to implement and evaluate the *Guidelines*. Overall implementation activities included building workforce capacity through SOGIE-focused trainings for CYF employees and their community partners, creating and implementing SOGIE-affirming Standards of Practice for child and family serving systems under the Allegheny

County DHS, and developing and adapting information management systems to accommodate the inclusion of SOGIE-related information.

## Laying the Groundwork

The installation stage of implementation includes acquisition or reallocation of resources to execute the planned activities. These include selecting staff, delivering training and coaching, and establishing evaluation assessment tools (Fixsen et al., 2005; Salanda, Chamberlain, Wang & Brown, 2012). As a first step, Allegheny County hired a full-time SOGIE project director to lead this work. The project director reported to a supervisor within the DHS Office of Data Analysis, Research and Evaluation, who had an interest in DHS SOGIE-related culture and practice improvements.

An LGBTQ identity, although presumably helpful in terms of lived experience, was not a requirement for the position, as identification as part of the community alone did not ensure potential applicants had the requisite skill sets to oversee this project. Key characteristics necessary for the project director included:

- Extensive prior child welfare experience
- Comfort and skill in navigating the complex bureaucracy of large social services systems
- Self-motivation and requiring minimal supervision
- Open to active exploration of how multiple intersecting identities of the administration, staff, youth, and families may impact the successful implementation and youth outcomes

The SOGIE project team (project director, supervisor and MSW interns) developed a strategic plan at the outset, which continued to evolve over time as the team learned new information and encountered unanticipated challenges and opportunities. Cyclical, rather than linear, change efforts were prominent in this work, as planned activities and their associated timelines had to be continually reevaluated throughout

the implementation process. For example, as a result of a leadership change in child welfare that occurred concurrently with initiation of this project, Allegheny attempted to implement multiple system improvement initiatives simultaneously. This is common in child welfare system reform, but resulted in delays to proposed timelines.

Much of the first year of work was dedicated to community engagement and planning activities. In this jurisdiction, like many others, relationships were paramount to innovation and system change. Early in the process, a getR.E.A.L. Steering Committee was established to ensure that implementation activities were informed by the perspectives and expertise of multiple stakeholders within child welfare, and to facilitate communication between the project director and stakeholder groups. Steering Committee members represented multiple roles and areas of practice within CYF. An array of community partners working directly with youth were engaged at this stage. These included foster care providers/foster families, youth support partners, family support partners, contracted housing, health and mental health providers, grassroots organizations serving individuals identifying as LGBTQ, and judges and attorneys in the Family Court system. While the team wanted to elevate youth voices within these conversations, they struggled to identify a successful model for actively including youth who were involved with CYF throughout the process, apart from participation in focus groups and individual interviews. This was due in part to the availability of youth to participate in meetings during normal business hours, but also due to many youths' reluctance to openly disclose their SOGIE within the greater DHS system. The SOGIE project team dedicated time to learning about the current landscape of policies guiding CYF and service provision, evaluating existing system capacity to identify areas that may need improvement, building relationships, and educating stakeholders about the project and its goals.

An internal needs assessment was completed during year one to identify areas of opportunity in workforce culture, and gaps in workforce readiness, training, and service provision. The needs assessment utilized aspects of the Institutional Analysis tool developed jointly by

CSSP and Ellen Pence of Praxis International which is a qualitative, diagnostic tool for examining the needs of people interacting with public systems, how those systems meet or fail to meet those needs, and what accounts for gaps in services.

For more information on this tool and its uses within child welfare, please see Weber and Morrison (2015).

The CSSP team conducted strategic, targeted, data collection activities. Methods of data collection included: online surveys of current CYF employees and current foster youth; six focus groups with youth, child welfare case workers and supervisors; 12 in-depth case reviews; environmental scans of facilities within each CYF office; and 12 in-person interviews with leadership, management, and youth.

## **Needs Assessment Findings**

As a result of the needs assessment, we identified a number of gaps in training and service provision. Workers reported unaddressed SOGIE-based bias within the workplace and inadequate knowledge of current protections, policies, and best practices for working with families of youth who identify as LGBTQ. Staff had mixed opinions about whether discussing SOGIE with youth was appropriate, and some did not feel equipped to adequately support youth and families around issues related to gender and sexuality. Identifying appropriate resources in the community remained challenging as existing family-based interventions did not directly address SOGIE-related family conflict.

These challenges were also reflected in feedback from youth and families. Youth reported experiencing conflict with their (birth or resource) families and peers related to their SOGIE. Youth and families were not aware of, or connected to, community supports such as LGBTQ-affirming service provision agencies; LGBTQ-affirming places of worship; or peer-based support services for birth, foster, and kinship families. Youth did not consistently feel engaged or supported by their workers, and felt as if they could not discuss their identities with them. Youth in out-of-home care reported experiencing multiple

placements and services from providers who were not meeting their unique needs.<sup>1</sup>

Results from CYF focus groups and staff surveys revealed that there were also many factors already in place that could be levers for change. DHS had an infrastructure of tools and technology, such as the Child and Adolescent Needs and Strengths (CANS) and child welfare case management system, which could facilitate the collection and assessment of SOGIE data. DHS, and specifically CYF, were already engaged in system-wide efforts to improve practice and strengthen clinical supervision. Almost all workers reported a lack of skills regarding how to have conversations about SOGIE in a meaningful way. In addition, there was an extremely limited understanding of how SOGIE intersected with race and other identity characteristics that help to shape experiences of youth and their families. The project team used these findings to identify areas in which staff may need additional support and to shape the development of the practice standards and training curricula.

## **Development of Practice Standards and Training Curriculum**

Initial implementation involves integration of an innovation or system change into regular practice. As stated by the National Implementation Research Network, “During the initial stage of implementation the compelling forces of fear of change, inertia, and investment in the status quo combine with the inherently difficult and complex work of implementing something new” (Initial Implementation, n. d.). Development of the Standards of Practice was the next step in the implementation process. These standards serve as a common tool to be used by all those who interact with youth and families with child welfare involvement.

<sup>1</sup>The original intent of these focus groups was internal data collection, assessment of workplace climate and culture, and quality improvement, rather than research. As such, direct quotes of the participants were not included in this manuscript, as consent to publish de-identified direct quotes was not included in the informed consent process.



In Allegheny County, the child welfare network includes more than 500 county employees and approximately 30 community agencies. The SOGIE project team drafted guidance based on existing best practices and policies in other jurisdictions, tailoring them to the local child welfare system. The drafts were distributed, reviewed, and revised multiple times over the course of several months. In addition to meetings within DHS, feedback was solicited from CYF getR.E.A.L. Steering Committee, DHS leadership and staff outside of child welfare, provider agency staff, community activists, faith leaders, and young adults with former system involvement who identified as LGBTQ gathered at a public LGBTQ Community of Practice meeting dedicated solely to reviewing the Standards.

Members of the getR.E.A.L. Steering Committee had differing visions concerning the level of guidance necessary for implementation of the Practice Standards to influence system change. There was an ongoing struggle between wanting to push the system to appropriately serve youth identifying as LGBTQ and their families, which requires knowing who they are, and a desire to protect these youth from harm. After thorough consideration, a consensus was reached that SOGIE, like other personal information, could be collected and documented responsibly if the standards provided clear and consistent guidance.

Initially, in 2015, Allegheny County released six practice standards on its website, outlining best practices for serving youth identifying as LGBTQ and their families within DHS. These practice standards covered five core areas outlined by Wilber (2013) related to client data, including collecting information for individual case planning, collecting information for agency planning and assessment, recording information, disclosing information, and institutionalizing practice (Allegheny County, 2017). To facilitate ease of implementation, additional “tip sheets” were also developed to give detailed guidance on how to apply aspects of these standards in practice situations. Tip sheets were distributed internally within CYF via email from the SOGIE Project Team and through the administrative and clinical leadership teams. Topics covered include talking to children about SOGIE; changing

name and gender markers; how professionals can support someone in the coming-out process; and how to discuss the dangers of conversion therapy with child welfare service providers, resource families, and other child welfare caregivers.

### *Training and Coaching*

Formal face-to-face training was the primary method used for dissemination of the standards and evidence informed material about gender and sexuality to child welfare staff and partners. Training the entire network served as an opportunity to identify and address gaps in knowledge and services while building overall system capacity to meet the needs of all of the youth and families who interacted with CYF. Training also served as a vehicle through which the importance of addressing SOGIE in case and permanency planning could be highlighted.

With an eye toward sustainability, Allegheny County DHS issued a request for proposals (RFP) for a Community Training Team, an external body that would train and certify CYF staff and community-based providers to deliver the curriculum. The selected team was tasked with working collaboratively with the SOGIE project team to create the curriculum for and implement system-wide SOGIE training. The team referenced existing SOGIE curricula in its training materials, but ultimately developed a new curriculum to make the training more relevant to the local child welfare system. The initial train-the-trainer curriculum was developed, then piloted, using the standards as the foundation for the training curriculum. Upon completion of the train-the-trainer activities, the six-hour Introduction to Sexual Orientation, Gender Identity and Expression—Child Welfare training was first rolled out to all 25 administrators and 66 supervisors. Supervisors were prioritized because they were expected to serve in supportive roles, and were soon fielding questions about the training focused on increasing SOGIE knowledge and on the implementation of the standards.

It was challenging to initially identify a competent set of trainers, who also mirrored the racial/ethnic and SOGIE makeup of the local

child welfare workforce. Early on, the evaluation team and the SOGIE project director noted that individuals who were skilled trainers in other areas related to child welfare were not equipped to competently train about SOGIE. Furthermore, trainers encountered active resistance rooted in personal biases of attendees at these (required) trainings, which the trainers were not always prepared to address. There was a steep learning curve for many of those who would be tasked with delivering this content. The SOGIE project manager observed numerous trainings and gave continual feedback to the trainers concerning the content and process of training. Eventually, a core team of trainers who had performed well delivering SOGIE related content was identified, and these trainers were used to train both internal employees and community partners moving forward. By the end of the fourth year, approximately 97% of all CYF employees had completed the training, and the content was integrated into the training for all new employees.

In 2015, CYF leadership created a new leadership role and appointed its first Diversity Officer. This position has kept SOGIE-related system improvements on the radar of senior administration. It has centralized knowledge and provided the opportunity to integrate the work of various inclusion initiatives. The Diversity Officer remains responsible for overseeing practice issues related to race, SOGIE, immigrant/refugee status, and differing ability. She also assists with accountability measures related to diversity and inclusion, signaling to staff that affirmation of all youth and families is an expectation for all those who come into contact with them.

## **Culture Change & Sustainability**

Full implementation is achieved when 50% or more of the intended team members are using the system innovation effectively and with good outcomes. This is the point at which the “innovation” becomes standard practice and the culture of the organization has experienced a substantial shift (Mildon & Shlonsky, 2011). Full implementation is necessary to ensure sustainability to the innovation and associated culture change (Fixsen et al., 2005; Aarons, Hurlburt, & Horwitz, 2011).

As of August 2017, the project was at the beginning of year five of this six-year initiative. Formative evaluation of the implementation process and associated activities has been ongoing. However, a pre/post evaluation of how the system changes have impacted youth outcomes in terms of safety, permanency, and wellness is not possible, as baseline outcome data for youth involved with the system who identified as LGBTQ were unavailable prior to these innovations. Plans to conduct a mini “post-implementation” analysis including case reviews, stakeholder focus groups and additional staff surveys is planned for year six.

The primary method for building sustainability has been to integrate SOGIE content into existing projects or processes, identifying and supporting those with the requisite expertise for case consultation, and changing data systems to accommodate consistent SOGIE data collection. A few examples of this integration include:

- Explicitly identifying the need to address how agencies will serve youth identifying as LGBTQ when responding to RFPs for foster care and psychiatric services.
- Deliberately including LGBTQ-identifying teens as a focus population for the County’s plan to recruit, engage, and support resource families for teenagers.
- Asking questions related to gender and sexuality in youth surveys.
- Updating the items in the CANS instrument that is used with youth who are at risk or in out-of-home care.
- Modifying the child welfare case management system to be inclusive of diverse SOGIE with fields including preferred name, gender pronouns, gender identity, and sexual orientation.
- Incorporating considerations related to SOGIE into the County’s Quality Service Review (QSR) process, which includes an in-depth case review method involving multiple stakeholders and uses a performance appraisal process to assess how service recipients benefit from services and how well service systems address their needs.

Since the initial implementation of the standards, the SOGIE project director has conducted one-on-one case consultation with internal CYF staff and external child welfare service providers on practice issues related to safety, family acceptance, and appropriate placement. As time has progressed, the project director has identified key individuals (champions) within CYF and DHS who have begun to offer guidance and case consultations in this area. Supervisors are often well versed in complex case and practice issues, but are not necessarily better versed on SOGIE than their staff. Identifying and supporting champions and shifting the clinical case consultation to champions, then to supervisors, is critical to sustainability beyond the conclusion of this grant. This approach to sustainability has also been supported by integrating SOGIE competence components into the emerging clinical supervision model. An external LGBTQ-focused service agency has been providing ongoing support for champions and supervisors, offering suggestions on how to best integrate SOGIE into routine clinical supervision and case planning.

A large part of this project was modifying information management systems to support the collection and aggregation of SOGIE data to inform outcome evaluation of the implementation process and in the future, youth and family outcomes. These systems will be used to identify existing or developing disparities in placement, safety, stability and permanence related to youth identifying as LGBTQ and their families. Separate categories for legal sex, sex assigned at birth, and gender identity will be included, along with distinct fields for sexual orientation, preferred name, and associated gender pronouns, and in which instances preferred name and gender pronouns were to be used. Multiple stakeholders have been involved in the ongoing process of creating fields and selections for identity characteristics related to gender and sexual orientation. Workers will be advised to collect information on children and youth's sex and gender for all children ages three and older, and on sexual orientation for all youth ages ten and older.

Preliminary evaluation of the use of the SOGIE data fields will be conducted through a joint effort of the DHS Office of Data Analysis,

Research and Evaluation (DARE) and the getR.E.A.L. evaluation team six months after the completion of the data fields. Evaluation will include documenting the percentage of case records where SOGIE information is documented completely and correctly, the percentage of youth who identify as LGBTQ within the Allegheny systems and a comparison of outcomes of youth who identify as LGBTQ and those who do not related to service provision, removal, placement, and permanence. The external evaluation team recommended that this type of evaluation for youth identifying as LGBTQ who are involved in the system is conducted by DARE annually, and that results are disseminated within the DHS system and publically to community stakeholders.

## **Key Considerations for Successful Implementation**

Numerous lessons learned concerning the implementation process, which can be found in Appendix A, have emerged during this project. These lessons were identified through a collaborate process of reviewing monthly evaluation calls and associated notes, and also through review of content gathered in the course of quarterly site visits from the TA and evaluation teams. Several key elements necessary for successful implementation are discussed here.

### ***Team Size and Allocation of Resources***

One of the most important lessons learned was how difficult it was for a small team (sometimes a team of one) to continue to push this work forward when there were numerous competing priorities within an organization. Systemic change is best executed when an entire administrative and/or service unit is actively engaged in the innovation process. Although there was a SOGIE Steering Committee in place, the vast majority of the day-to-day activities of this project was the responsibility of the project director, with some day-to-day support from her immediate supervisor and the Diversity Officer once that role had been created. From the beginning of system-change efforts, it is

essential to have supports in place to assist in the prevention of burnout, compassion fatigue, and secondary trauma as a result of repeated bias exposure while serving and advocating for vulnerable youth and families. Internal support is increased when there are multiple staff members dedicated to system-change efforts rather than just one full-time employee. Similarly, it is necessary to have leadership and a supervisory structure in place that understand both the internal and external challenges related to this type of work, and how the constant resistance from multiple areas, including the political arena, can impact the well-being of those engaged in these change efforts. Those who are actively engaged in equity-related work (such as work around SOGIE or race) are encouraged to locate and participate in community-based external supports such as external clinical supervision groups, support groups, or individual therapy to assist with the emotional and structural challenges that are inherent to this work.

### ***Clear Directives From Leadership***

Buy-in from both organizational leadership and on-the-ground providers is critical to successful cultural change. Clear directives from the executive and administrative teams serve as a means to legitimize the need for these changes while providing for the development of accountability structures needed for those who may be reluctant to engage in the change process. All issues related to non-compliance with the SOGIE Standards are handled in the same way as any other non-compliance concern and addressed through a progressive disciplinary process by the Department of Human Resources. The incorporation of SOGIE and other identity-based content into all new hire training allows for the next generation of child welfare professionals to understand the importance of an intersectional approach to practice. As new workers conceptualize SOGIE competence as a part of “standard practice,” it will serve to mitigate any negative influences by staff more resistant to change and support the sustainability of practice improvements.

### *Implementation Through an Intersectional Lens*

Finally, the most important lesson learned is that approaching innovations through an intersectional frame from the outset is fundamental to culture change. If the frame is not intersectional, it is naturally reinforcing and normalizes dominant identities by assuming that all youth identifying as LGBTQ are White, Christian, and middle-class. This leads to the marginalization of many youth and families who do not fit into these categories, and also gives the sense that it may not be relevant or necessary to address SOGIE-related issues within all communities. To successfully promote inclusion and diminish the gender- and sexuality-based oppression experienced by youth, other forms of injustice must be acknowledged and addressed concurrently. Moving forward, when working on system change related to SOGIE, there must also be a continuing focus on other aspects of youths' identities that may impact their self-perceptions, support systems, and health and permanency outcomes.

Careful consideration should be given to engaging external trainers who are content experts in this area to assist in developing internal capacity. Finding trainers within one's existing network who are skilled in addressing multiple facets of youth and families' identities can be challenging, given that many trainers are experts in one particular content area but may not be experts across multiple content areas. This is necessary to assist with trainees' understanding of the importance of an intersectional frame to help ensure safety, stability, and permanence. Additionally, strategies on how to engage resistant or apathetic participants, and how to redirect those who are attempting to disrupt the training process, must be included as part of developing internal training capacity.

The actions of people in leadership significantly influence this aspect of workplace climate. However, even with a strong leadership team, staff at all levels should be supported in developing the skills to recognize, discuss, and address the biases and inequities in the workplace and during service provision. Creating equitable and broadly inclusive



environments for the workforce requires an intentional focus. Bias is embedded in our culture, so it is never a question of *if* it is present, but rather *how*. If bias is not openly acknowledged and addressed to promote understanding across identities, the workplace will not be safe and inclusive for employees or the families it serves. Empowering staff members to be their true, authentic selves in the workplace leads to higher levels of job satisfaction and improves overall organizational culture (van den Bosch & Taris, 2014; Wong & Laschinger, 2013). As such, creating workplaces and work spaces that prioritize inclusion, and support both the physical and emotional safety of all employees, should be a priority.

Unfortunately, some employees may not be equipped to participate in the process of exploring their own identities, beliefs, and experiences along with the identities of others. This is of particular concern if staff are overburdened and under-supported, or if they see the process of continued exploration of their beliefs and values as an attack on the self. Some may cling to their pre-existing value systems as a way to cope with their own stress and secondary trauma. Agencies must be aware that the process of critical self-reflection may be new to many employees. They may struggle with it and resist doing it, which may in the short term serve to further entrench their beliefs. Normalizing thoughtful conversations on topics that are often avoided such as race, SOGIE, class, and power differentials within the workplace and the larger social environment, are a necessary part of system change.

## Conclusion

In summary, our experiences with implementing the *Guidelines* indicate a continuing need for incorporating multiple aspects of identity into case and permanency planning. Youth are much more than a sum of all of their identities, and as such, cross sectional approaches only focusing on one aspect of youth identity are likely to fall short of addressing all of their health, safety, and permanency needs. Although sexual orientation, gender identity, and gender expression are all important components of the self, they cannot be considered apart from other aspects of a youth's

identity. By making all innovations intersectional in nature, the process of change becomes more natural and intuitive. Ongoing innovation efforts in child welfare should utilize an intersectional approach to building capacity to truly meet the diverse needs of the youth they serve.

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## Appendix: Synthesis of Lessons Learned

### *Laying the Groundwork*

- Families, especially youth, should have the opportunity to self-identify needs. These needs should guide the development of new knowledge within the agency and services for the community.
- There may be feelings of distrust between community stakeholders and child welfare (in general) due to past failings related to SOGIE and other aspects of identity.
- Leveraging pre-existing relationships with community leaders is helpful for initial buy-in and team-building.
- Community buy-in is best achieved through both formal and informal communication channels.
- It is crucial to raise awareness of the problem *and* to get administrators, supervisors and on-the-ground workers to acknowledge there is a problem, deficit or disparity.
- Many people will attempt to minimize the potential adverse outcomes for youth who identify as LGBTQ due to their frequent lack of visibility (outness) within this system. Reminding administrators and supervisors of the consequences of inaction may facilitate this process.
- Supportive leadership from the very top and through each level of management and administration is essential to establish and retain accountability structures.
- Considerable time should be spent on facilitating buy-in from all administrators/supervisors/managers prior to attempting to implement ground level innovations, particularly when the innovation is substantively different from “usual practice.”
- Encourage systems to engage in change efforts through demonstrating where other innovations or system changes have been implemented successfully in the past—be strengths-based and tap into what is already working.

- Employee affirmation and safety is the first step to affirmation and safety of youth and families. Jurisdictions must have comprehensive, SOGIE-inclusive employment non-discrimination policies in place.
- Jurisdictions that do not have existing SOGIE-inclusive non-discrimination policies in place may be slow to adopt system-wide improvements for youth who identify as LGBTQ and their families.
- External funding and external partners increase accountability and motivation of the system and its leadership to continue to work for system change.
- Cross-system engagement facilitates implementation and sustainability. Efforts should be made to engage other youth-serving systems such as school systems, the family court system and the juvenile justice system.
- Key baseline data is often not available to be able to accurately identify disparities or differences in outcomes for youth who identify as LGBTQ and their families, as SOGIE data frequently is not collected and references to SOGIE issues are often absent from case files.

### *Staff and Supervision*

- Supervisors must be well trained in both administrative and clinical supervision in order to adequately be able to support their staff members when system-wide changes are being implemented. If the internal supervision capacity is underdeveloped, consider partnering with external support partners until target capacity is reached.
- Staff selection at all levels is key—assessing for baseline SOGIE knowledge during the interview process (including the interview process for existing employees wishing to promote/transition into new roles) will help supervisors identify staff members needing additional support in this area.

- The project itself must have adequate dedicated staff with strong baseline SOGIE knowledge, team-building skills, and access to key leaders in the agency and community to successfully implement large-scale improvements.
- Employees who identify as LGBTQ, who may have different perceptions of workplace safety inclusion than those of employees who identify as heterosexual or cisgender, should thoughtfully incorporate their feedback into system change efforts.
- Do not rely on employees who identify as LGBTQ to be “in-house experts” on SOGIE.
- Address SOGIE and other identity-related microaggressions in the workplace immediately.

### *Development of Practice Standards*

- Accountability structures should be well established and known by employees prior to initial implementation of standards or policy change.
- Current language and “best practices” are constantly evolving; make administration and staff aware that learning in this area will be an ongoing process.
- Most people have a clearer understanding of sexual orientation than gender identity.
- People are also generally better at understanding binaries but have difficulties with fluidity and non-binary identities (such as bisexuality or pansexuality).
- There are valid concerns about access to, and use of, SOGIE-related data within public child welfare systems. Inappropriate use or disclosure of this information can harm youth and/or their families. Disclosure should only be for the purposes of providing better services to youth and families.

- Many data systems are not designed to capture SOGIE-related data, and service providers often lack the language to be able to lead a meaningful discussion of how SOGIE and other aspects of identity impact case planning.
- Workers lacking extensive formal education may need additional guidance around new policies and practice changes. Provide them with detailed tip sheets where necessary.

### *Training and Coaching*

- Be intentional about ensuring there is racial diversity within training teams, and addressing intersections between SOGIE and race/ethnicity from the beginning.
- Trainers need to have strong SOGIE specific knowledge along with a deep understanding of intersectionality and also well-developed general training skills.
- Trainers should be able to handle hostile or indifferent audiences, and be able to actively engage trainees in challenging conversations so that there is a safe environment for those in the room who may identify as LGBTQ.
- Enlist and engage external subject matter experts to diversify the training pool, strengthen relationships, and build capacity.
- It is essential to develop a processes to support trainers and others leading culture change efforts prior to their implementation. Repeatedly facing opposition and resistance is draining, leads to burnout, and reduces a person's ability to be effective.
- There is a wide variety of SOGIE knowledge levels among providers and families. Baseline knowledge building is a necessary step that must precede system change.
- Many providers and consumers of child welfare services have an inadequate understanding of intersectionality, systematic



oppression and how the status quo perpetuates vs. disrupts oppressive practices.

- Everyone needs to be speaking the same language in terms of sex, gender and sexual orientation. People frequently conflate these constructs and use them interchangeably, even within the larger LGBTQ-identifying community.

### *Culture Change and Sustainability*

- Attempting to implement a number of innovations in child welfare simultaneously can be problematic due to worker fatigue and information/procedural overload.
- Don't focus exclusively on SOGIE to the exclusion of other aspects of identity. People are multidimensional and all aspects of their identities must be affirmed and included in case and permanency planning.
- Re-educating people about the need to integrate identity into case planning may be a long process, given that many service providers have been taught that certain topics like sexuality and spirituality are off limits in the social services arena.
- Make an intersectional approach the norm rather than the exception. Thoughtfully integrate SOGIE into all child welfare reform activities. This approach will facilitate the process of adoption and minimize resistance.
- Resistance from employees who believe the Standards to be incongruent with their religious value system may remain despite accountability measures around best practices being put in place.

# Strengthening the Workforce to Support Youth in Foster Care who Identify as LGBTQ+ through Increasing LGBTQ+ Competency: Trainers' Experience with Bias

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This article discusses the Los Angeles LGBT Center's Recognize, Intervene, Support and Empower (RISE) Initiative's training evaluation; trainers' experiences with bias, and the impact that participant bias had on the delivery of the training intervention. This article also discusses ways in which the Outreach and Relationship Building (ORB) personnel mitigated risks, and how the short-term outcomes were interpreted in the context of the experiences of bias. This article proposes that, after initial training on youth who identify as lesbian, gay, bisexual, transgender, or questioning (LGBTQ), staff need coaching and follow-up training to effectively address and reduce the mistreatment of this population in child welfare settings and decrease anti-LGBTQ+ bias.

Training can be a positive first step towards helping child welfare practitioners serve youth who identify as LGBTQ+ more effectively. However, providing a training for an agency doesn't necessarily mean that anti-LGBTQ+ bias possessed by agency staff will decrease or that their behaviors will change. In this article, we discuss the implementation of our Outreach and Relationship Building (ORB) training as part of the Recognize, Intervene, Support and Empower (RISE) Initiative. We also describe the trainers' experiences with bias in relation to implementing the training with fidelity, discuss the outcomes of the training evaluation, and examine implications for systems of care for children and youth.

## Background

Youth who identify as LGBTQ+ are more likely to experience negative interactions with child welfare professionals than their peers who identify as heterosexual and cisgender (Mallon & Woronoff, 2006). A Williams Institute study found that youth identifying as LGBTQ+ were twice as likely to report poor treatment by the foster care system. The same study found that they were twice as likely to be placed in group homes and three times more likely to be hospitalized for emotional reasons compared to their peers who identify as heterosexual and cisgender (Wilson et al., 2014).

Many LGBTQ+ youth enter foster care for the same reasons as their heterosexual and cisgender peers; however, youth who identify as LGBTQ+ may have the added trauma that comes with being rejected or harassed because of their sexual orientation, gender identity, or gender expression (SOGIE) (Matarese et al., 2017). Examples of this type of trauma may include the isolation or exclusion of youth who identify as LGBTQ+ from group settings due to an unsubstantiated, stereotype-driven fear that they will be sexually inappropriate with heterosexual and cisgender youth, or youth who identify as LGBTQ+ being blamed for the SOGIE-related harassment and abuse they have experienced (Wilber et al., 2006). Crucial to reunification attempts, practitioners need to be

able to provide education, support, and guidance to families of youth who identify as LGBTQ+ (Ryan, 2010). However, personal bias and lack of knowledge might negatively affect the way practitioners work with families who need to learn to support their youth who identify as LGBTQ+. Consequently, if practitioners carry anti-LGBTQ+ bias, it can negatively influence their effectiveness in working with families and achieving reunification goals. Personal bias and/or lack of LGBTQ+ competency from entrusted professionals can have devastating emotional and physical consequences on this population (Ragg, Patrick, & Ziefert, 2006).

## **The RISE Initiative**

As part of the PII research project,<sup>1</sup> the Los Angeles LGBT Center developed the RISE Initiative to serve youth who identify as LGBTQ+ in child welfare settings. It is common knowledge that the child welfare system is charged with protecting the safety of young people, along with nurturing their well-being and meeting their long-term needs for safe, stable, loving, and lifelong family connections. However, children and youth who identify as LGBTQ+ are often subjected to anti-gay, anti-transgender, and heteronormative biases within this system.

We at RISE theorized that anti-gay, anti-transgender, and heteronormative biases, along with a general lack of competency in how to serve LGBTQ+ youth, cause many barriers to long-term permanency for this population. Ultimately this results in their overrepresentation among youth in foster care and youth who age out of foster care. The RISE Initiative is grounded in a core belief: If youth in foster care who identify as LGBTQ+ and their families are competently identified and appropriately served, they would achieve safe and stable permanency. To serve youth who identify as LGBTQ+ and their families, we created a Care Coordination Service that provides direct education, counseling, and mentorship

<sup>1</sup> The federal Permanency Innovations Initiative (PII) is a multi-site demonstration project that supports the implementation and evaluates the effectiveness of innovative intervention strategies to improve permanency and other outcomes for children in foster care who face the most serious barriers to permanency.

to youth who identify as LGBTQ+, while working with families to be more accepting of their LGBTQ+ child, connecting them to resources, and doing extensive family finding. For more information on the RISE direct services, please see visit the RISE website (<https://lalgbtcenter.org/rise>) where you can access the full Care Coordination Services Manual.<sup>2</sup>

While providing direct services is important, we knew additional work was needed at the systems level. An Annie E. Casey Foundation (2016) review of literature found that out of 116 documents on best practices for youth in child welfare who identify as LGBTQ+, 68 mentioned training for practitioners and caregivers as a promising practice. Likewise, other work has found that training child welfare practitioners on affirming practices has significant positive impacts on the experiences of youth who identify as LGBTQ+ in child welfare (McCormick, Schmidt, Terrazas, 2017). A 2013 study found a positive correlation between the amount of LGBTQ+ knowledge a practitioner had and their attitudes and supportive behaviors toward youth who identify as LGBTQ+ (Matarese, 2013). Increasing practitioners' knowledge of youth who identify as LGBTQ+ and their needs is a necessary first step toward creating more affirming environments where these youth are able to thrive. To address the organizational environment and this need for practitioner training, we created the Outreach and Relationship Building (ORB) intervention.

## **The ORB Intervention**

ORB is a systems-level training intervention designed to educate public and private agency child welfare practitioners on how to become more welcoming and competent when serving youth who identify as LGBTQ+. We defined competency as having knowledge of LGBTQ+ issues, using affirming language, and being able to identify and address biased statements and behaviors. The ORB training curricula consisted

<sup>2</sup> The Care Coordination Manual can be found at <https://files.lalgbtcenter.org/pdf/rise/Los-Angeles-LGBT-Center-RISE-Care-Coordination-Services-Program-Manual.pdf>

**Table 1. ORB Training Participation (1/2014–12/2015)**

Level of Participation	Public Agencies (DCFS)	Private Agencies
# of child welfare professionals who completed <b>AT LEAST ONE</b> of the two trainings	619	1967
# of child welfare professionals who completed <b>BOTH</b> trainings	596	1490
# of agencies that had at least one training attendee	28	49
Trainings were limited to direct care practitioners comprising social workers, clinicians, and group home staff. As of 6/2016 there were 49 Foster Family Agencies, 201 Group Homes, and 37 Adoption Agencies licensed in Los Angeles County. <sup>3</sup>		

of a three-hour *LGBTQ+ Foundation Training* and another three-hour *Social Work with LGBTQ+ Children and Youth in Foster Care Training* (see Appendix A). The ORB trainings covered various topics from terminology, how to use language to build rapport, and the laws and policies protecting youth in care who identify as LGBTQ+. Trainings also addressed supporting youth and families through the coming out process, helping families reduce rejecting behaviors and replace them with accepting behaviors, creating welcoming environments for those who identify as LGBTQ+, and managing confidentiality. The Foundation Training introduced the material and the Social Work Training allowed participants to practice and apply their new knowledge. During the formative evaluation reported on in this article, ORB trained over 2,500 social workers and clinicians in groups that averaged 17 participants per training with a range of 4–99 participants (see Table 1).

We anticipated that bias would be a stressor for the trainers. However, once the trainings were underway, the incidents of bias were more pervasive and intense than initially expected. These incidents included participants harassing the trainers or other trainees, using offensive and unprofessional language when discussing people who

<sup>3</sup> <http://cclld.ca.gov/res/pdf/countylist.pdf>

identify as LGBTQ+, and in some cases, making inappropriate comments that directly targeted the trainers. Immediately, we knew that we needed to find ways to both mitigate and document these repeated incidences of bias (which the next section discusses further).

With an absence of tools to help navigate bias in training rooms, ORB created their own. One of the tools was a Frequently Encountered Bias Questions and Statements tool where ORB trainers documented difficult questions and statements frequently presented in trainings. After developing the responses, the trainers would practice these answers as a team. Trainers would randomly select difficult questions and statements and then practice the answer with fellow trainers until they could recall the answers without difficulty. As this practice was being implemented, trainers reported ease in recalling the answers during a training.

In the absence of research on how to reduce the effect of bias exposure, we leaned on the closest relevant compassion fatigue literature to aid in addressing this issue. In her research on mitigating compassion fatigue among child protection social workers, Jessica Hoepfer states, “All literature reviewed that looked at intervention strategies or mitigating factors came to the same conclusion about the importance of self-care” (Hoepfer, pg. 18). One of the trainers volunteered to lead routine, self-care check-in

### **Example: Frequently Encountered Statement**

Statement: “I don’t want to promote this lifestyle.”

Response: That is a common concern. Supporting a youth’s self-definition promotes healthy adolescent development. The major medical, psychological, and health associations agree that lesbian, gay, bisexual, transgender, and questioning identities are as normative and healthy as heterosexual and cisgender identities. Regardless of our religious or cultural conflicts, our professional obligations require us to use affirming behaviors and actions when working with youth who identify as LGBTQ+. Failure to support these youth can result in devastating health outcomes for this population.

meetings for the team to share self-care strategies, set well-being goals, and offer some stress-reduction or mindfulness exercises to the group. Some of the self-care practices that were adopted by the ORB trainers were journaling, breathing techniques, exercise, and meditation. Congruent with research on turning compassion fatigue into job satisfaction, when practicing various methods of self-care, trainers reported that they increased their training effectiveness and were more enthusiastic about training, even in extremely biased settings (Mathieu, 2007).

## Methods

The ORB intervention went through a formative evaluation to assess implementation fidelity and measure short-term training outcomes. Intended short-term outcomes included improved practitioner knowledge about LGBTQ+ concepts related to competencies, increased practitioner application of this knowledge in their practice, and increased practitioner perceptions of organizational support related to work with children and youth who identify as LGBTQ+ and their families. As this article focuses on bias at a practitioner level, we will examine findings from the first two outcomes.<sup>4</sup>

### *Assessing Fidelity*

A fidelity assessment of ORB occurred between January 2014 and August 2015. Implementation fidelity is the degree to which an intervention has been delivered as planned (Dusenbury et al., 2003, Carroll et al., 2007). Studies assessing outcomes of child welfare interventions should also include fidelity assessments, since implementation fidelity is a significant moderating factor in the achievement of program outcomes (Hasson, 2010, Aarons et al., 2011). Fidelity assessment is needed to ensure internal validity (Mowbray et al., 2003, Moncher & Prinz, 1991). For instance, if an intervention doesn't show outcomes,

<sup>4</sup> Findings for the third outcome are described in the forthcoming PII RISE Final Report.



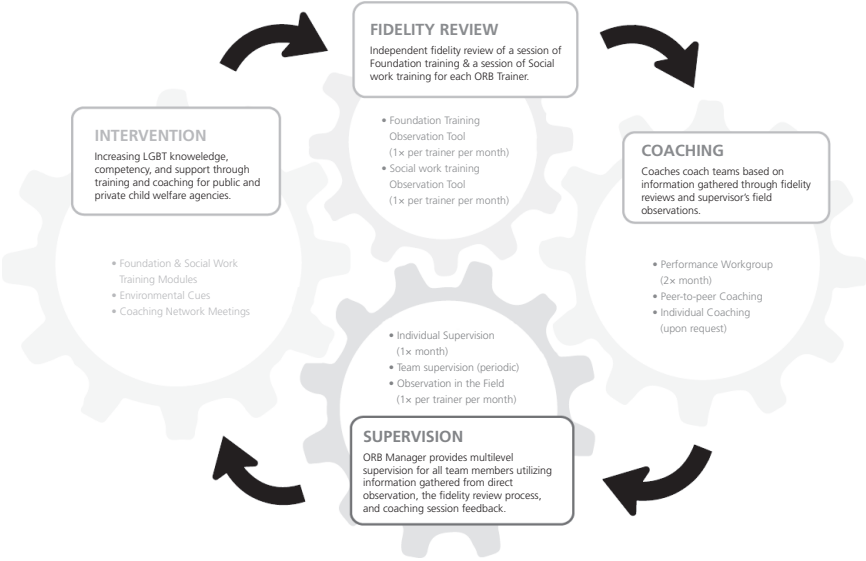
a fidelity assessment is needed to examine whether it's because the intervention practices are ineffective or because the practitioners failed to deliver the intervention as designed. Thus, it is critical to incorporate fidelity assessment into studies that aim to establish an evidence base for child welfare programs (Cross & West, 2011).

Within or beyond the context of an outcome evaluation, another major reason to conduct fidelity assessment of child welfare interventions is to gather information about practitioners' performance so that program managers can use this information to help practitioners improve their skills working with youth, families, and caregivers (Fixsen et al., 2009). Data collected about practitioner performance through fidelity assessment can thus provide information needed for quality improvement efforts (Fixsen et al., 2005; Bond, 2007; Bond & Slyers, 2004).

We adapted the National Implementation Research Network's implementation framework (Fixsen et al., 2009) to incorporate fidelity assessment into a continuous quality improvement strategy that ORB used throughout the formative evaluation period (see Figure 1). ORB and RISE managers used fidelity assessment data to inform knowledge and skill building activities during biweekly coaching sessions. These data were also used in other quality improvement efforts.

Prior to delivering their first training, all trainers were given one month of practice time with the training material where they would observe several trainings, study the material, and practice a training for the ORB manager's feedback. In the ORB fidelity assessment, we tracked trainer adherence to the ORB training slides and presentation plan, and trainer competency delivering the training (Cross & West, 2011; Breitenstein et al., 2012). Adherence and competency were measured directly through observation (Schoenwald et al., 2011). Independent, expert reviewers assessed trainer delivery using two observation tools, one for each training module. We selected the reviewers because they had backgrounds working with LGBTQ+ populations, experience in the child welfare field, and training and facilitation experience. Additionally, we trained both reviewers on the

**Figure 1. Outreach and Relationship Building: Fidelity Assessment Feedback Loop**



ORB intervention, its learning objectives, and on the fidelity assessment protocol. The observation instruments for each training assessed four domains: (1) adherence to the ORB curricula, its learning objectives, and the content on the training slides; (2) proficiency delivering topical child welfare and LGBTQ+ content; (3) proficiency delivering cultural competency content; and (4) proficiency using training and facilitation skills.

As the RISE research team, we randomly selected trainings for observation. Each of the five ORB trainers were assessed once a month on each of the training modules, resulting in two observations per trainer per month (8–12 observations completed in total per month). Since two trainers deliver each training, a total of 197 fidelity assessments (101 observations of the Social Work training and 96 observations of the Foundation training) representing a total of 99 trainings assessed, were completed over a 20-month period. All ORB trainings were videotaped in full. Observation by video was intended to limit bias, as there was a

concern that trainers might perform differently at trainings if there was a fidelity reviewer present. Trainees were not directly assessed as part of fidelity assessment, due to the infeasibility of consenting all participants. Hence, cameras were focused only on the trainers, and no fidelity measures directly assessed participants. As a result, the institutional review board waived participant consent for fidelity assessment.

Adherence was operationalized as delivering the content on training slides accurately; defining the key terms or topics on training slides; and providing examples of key terms or topics defined. For instance, one fidelity measure is adherence to delivery of the sexual orientation content on the training slides. If a trainer delivered all slides related to sexual orientation, defined sexual orientation accurately, and provided examples of sexual orientation, the observer considered the trainer adherent to the delivery of training content around that topic. Competency was operationalized as delivering the training effectively including training pace, cultural sensitivity and clarity. The observer used their subjective judgement to score practitioners on competency measures.

The fidelity reviewer rated each adherence and competency measure on a three-point Likert-type scale. If a trainer achieved the measure “completely,” the reviewer scored the measure a 3; if “somewhat” achieved, the reviewer scored the measure a 2; and if the measure was achieved “not at all,” the reviewer scored the measure a 1. A mean score of all measures assessed during each observation was generated once an observation was complete. The fidelity assessment tools also included comments sections in which fidelity reviewers were required to document specific examples of why items were rated the way they were and to capture any additional and relevant data related to trainer performance.

After the trainings were reviewed, we entered the quantitative and qualitative fidelity assessment data from the paper-based observational reports into an electronic database (*Efforts to Outcomes*). We checked all paper-based observation reports for completeness each month and randomly sampled 10% of the fidelity assessment reports in *Efforts to*

Outcomes each quarter to check for data entry mistakes. No major data entry issues were found. Trainers and managers received biweekly fidelity assessment reports including all qualitative and quantitative data for a given assessment.

As part of the fidelity assessment, we documented bias from trainees. This began with a debrief after every training between co-trainers and weekly with the entire ORB team. During debriefs, trainers would discuss training successes and challenges. If challenges, such as notable bias, were presented, the group would discuss different ways to manage them in future trainings. The debriefs were documented weekly so that the team and manager could keep track of the ORB team's progress and needs. Additionally, trainers reported that being exposed to consistent and intense biases, which were often very personal to them or even directed at them, took a toll on their mental health and created compassion fatigue. Due to this, we took steps to monitor and address the effects of repeated exposure to bias. Specifically, trainers completed a compassion fatigue tool to address areas in which they needed more support. The compassion fatigue tool can be found in Appendix B.

### *Measuring Short-Term Outcomes*

To measure the first short-term outcome, we administered a paper and pencil instrument prior to the Foundation training (pre-test) and again just prior to the completion of the Social Work training (post-test). The instrument included thirteen questions that focused on terms and scenarios illustrating knowledge acquisition. In addition, we administered a web-based follow-up survey two months after completion of training; this survey assessed the extent to which participating child welfare professionals utilized any knowledge gained, and why participants were or were not utilizing this knowledge. Practitioners attending ORB trainings during the evaluation period (July 2014–May 2016) were invited to participate in data collection. Professionals could participate in any of the three surveys. By the end of formative

project evaluation data collection, 536 practitioners participated in at least one portion of data collection (pre-test, post-test, follow-up survey), 455 pre- and post-test matches were confirmed (i.e., the same respondent completed at least some portion of the pre- and some portion of the post-test), and 108 respondents (24% of pre- and post-test respondents,  $n = 108$ ) had returned a follow-up survey. Due to the low response, we did not link follow-up survey responses to pre- and post-test responses. An analysis of differences in the pre- and post-test scores of follow-up respondents and non-respondents found no significant differences between the groups, though non-respondents tended to have lower scores.

Assessments of knowledge change examined overall improvement, by worker, and improvements by item (across workers);<sup>5</sup> in this article we are focusing on worker-level findings. Paired-sample  $t$  tests were used to detect changes pre- and post-test administration. Nineteen is the maximum score achievable, meaning that the respondent answered every item correctly. Scores ranged from 2 to 19 for pre-test and 7 to 19 on the post-test. Cohen's  $d$  statistic was also calculated to adjust for large sample effect.

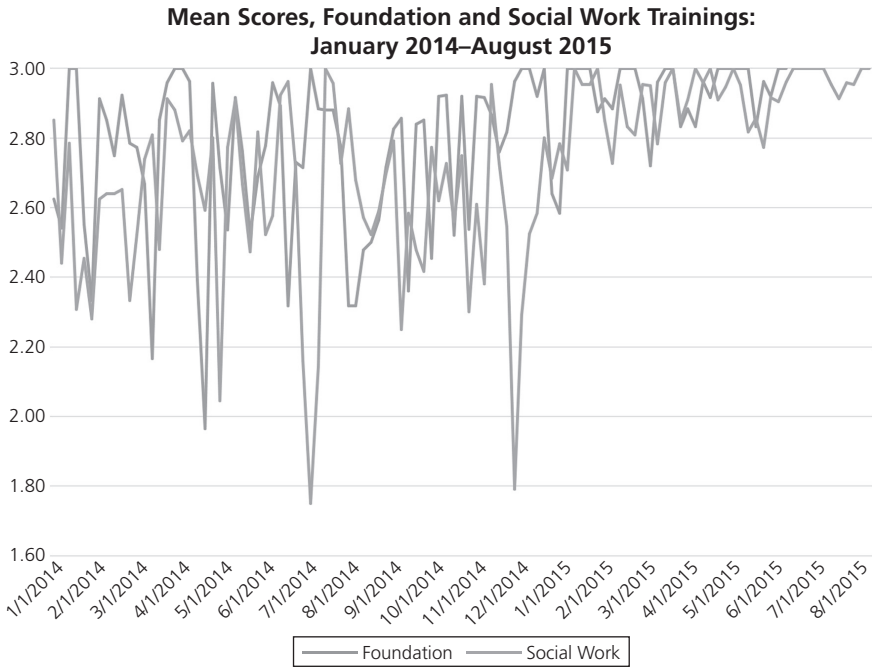
## Findings

Foremost, trainers' mean fidelity assessment scores improved over time (see Figure 2). After the first year of implementation, mean scores on fidelity assessments never fell below 2.5. Additionally, all 14 trainings, in which a mean fidelity score of a 2.5 or below was linked to high levels of participant bias, occurred in the first year of implementation.

We also found that encountering bias was a driver of low fidelity scores. Trainee bias had a negative impact on nine competence measures related to proficiency delivering topical content and proficiency with

<sup>5</sup> Findings on significant changes per item are described in the forthcoming PII RISE Final Report[[Has this come out yet?]]

**Figure 2. Mean Scores, Foundation and Social Work Trainings**



training and facilitation skills. For instance, trainers competently managed bias (measured by a trainer scoring a “3” on both of the competency measures related to handling bias) in only 42% of the trainings that fidelity reviewers noted as presenting high levels of bias. Cultural competency measures were not affected by trainee bias.

We considered a mean score of 2.5 or below on a fidelity assessment as an indicator of a training that was of low quality, and needed to be reviewed with trainers to understand why the training had received a lower-than-expected score. In 100% of trainings assessed, training participants made biased comments. Over the 20-month fidelity assessment period, 28% of trainings conducted received a mean score of 2.5 or below. Half of these trainings included comments from fidelity reviewers that indicated high levels of bias were a major reason for low fidelity assessment scores on the training. Moreover, ORB trainers themselves reported that repeated bias affected their ability to train at

## Documented Trainer Experiences

“Bias seems to be par for the course when facilitating LGBTQ+ competency trainings. Sometimes it comes across as unintentional or based on a lack of awareness (e.g., people not knowing that the terms they use are dismissive). At other times bias is blunt and intentional (e.g., people trying to disrupt the training or offend the trainers). Bias in the training room can be frustrating and feel like a lot to overcome—we have just a few hours to make a dent in years of socialization. It is also difficult when people let their bias override their professionalism. It seems that some people feel personally threatened by the information and, as a result, their reactions and responses can become more personal and targeted against the trainers.”—*ORB Trainer*

their full potential. They also reported high levels of anxiety, symptoms of depression, and even nausea before and after trainings. We asked trainers to start documenting their experiences with bias. This served as a method to keep historical records of the experiences.

Though anti-LGBTQ+ bias was anticipated in trainings, staff also described practices with youth identifying as LGBTQ+ that were unethical and sometimes illegal.

## Example: Harmful Practices and Biased Statements

“A girl who identified as transgender was placed in an all-boys group home and experienced harassment from other youth. After practitioners were notified, the girl was blamed for being the cause of the harassment and bullying she experienced. As a result of the repeated harassment, all of her feminine clothing was taken away from her. She was also excluded from group outings because the staff stated they did not have the knowledge to provide appropriate bathroom accommodations when out in public.”—*Group Home Staff*

Turning to short-term outcomes, as shown in Table 2, participating practitioners significantly improved in their knowledge of basic LGBTQ+ concepts post-ORB training and findings showed a large effect of 0.82, or a meaningful difference from a practice perspective. However, pre-test scores were generally high ( $M = 15, SD = 2.76$ , maximum score is 19 indicating a correct answer for every item) suggesting that participants already held high levels of knowledge about LGBTQ+ identities.

Through the follow-up web survey we found that most respondents (79% of 108) used the ORB information after training and over half (53%) of the respondents used the information to provide positive messages about persons identifying as LGBTQ+. We also found that of those who did not use the ORB information after training (21% of 108), over half (58%) stated that they did not think the information was relevant for the clients on their caseload.

**Discussion**

Practitioners with anti-LGBTQ+ biases and/or low competency directly affect the well-being of the youth in their care who identify as LGBTQ+. As anticipated, many participants came to the trainings with formed opinions but little formal education on LGBTQ+ identities. Therefore, increasing knowledge was hypothesized to be the first step in facilitating proficient practice. Surprising, the results demonstrate something quite different.

Scores on the pre-test were much higher than anticipated and actually reflect a high level of knowledge about LGBTQ+ issues that

**Table 2. Changes in Knowledge for Child Welfare Practitioners (n = 455)**

Survey	Minimum	Maximum	Mean	Median	Std Dev	t value	Sig	Cohen's d
Pre	2	19	15.10549	15	2.761813	-17.5	<.0001	0.8206
Post	7	19	16.73846	18	2.295311			



should, theoretically, translate to competent practice. However, the level of bias experienced by the trainers underscores that LGBTQ+ knowledge acquisition does not necessarily correspond with an absence of bias or with competent practice. For instance, someone can define the term “heterosexism” and still engage in heterosexist behaviors (e.g., derogatory comments about persons who identify as LGBTQ+, like the ones experienced directly by the trainers). This finding suggests that future trainings include content that provides not only foundational knowledge about youth who identify as LGBTQ+, but also incorporates modules that are designed to address underlying bias. Training on this topic needs to incorporate bias reduction methods such as correcting misconceptions and engaging in honest dialog. Since many practitioners reported that the ORB training was their first opportunity to talk about LGBTQ+ issues and identities, we expected that many participants would have conflicted feelings about supporting youth in care who identify as LGBTQ+. However, it should also be anticipated that some participants will also have strong biases. Trainers need to be mentally and emotionally prepared, in addition to having experience managing emotionally-charged group dynamics, to deal this reality so that they can effectively guide the training. One way to effectively guide the training is to establish ground rules, in conjunction with the participants, in order to ensure that the trainer and participants have a safe environment to engage in an honest discussion. For example, at the start of the training, the trainer should openly acknowledge that some trainees may have underlying biases and that it is important to discuss them, but that it must be done in a respectful way. The trainer then offers some ground rules and invites the participants to contribute to them as a method of “buy-in”. In addition to anticipating bias and including bias-related training modules, pre- and post-test measures of anti-LGBTQ+ bias should be administered to the participants to assess if the training is reducing bias.

The impact of bias in practice is also illustrated in another key finding of our evaluation; that is, youth who identify as LGBTQ+ are still largely invisible in care. Of the web survey respondents who reported

not using the training information, a majority linked the lack of use to the information not being relevant to their clients. This finding is concerning for two reasons. First, the training is applicable to all youth in their care, not just youth who identify as LGBTQ+. Secondly, as previously discussed, nearly 1 in 5 youth in the child welfare system identify as LGBTQ+, making it highly improbable that a case worker with a full case load would not have any youth in their care who identify as LGBTQ+. As Mallon and Woronoff noted, to effectively serve these youth in child welfare settings, the professionals that serve them must come to the realization that these youth exist on their caseloads (2006).

Further, those conducting LGBTQ+ trainings and other interventions must understand the effects that prolonged bias exposure can have on trainers, and ways to mitigate the risks associated with it. RISE trainers' performance improvement likely stemmed from performance improvement activities (such as self-care, or one-on-one sessions with the ORB coach) and trainers growing familiarity and comfort with delivering trainings over time. For instance, in biweekly coaching sessions, fidelity reviewers, coaches, and trainers would view video clips of situations in which trainers managed biased questions or comments from participants. The trainers involved would reflect on and process the situation with the coach in a supportive role. Trainers were invited to discuss their emotional responses, and if they felt comfortable, assess how they handled the situation. The trainers, coach, and program manager would then identify appropriate next steps for self-care and performance improvement, such as providing one-on-one coaching sessions, or doing role plays with trainers in which they have to handle biased comments.

In the context of a developmental intervention, a mixed methods assessment approach was best suited for monitoring fidelity. Triangulating quantitative and qualitative fidelity assessments helped generate a set of lessons learned that could be applied to making improvements to the ORB fidelity assessment protocols and tools in the future. Additionally, trainers and coaches repeatedly reported that the qualitative information in fidelity reports was far more useful for performance

improvement than quantitative scores. Trainers also reported that being able to do verbal, in-person reviews of fidelity findings with the fidelity reviewers, manager, and coach was critical to their learning and improvement.

Conducting repeated fidelity assessments over time generated data needed for understanding if performance improvement interventions (such as coaching) appeared to be working. For instance, by six months into fidelity assessment, it was clear that encountering bias was a major external barrier to delivering high quality ORB trainings. By 12 months into fidelity assessment, trainers had experienced several coaching and self-care interventions aimed at helping them to deal with this bias; and we could already see improvements in quantitative fidelity scores related to naming and countering bias.

## Implications

When working to improve social work practitioners' attitudes and behaviors toward youth in their care who identify as LGBTQ+, a multi-faceted approach is necessary. Interventions that build LGBTQ+ knowledge need to go hand in hand with coaching and activities that are known to help decrease bias. As we have shown here, an intervention which focuses on, and succeeds in, increasing practitioner LGBTQ+ knowledge, does not necessarily impact practitioner biases or behaviors.

Second, we found that of those who did not use the ORB information after training (21% of 108), over half (58%) stated that they did not think the information was relevant for the clients on their caseload. Given this finding, we encourage practitioners and agencies to acknowledge that youth who identify as LGBTQ+ are overrepresented in child welfare. With over 19% of youth identifying as LGBTQ+ (Wilson, et al., 2014), practitioners will work with these youth and, most likely, already have these youth in their caseloads. Therefore, implementing best practices for this population (i.e., avoiding assumptions, using

gender neutral language, and displaying supportive LGBTQ+ symbols) should start now.

Third, we recommend that agencies conducting fidelity assessments of LGBTQ+ competency trainings use mixed methods approaches. Importantly, these will allow agencies to both assess trainer performance and identify and explore why trainers receive low or high-fidelity assessment scores. Managers, coaches, and trainers should utilize such data to inform performance improvement efforts. Agencies should also conduct and analyze fidelity data over time to track whether performance improvement initiatives are working. Managers and coaches should verbally review fidelity findings with trainers in a supportive way and through the use of constructive feedback and problem-solving.

Fourth, we recommend instituting self-care and coaching activities at the beginning and throughout a training intervention designed to reduce LGBTQ+ bias. In RISE, encountering bias had a major, negative impact on trainers' facilitation skills, and on trainers' ability to competently deliver LGBTQ+ training content. Encountering bias was a major driver of lower fidelity to the training intervention before we implemented performance improvement and self-care practices. Thus, bias was a large enough external barrier to training effectiveness that necessitated a response from the training management team. If LGBTQ+ competency trainers are unable to train effectively, practitioners may receive low-quality LGBTQ+ competency trainings, in which they do not receive the knowledge and skills they need to better serve youth in the child welfare system who identify as LGBTQ+. These youth may then continue to experience poor care within the child welfare system and age out of care instead of finding permanent homes. Therefore, it is critical that training managers recognize bias exposure as a major external barrier to trainer effectiveness, implement the appropriate activities (such as coaching and self-care) for improving training effectiveness in the face of such bias, and monitor whether such activities improve trainer performance over time.

Lastly, the discrepancy between the trainer's experiences with professionals' bias and the professionals' high knowledge scores on the pre- and post-tests suggests that bias can exist in the presence of knowledge about LGBTQ+ issues and the high values on the items may not really tap into underlying bias. The items assess knowledge, not bias reduction or behavior change. Future research should separately assess changes in bias or in behavior toward youth who identify as LGBTQ+. We also need to know more about effective interventions for reducing bias and influencing behavior changes in child welfare settings.

## Limitations

We assessed the reliability (stability of data across administrations) and validity (accurate measurement of the intended construct) of the pre-and-post-test and found areas for improvement.<sup>6</sup> The instrument should be refined before it is used again. In addition, our findings were based on a convenience (i.e., non-representative) sample of child welfare practitioners. The findings are not generalizable to other settings.

The high pre-test values were also inconsistent with the question in the follow-up survey, asking why some practitioners did not use the ORB training information, and with the trainers' experiences of bias. However, the knowledge and application findings are based on self-report measures. Such measures are vulnerable to response biases, such as responses that make respondents look positive (Paulhus, 2002), or in this project, knowledgeable and able to apply knowledge. Inconsistencies and potential response biases suggest that both knowledge and attitudes need to be assessed pre-and-post training. Additionally, ORB did not formally evaluate bias among practitioners or the effectiveness of the interventions they used to mitigate the stress of bias exposure. The field could benefit from more research around this topic, as well as effective ways to decrease anti-LGBTQ+ bias in training and practice settings.

<sup>6</sup> See the PII RISE Final Report for reliability and validity findings.

Limitations related to using and analyzing the quantitative fidelity measures are as follows: some items were double-barreled (aimed at measuring more than one competency in a single question); some items were vague or open to interpretation; initially there was no rating guide; and the scale did not allow for nuance. In practice, fidelity reviewers tended to reserve scores of a “2” for measures on which trainers performed below roughly 80% of expectations; and scores of a “1” were reserved for cases in which trainers completely failed at an adherence or competence measure. Another limitation was the lack of direct measurement of participant receipt of the intervention.

Despite these limitations, this research contributes to the field by highlighting the need for interventions more focused on anti-LGBTQ+ bias reduction. Moreover, we hope this information influences a shift towards more behavior focused instruments. These experiences also highlight considerations for those conducting and managing LGBTQ+ trainings. Training staff will need to be supported in the right ways to effectively train LGBTQ+ content.

## **Conclusion**

We found that the ORB training increased practitioner knowledge and that over 70% of practitioners self-reported using the training knowledge in their work following the training. However, practitioners generally scored high on both the pre- and post-test suggesting that they had a significant amount of knowledge going into the training. Therefore, the bias that the ORB trainers experienced, and that the fidelity instruments documented, indicates that a practitioner might have enough information to serve youth who identify as LGBTQ+ effectively and either still choose to implement harmful practices or not understand or believe that their actions are harmful. In light of this, we must include bias reduction strategies and coaching into our work to support change efforts for this population.

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## Appendix A: ORB Training Outline

Curriculum	Topics
Unit 1: Permanency and RISE	<ul style="list-style-type: none"> <li>• Introduction to RISE</li> <li>• Review training goals and structure</li> </ul>
Unit 2: Recognizing the Impact of Language	<ul style="list-style-type: none"> <li>• Define key terminology and core concepts around sexual orientation, gender expression and gender identity</li> <li>• Understand timeline of healthy child development and differentiate between biological sex, gender identity, gender expression and sexual orientation</li> <li>• Understand the impact of language and youth self-definition</li> <li>• Increase comfort with pronoun usage</li> </ul>
Unit 3: Recognizing and Intervening to Reduce Barriers to Permanency	<ul style="list-style-type: none"> <li>• Recognize anti-gay and anti-transgender biases as well as heterosexism</li> <li>• Review Self-Awareness and how bias affects behaviors when working with youth</li> </ul>
Unit 4: The Coming Out Process	<ul style="list-style-type: none"> <li>• Identify supports for a youth's coming-out process and the environment's adjustment process</li> <li>• Understand the potential benefits and challenges to coming out</li> <li>• Understand the impact of accepting and rejecting behaviors on the health and well-being of LGBTQ+ youth</li> </ul>
Unit 5: Supporting and Affirming Toward Permanency	<ul style="list-style-type: none"> <li>• Understand the potential positive impacts of environmental cues and linkages to permanency</li> <li>• Recognize behavior that truly creates an affirming environment</li> <li>• Respond to supportive and negative comments and questions</li> </ul>
Unit 6: Managing Information	<ul style="list-style-type: none"> <li>• Review professional standards regarding the disclosure of a youth's sexual orientation and/or gender identity</li> </ul>
Unit 7: Legal Framework	<ul style="list-style-type: none"> <li>• Review the legal framework that protects LGBTQ+ youth in systems of care</li> </ul>

# Appendix B: Professional Quality of Life Scale

## Professional Quality of Life Scale

Compassion Satisfaction and Compassion Fatigue  
(ProQOL) Version 5 (2009)

When you [help] people you have direct contact with their lives. As you may have found, your compassion for those you [help] can affect you in positive and negative ways. Below are some questions about your experiences, both positive and negative, as a [helper]. Consider each of the following questions about you and your current work situation. Select the number that honestly reflects how frequently you experienced these things in the last 30 days.

<b>1 = Never</b>	<b>2 = Rarely</b>	<b>3 = Sometimes</b>	<b>4 = Often</b>	<b>5 = Very Often</b>
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- \_\_\_ 1. I am happy.
- \_\_\_ 2. I am preoccupied with more than one person I [help].
- \_\_\_ 3. I get satisfaction from being able to [help] people.
- \_\_\_ 4. I feel connected to others.
- \_\_\_ 5. I jump or am startled by unexpected sounds.
- \_\_\_ 6. I feel invigorated after working with those I [help].
- \_\_\_ 7. I find it difficult to separate my personal life from my life as a [helper].
- \_\_\_ 8. I am not as productive at work because I am losing sleep over traumatic experiences of a person I [help].
- \_\_\_ 9. I think that I might have been affected by the traumatic stress of those I [help].
- \_\_\_ 10. I feel trapped by my job as a [helper].
- \_\_\_ 11. Because of my [helping], I have felt "on edge" about various things.
- \_\_\_ 12. I like my work as a [helper].
- \_\_\_ 13. I feel depressed because of the traumatic experiences of the people I [help].
- \_\_\_ 14. I feel as though I am experiencing the trauma of someone I have [helped].
- \_\_\_ 15. I have beliefs that sustain me.
- \_\_\_ 16. I am pleased with how I am able to keep up with [helping] techniques and protocols.
- \_\_\_ 17. I am the person I always wanted to be.
- \_\_\_ 18. My work makes me feel satisfied.
- \_\_\_ 19. I feel worn out because of my work as a [helper].
- \_\_\_ 20. I have happy thoughts and feelings about those I [help] and how I could help them.
- \_\_\_ 21. I feel overwhelmed because my case [work] load seems endless.
- \_\_\_ 22. I believe I can make a difference through my work.
- \_\_\_ 23. I avoid certain activities or situations because they remind me of frightening experiences of the people I [help].
- \_\_\_ 24. I am proud of what I can do to [help].
- \_\_\_ 25. As a result of my [helping], I have intrusive, frightening thoughts.
- \_\_\_ 26. I feel "bogged down" by the system.
- \_\_\_ 27. I have thoughts that I am a "success" as a [helper].
- \_\_\_ 28. I can't recall important parts of my work with trauma victims.
- \_\_\_ 29. I am a very caring person.
- \_\_\_ 30. I am happy that I chose to do this work.

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# Not all Children are Straight and White: Strategies for Serving Youth of Color in Out-of-Home care who Identify as LGBTQ

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Most child welfare systems are ill-equipped to affirm and support the multifaceted identity of youth of color who identify as LGBTQ whose whole identities include, among other characteristics, their race, ethnicity, gender identity, sexual orientation, ability and immigration status. Separately and together, these identities are often subjected to bias, discrimination and current and historical oppression by communities and public systems. This article builds on current best practice standards for serving youth who identify as LGBTQ by focusing on strategies, developed with input from young people, for ensuring safety and healthy development, promoting well-being, committing to permanency, and fostering agency accountability.

***Acknowledgements:** We are grateful for the important contributions of CSSP staff Bill Bettencourt, Alexandra Citrin, Jonathan Lykes, Megan Martin, and Viet Tran, Liz Squibb from Squibb Solutions, LLC and Micki Washburn from the University of Houston Graduate College of Social Work. We also want to specifically thank the seven sites with whom we worked for their generosity with staff and meeting space and their assistance in identifying and engaging focus group participants. Most importantly, we thank the 53 youth without whose views and experiences shared in focus groups and individual interviews this article would not be possible.*

Systems often do not identify and genuinely engage with youth of color who identify as lesbian, gay, bisexual, transgender or queer (LGBTQ) and/or are gender expansive,<sup>1</sup> who are not only disproportionately represented in systems of out-of-home care but also experience disparately poor outcomes. A forthcoming study using data from the nationally representative National Survey of Child and Adolescent Well-Being II (NSCAW-II) estimates that approximately 15.5% of children in out-of-home care identified as LGB. These numbers are even starker when disaggregated by race, with data indicating that more than half (61.8%) of all children in out-of-home care who identify as LGB are youth of color (Dettlaff, Washburn, Vogel, & Carr, 2017). Further, these data likely underestimate the true prevalence of youth who identify as LGBTQ in out-of-home care as this study does not include youth who may identify as transgender or gender expansive or who are not comfortable sharing their identity. When compared to their heterosexual, cisgender, and White peers, these young people are more likely to experience family rejection, be placed in congregate care settings, experience housing instability and homelessness, face poor education outcomes and become involved with youth probation (Page, 2017; Wilson, Cooper, Kastanis, & Nezhad, 2014).

While these young people often face overt bias and discrimination in out-of-home care, they also face the effects of implicit bias on service provision across systems of care. Implicit bias, or socialized attitudes or stereotypes that unconsciously affect an individual's understanding, actions and decisions—including perceptions of age, innocence, and sexuality—permeates all levels of service provision and plays a role at every decision point across the continuum of system involvement (Staats, 2014). For example, research shows that Black children are more likely to be dehumanized, mistaken as older than they really

<sup>1</sup> For the purpose of this article, we use "LGBTQ" in a way meant to be expansive and inclusive. There are many other acronyms that reflect the diverse range of sexual orientations, gender identities and gender expressions. However, we use LGBTQ to be uniform and to be brief. Language is constantly evolving, and so is this acronym. These categories are not always the most welcoming or appropriate terms for how young people self-identify. For example, youth may identify as gender queer or gender fluid and some youth with tribal affiliation identify as two-spirit.

are, and perceived as guilty when compared to White peers in similar situations (Goff, Jackson, Di Leone, Culotta, & DiTomasso, 2014). These types of predisposed attitudes and beliefs often influence how a provider or agency might interpret and respond to the behavior of a young person of color in a way that is different from how they interpret and respond to similar behavior in their White peers.

A host of best practice standards and professional guidance exist for child welfare systems serving youth who are LGBTQ to meet their needs related to sexual orientation and gender identity and expression (SOGIE). However, existing guidance often fails to recognize the interconnectedness of race and ethnicity and other aspects of identity. The outcomes data highlighted in this article are clear: systems of care are often ill-equipped to meet the needs of youth of color who identify as LGBTQ who live at the intersection of multiple aspects of identity, including race, ethnicity, gender identity, sexual orientation, ability, immigration status and housing instability, and simultaneously combatting the compounding impacts of system involvement, trauma history, poverty and adolescence.

To advance our understanding of the ways in which systems can better meet the needs of young people of color in out-of-home care who identify as LGBTQ, the Center for the Study of Social Policy (CSSP) conducted a series of focus groups and interviews across the country with over 50 young people of color who identify as LGBTQ and had current or past child welfare involvement. Young people were recruited directly by local agency staff, through social media postings and by posted notices in local nonprofit youth-serving organizations. Thematic analysis of their experiences while in care—including issues related to their placement, ability to participate in affirming and supportive activities, education, safety and health care—and their specific recommendations shaped this article's policy and practice reform recommendations. These recommendations build on a framework for best practices for serving youth who identify as LGBTQ in out-of-home care by integrating considerations for all aspects of identity—including race, ethnicity, ability, and immigration status. While our research is not

generalizable, the lived experience and expertise of these young people can and should drive policy and practice reform.

## Literature Review

Research shows that youth of color who identify as LGBTQ, transgender, or gender expansive experience bias and discrimination based on their race, ethnicity, sexual orientation, and gender identity. More than half of all these youth experience verbal or physical harassment in schools, and as many as one in five youth who identify as LGBTQ have reported bullying due to race, ethnicity, or national origin (Human Rights Campaign, 2013; Burdge, Licona, & Hyemingway, 2014). In schools, zero tolerance policies often result in youth referrals to juvenile or criminal justice systems for behavior symptomatic of trauma, such as fighting with peers or talking back to teachers. These policies disproportionately result in the suspension and expulsion of youth of color (Verdugo, 2002).

The growing body of research about the impact of implicit bias also sheds light on the experiences of bias, stigma and differential treatment of youth of color, both outside of public systems and once they become involved in out-of-home systems of care. For example, research has shown that beginning at the age of 10, Black boys are misperceived as older, more likely to be guilty of crimes, and face police violence if accused of a crime than their White peers (Goff et al., 2014). Similarly, Black girls as compared to their White peers are perceived as less in need of nurturance, support, comfort and protection. (Epstein, Blake, & Gonzalez, 2017). Youth of color who identify as LGBTQ must navigate the effects of this implicit bias, as well as bias based on their sexual orientation and gender identity and expression. In our review, research and data specific to the intersection of race, ethnicity, and SOGIE in out-of-home systems of care is limited.

Once involved in out-of-home care, research shows that youth of color who identify as LGBTQ are more likely to experience multiple foster placements and are more likely to be placed in group homes

or congregate care facilities, and that youth who identify as LBG are more than twice as likely as their heterosexual peers to be moved from their first placement at the request of the caregiver or foster family (Berg, 2016; Detlaff et al., 2017). As many as one out of every four LGBTQ-identifying youth in a congregate care setting will exit care without achieving permanency (Martin, Down, & Erney, 2016). Further, research has shown that there is a unique and significant pipeline from child welfare to commercial sexual activity, including sex trafficking and commercial sexual exploitation, particularly for youth of color who identify as LGBTQ (Citrin & Esenstad, 2017).

Supportive and affirming familial relationships are critical to healthy development and well-being of all youth; and this is especially true for youth in care who identify as LGBTQ. Research shows that support and affirmation from immediate, extended and chosen families can result in better self-esteem and overall health status and prevent depression, substance abuse, and suicidal ideation and behaviors for young people who identify as LGBTQ (Ryan et al., 2010). Family reunification, engagement and kinship placements are necessary priorities for increasing permanency and overall well-being for youth in foster care who identify as LGBTQ. However, many states have foster care licensing standards that are not achievable for kin and disproportionately affect minority families, including non-safety related rules such as shared bedrooms or a lack of immigration status (Martin & Connelly, 2015).

All young people in out-of-home care are at greater risk than their non-systems involved peers for serious health concerns and inadequate access to health care. Among systems-involved youth, young people who identify as LGBTQ often face greater mental health issues, higher rates of post-traumatic stress and increased high-risk behaviors related to social stigma and victimization in schools, communities, institutional settings, and among rejecting families (Wilber et al., 2006). In addition, research shows that compared with their peers who are not in foster care, youth in child welfare have demonstrably higher rates of prescription of psychotropic medication or medications prescribed to



manage psychiatric and mental health disorders or issues, including the use of mood stabilizers, antipsychotics, anti-anxiety medications and stimulants (Solchany, 2011). When disaggregated by race and gender, these data become even more troubling: Studies have shown that girls of color, particularly black girls, who identify as LBQ are often misdiagnosed with serious psychological disorders when they exhibit “gender atypical” behaviors, like fighting in schools, often resulting in higher levels of medication (Pasko, 2010).

Furthermore, young people aging out of foster care have several basic needs as they transition to adulthood, including housing, employment, education and permanent connections. Among young people aging out of foster care, youth who identify as LGBTQ, and particularly youth of color who are LGBTQ, are at greater risk of housing instability and homelessness (Durso & Gates, 2012). More than half (52%) of adults who identify as LGBTQ live in a state that does not protect against employment discrimination based on sexual orientation or gender identity (Movement Advancement Project, 2016). When young people are emancipating from the child welfare system, it is important to provide services and supports that help them make that transition successfully, including those that foster community connections and that ensure young people are supported in meeting these basic needs.

## Methodology

In the spring of 2016, CSSP conducted focus groups and individual interviews with a non-random sample of 53 formerly child welfare system-involved youth of color who identify as LGBTQ. Interviews ( $n = 13$ ) and focus groups ( $n = 40$ ) were conducted in 16 geographically diverse states and 20 jurisdictions with an even representation of urban, rural and suburban sites. A team of CSSP staff conducted focus groups and Liz Squibb of Squibb Solutions, LLC, conducted individual interviews. Sites were selected based on several factors, including geographic diversity, racial and ethnic diversity of foster youth population and existing CSSP relationship with a local youth-serving agency

from which to recruit participants. Focus groups and interviews were conducted for the sole purpose of agency improvement and public policy reform. We developed focus group and interviews protocols, including written consent forms, written preparation materials and guiding questions in direct consultation with young people. Interviewers and focus group facilitators asked youth about their experiences in placement, their feelings of safety while in care, their interactions with caseworkers, agency staff and caregivers, and information related to their overall safety and well-being (experiences with health care, survival sex, homelessness, education, and employment). Youth participation was voluntary and contingent upon their understanding that their identity will remain confidential and the de-identified information they shared with CSSP would be used by CSSP in written products and other forms of communication. All young people verbally consented to being audio recorded, signed written consent forms and were provided with written materials describing the project and identifying both a CSSP and local point of contact should they have any questions. All youth participants were compensated for their time through \$50 American Express gift cards.

Youth ranged in age from 18 to 21 ( $n = 24$ ), 22 to 26 ( $n = 22$ ) and 27 to 31 ( $n = 4$ ),<sup>2</sup> with three youth not reporting their age and self-identified as Black or African American ( $n = 37$ ), multi-racial ( $n = 8$ ), Hispanic ( $n = 5$ ), Native American ( $n = 1$ ), Pacific Islander ( $n = 1$ ) and Native Aztec ( $n = 1$ ). About one fifth of youth involved identified as transgender ( $n = 5$ ) or gender expansive ( $n = 6$ ); 13 youth identified as bisexual, 12 identified as gay, 14 identified as lesbian, 2 identified as pansexual, one identified as straight but was questioning and two elected not to disclose their sexual orientation or gender identity. Participants were not a representative sample, which limits the generalizability of results. However, based on CSSP's experience working

<sup>2</sup> While this falls outside the typical age range for youth, all participants self-identified as youth and were recruited either through social media postings or the local youth-serving agency. Many of the agencies with which researchers worked have no age requirements for services and continue serving young people as long as they need services.

with multiple youth serving systems around the country as well as in our Youth Thrive<sup>3</sup> and getReal<sup>4</sup> initiatives and our review of the current research and best practice literature, we believe the information gathered through these focus groups is valid and provides meaningful and important input for practice and policy recommendations.

## Findings

*“The hardest part about this [placement] for me is I have these layers behind all of this. I have three different layers: cultural, foster care and lesbian. All three are different things that require three different types of supports.”* [Interview participant, West Coast].<sup>5</sup>

Youth live multifaceted lives, shaped by unique and intertwined aspects of their own identity. Supporting youths’ healthy identity formation and well-being must occur with these intersecting identities in mind and also take into account the impact of related stigmas. Young people are experts in their own experiences and should have a voice in practice development and the policymaking process. While numerous themes emerged in our analysis of focus group and interview data, we have organized our findings and subsequent recommendations into several sections based on the child welfare goals of safety and affirmation, permanency and well-being for children in foster care under the Adoption and Safe Families Act of 1997:

1. Safety and affirmation
2. Well-being of youth who are LGBTQ in out-of-home care
3. Permanency for youth of color who identify as LGBTQ

<sup>3</sup> Youth Thrive™ is CSSP’s national initiative to improve the well-being outcomes of all youth (ages 9–26), with a particular focus on youth in, or transitioning from, foster care.

<sup>4</sup> CSSP’s geREAL (Recognize, Engage, Affirm, Love) seeks to improve the healthy sexual and identity development for all children and youth in the child welfare system.

<sup>5</sup> Throughout this paper, we will use quotes from youth recorded in focus groups and interviews, where applicable.

### *Safety and Affirmation*

Youth noted the need for safety and affirmation in environments where they spend time, including in schools, in communities and at home in their placements. In each focus group and interview, youth discussed being continuously verbally bullied in schools and being punished under zero tolerance policies for fighting back against their bullies. For young people, feelings of safety extend beyond physical safety to a more holistic need for emotional and social support. When youth were asked to define safety and affirmation in focus groups and interviews, they consistently<sup>6</sup> highlighted the need for foster placements to acknowledge the different dimensions of their identity—including race, ethnicity, sexual orientation, and gender identity and expression—and encourage their development and exploration of these identities. In each focus group and several interviews, youth noted that their feelings of rejection because of their race or ethnicity while in foster care led them to not disclose their SOGIE. In creating safe and affirming environments, youth highlighted the need for systems to address these overlapping and complicated issues in comprehensive ways to truly meet the needs of the children and youth they serve.

*“One youth actively hid his sexuality from his biological family because he was unsure of how they would respond. When he was placed in foster care, his White foster family told him they would kill him if he were gay. While living in a group home, he began sleeping with a knife under his pillow because he felt unsafe. In his words, “I would always have a butcher knife inside under my pillow because I didn’t trust people. I always felt that someone was going to try to attack me, so the only way I felt safe was with weapons.”—Focus group participant, Midwest*

<sup>6</sup> While each focus group and interview followed the same protocol and all young people were asked the same questions, young people were encouraged to share only what they felt comfortable sharing. Thematic analysis of focus group and interview data identified themes that emerged in each focus group or interview but may not have been expressed by every young person. To accurately reflect our findings, we use the term “consistently” to note where themes emerged in each focus group or interview but may not have been expressed by every participant.

*“I feel like in foster care they worry about safety so much from a physical point of view but you can also be emotionally and verbally abused so much to where you do physical damage to yourself. [It’s important for the foster care system to] also have some type of rules or regulations on verbal abuse because if you say someone is doing something to you physically then they’ll do something but if you say someone is saying something they’ll tell you to ignore them, but there’s only so much you can do as a person.”*

—Focus group participant, Mid-Atlantic

### *Commercial Sexual Exploitation*

A continuous theme that emerged throughout our research was the under-reporting and misidentification of youth of color who identify as LGBTQ who had been involved in commercial sexual activity.<sup>7</sup> While in some circumstances, young people were acutely aware of the exploitative nature of their relationships, in others the notion of sexual exploitation was difficult to identify in the moment. Several youth reported having what they felt to be true feelings of love and appreciation for people with whom they had had an exploitative relationship while others reported not recognizing the exploitative nature of the relationship until after they had left the relationship or living situation and were in a safe, supportive environment. One youth shared that she did not know it was unusual to live and have sex with a 20-year-old woman when she was in 8th grade. She mentioned that she liked to have sex, and that receiving money to do something she enjoyed gave her a sense of freedom and control. While she did not recognize it at the time, many years later she was able to identify this as an exploitative relationship that negatively impacted her safety and well-being. Other youth recognized their relationships as unhealthy

<sup>7</sup> We use this term to mean the use of any person for sexual purposes in exchange for cash or in-kind favors. We use it to be inclusive of the wide spectrum of commercial sexual activity, including *survival sex* (meaning trading sex acts to meet the basic needs of survival without the overt force, fraud or coercion of a trafficker), *sex trafficking* (the recruitment, harboring, transportation, provision or obtaining of a person for the purpose of a commercial sex act; also referred to as severe forms of trafficking in persons when involving a person under the age of 18 or when induced by force, fraud or coercion) and other forms of *commercial sex acts* (any sex act on account of which anything of value is given to or received by any person.) See Esenstad & Citrin, 2017.

but considered them safer than alternative options, like homelessness. In addition, throughout focus groups and interviews, youth continually expressed that they do not often understand or relate to the language used by child welfare systems to describe sex trafficking and exploitation, creating a barrier to their identification and eventual receipt of services.

*“When I was homeless because my boyfriend kicked me out, I had to not sell my body but I had to offer my body. At first I didn’t think I had to because I thought we were cool...but then I had to do that just to have a roof over my head and be able to eat. That’s not the first time that that’s happened to me, where these people are supposed to be your friend and then they just take advantage of you.”*—Interview participant, Mid-Atlantic

## ***Well-Being of Youth in Out-of-Home Care who Identify as LGBTQ***

### *Sexual Orientation and Gender Identity Development*

Navigating adolescence, coming out, and understanding multiple aspects of identity is difficult for any young person, and even more so for young people who are simultaneously involved in intervening public systems. Throughout focus groups and interviews, young people expressed fear of expressing their SOGIE while in out-of-home care, either due to fear of consequences from agency staff or caretakers or from other youth in care. Some young people had experienced negative repercussions from agency staff or caretakers after coming out to them, including disclosure of their SOGIE to biological parents without discussing such disclosure with the young person and active discouragement of developing and expressing their SOGIE after coming out. In all focus groups and interviews, young people highlighted the importance of safe spaces to explore and develop all aspects of their identities during this critical period of adolescent development.

*“I think it would have helped me if I would have known that my foster mom or my foster dad were ok with [my sexuality]. I never knew if I*

*could disclose it and I never did. And I think that's where I think a lot of my outlasting, my attitude, my anger, my depression and my rebellion came from. I felt like nobody understood me. If there was some sort of way for me to know that they were conscious of me and my sexuality and what I'm dealing with, they wouldn't even have had to sit there and say it, but even just providing the environment and that thought process, I think that would have helped me.*"—Focus group participant, West

Young people also expressed the need to learn about sexual orientation and gender identity, including LGBTQ-inclusive sexual education and information about healthy relationships.

*"If we incorporate basic information about LGBTQ to sex education classes in school [it would] help us have a more open conversation. I mean, [being a student is] really our only job at that age, so it is where we are and what we are doing."*—Focus group participant, West

### *Treatment in Care*

Youth highlighted feeling "othered" when they were not allowed to participate in certain activities or socialize in the same way as their peers because of their actual or perceived SOGIE. Youth shared that they had been prohibited from going out with friends, inviting friends over to their homes or joining clubs or other extracurricular activities after caregivers learned about their SOGIE or believed they were gay, lesbian, bisexual or gender expansive. It was critical for young people that their whole identity be taken into account when determining whether an activity is in their developmental best interest.

*"One youth noted that a girl had been placed in their group home and upon intake she noted that she liked girls. In turn, some of the group home staff severely limited her interactions with other girls, just in case they would have been perceived as intimate, even as simple as sitting next to another peer on the couch. "It's like they think if you are a lesbian, you like EVERY girl. Straight people get to sit next to and interact with whoever they want."*—Interview participant, Midwest

As noted above, youth of color who identify as LGBTQ are more likely than their White peers to experience multiple foster placements and be placed in congregate care facilities. While some focus group and interview participants noted positive and affirming experiences in LGBTQ-specific group homes,<sup>8</sup> more than half noted their feelings of isolation, experiences of harassment, and lack of physical and emotional safety and connection to supportive adults while in congregate care.

*“The other foster kids that were living in the home wanted me to act a certain way. I would just keep to myself, and they would call me names. The way I walked, talked, act[ed]—it was just a problem. I would try to do certain things so that they wouldn’t bother me. It was hard to talk about it because I didn’t have anybody to talk about it in the foster home. I wouldn’t do things that usually boys would do, like play with cars or look at girls or get into mischief with their homeboys. Even when I stood to myself and didn’t bother anybody they would still push me around and roughhouse with me when I didn’t want to. I was starting to discover who I was and I was starting to have an attraction to guys. They knew, and I know they knew, because they would keep pushing me onto girls and they knew I wasn’t up for it. It just made me be more quiet and I kept on closing myself up even more.”*—Focus group participant, Mid-Atlantic

### *Access to Appropriate Mental and Behavioral Health Care Services*

In each focus group and several interviews, young people expressed frustration not only with the effects of over-medication, but also with mental and behavioral health providers jumping to treat symptoms instead of addressing underlying problems. Each of the young people

<sup>8</sup> While many youth in focus groups and interviews noted positive experiences in LGBTQ-specific group homes, trans youth in particular noted that these LGBTQ-specific spaces did not always feel safe and affirming of their gender identity and expression. One focus group participant reported being continuously mis-gendered by other youth at an LGBTQ-specific group home, but that agency staff had intervened and asked her bullies to leave the facility due to its no-tolerance policy regarding mis-gendering. Another Black participant reported being bullied by other trans youth in an LGBTQ-specific facility because of her hair and gender expression.



who expressed this frustration described feelings that underlying trauma, anger issues and mental health concerns such as depression or anxiety were left untreated.

*“This is the way I view counseling: you go in, you talk about your problems, and they do nothing. They don’t offer you solutions, they just ask you how you feel... I hate when they just put you on medication for stuff. You just walk around like a zombie. They go, ‘Oh, you’re feeling this way? Take this’... Can’t I just be in my feelings?”*—Focus group participant, Mid-Atlantic

*“They put me on these sleeping pills because they said that all my anger problems and anxiety were because I wasn’t getting sleep. I was like, that don’t have nothing to do with it. Even when I do sleep I’m still the same way. They tried to put me on two different sleeping pills, and they didn’t work. That’s when I stopped going to therapy, because medicine doesn’t solve everything.”*—Focus group participant, Mid-Atlantic

Other young people shared positive experiences of being connected with or referred to SOGIE-inclusive providers.

*“I had a gay therapist and she told me about it. It was very helpful and we felt very connected. She didn’t put anybody in a box; it didn’t matter if you were LGBTQ. She was there to mentor you and inspire you and motivate you and let you know that you are fierce and you are somebody regardless of where you came from, and that’s empowering.”*—Focus group participant, West

## ***Permanency for Youth of Color who Identify as LGBTQ***

### ***Connections to Family and Supportive Social Networks***

As noted above, family acceptance is particularly important for youth who identify as LGBTQ. Many young people return to live with their families after exiting the foster care system; of the youth involved in our focus groups and individual interviews, 19% ( $n = 10$ ) were living at home with a parent or with a family member. Youth stressed how important continued engagement with family members was for their permanency.

*“There’s just that one family member that you feel safe around and you never want to leave their side, and I never want to leave my grandma’s side. I’ve been with her since I was a baby. My grandma knew I liked girls, and she never told my mom.”*—Focus group participant, Mid-Atlantic

### *Transition to Adulthood*

Throughout focus groups and interviews, young people expressed frustrations with securing employment and furthering education as they transitioned to adulthood from out-of-home care. Many young people felt unsafe in jobs where they did not feel their employers respected or affirmed their SOGIE, while others expressed positive experiences with transitional living programs that proactively connected them with SOGIE-supportive employers. Of focus group and interview participants, 49% were employed ( $n = 25$ ), 45% were unemployed ( $n = 24$ ), and 6% did not disclose their employment status ( $n = 3$ ). In focus groups and interviews, young people stressed the importance of transition services that met their needs regarding their whole identity.

*“My Independent Living Schools program taught me how to [fill out] applications for school and for jobs, how to grocery shop, if you needed a safe place to go you could go there. They had a computer lab and people to help you there. They took people off the street and gave them jobs there [at the facility]. They prepared you for what you were about to hit and prepared you for life. They paid you to go to class, so it was like a job to learn. You can still go there up until you’re 24 if you still need help.”*—Focus group participant, West

### **Recommendations**

Based on our findings, recommendations from young people themselves, and our review of the relevant literature, we have established a set of recommendations for policymakers and practitioners to better serve youth of color in out-of-home care who identify as LGBTQ. These recommendations build on the Child Welfare League of America Best Practice Guidelines for Serving LGBT Youth in Out-of-Home Care

(Wilber, Ryan, & Marksamer, 2006) by integrating considerations for all aspects of identity into current consideration for sexual orientation and gender identity. These recommendations fall under the same categories as our findings, with an additional section added for promoting agency accountability and sustainability:

1. Promote safety and affirmation
2. Support well-being of youth in out-of-home care who identify as LGBTQ
3. Commit to achieving permanency for youth of color who identify as LGBTQ
4. Ensure agency accountability and sustainability

### ***Promote Safety and Affirmation***

#### *Promote Safety in Schools*

Concern for a young person's safety exists in all aspects of that young person's life—in their community, at home and at school—and it is the responsibility of a young person's caregiver and caregiving agency to ensure their safety and work with the young person to ensure they are safe and advocate for their safety at school and in the community. Best practice recommendations for handling harassment or discrimination in schools focus on notifying school officials to ensure they take appropriate steps to address bullying, contacting the police if the youth fears for their safety and elevating concerns to the school board or appropriate state agency and/or seeking legal counsel or moving the young person to another school if concerns are not remedied. In addition to these important steps, it is important for agency personnel and caregivers to work with appropriate state agencies, school boards and officials to promote comprehensive anti-bullying policies that are inclusive of race, ethnicity, sexual orientation, gender identity and expression and are accompanied by clear enforcement and accountability measures. Agency staff and caregivers should also advocate for an end to

zero tolerance policies and instead promote restorative justice which encourages young people to come up with meaningful reparations for their actions while challenging them to develop empathy for one another. For youth who are transgender, agency staff and caregivers should also, when necessary, advocate for access to school locker rooms, restrooms and other facilities in accordance with the youth's gender identity.

### *Promote Safety and Affirmation in Placements*

Best practice recommendations for ensuring safety and affirmation in care include making individualized placement decisions that involve youth, utilizing the most family-like settings possible, using targeted recruitment strategies to identify all potential caretakers in a child's life, providing mandated initial and ongoing training for caretakers and agency personnel, and increasing and diversifying placement options for young people. In addition to these important considerations, systems should:

- Address implicit bias in decision-making processes<sup>9</sup> by providing initial and ongoing training on implicit bias and its effects and providing decision-support tools or protocols that promote self-checking techniques
- Ensure agency staff and foster parent recruitment strategies specifically target individuals that are affirming and representative of young people in care, including individuals from different racial and ethnic groups, individuals who identify as LGBTQ or gender expansive and persons with disabilities<sup>10</sup>

<sup>9</sup> For more detailed information on addressing implicit bias in decision-making, including example best practices like perspective-taking and cloaking exercises, see Casey, Warren, Cheesman, and Elek (2012).

<sup>10</sup> Many cities and localities have found success in targeting foster parent recruitment strategies through word of mouth, which has been shown to be an effective recruitment technique (see Marcenko, Brennan, & Lyons, 2009). For example, in collaboration with the City and County of San Francisco Human Services Agency, Family Builders launched a public service campaign featuring posters that encourage all types of families to consider adopting a waiting child. The organization collaborates with community leaders and organizations to ensure that its recruitment efforts are culturally appropriate and effective, noting that "we need everybody—gay or straight—to step up to provide safe and stable care in an accepting and welcoming family environment for our LGBTQ youth" (for more information, see Family Builders, 2015).

- Ensure initial and ongoing training, coaching, and supportive materials for foster parents provide relevant examples from different cultural backgrounds of youth in care and attend to supporting cultural, religious and other aspects of youth identity
- Ensure agency personnel, caretakers and staff are equipped to not only affirm a youth's sexual orientation and gender identity through initial and ongoing training and support and intervene when necessary with other systems (such as schools) and community providers, but also to mediate relationships with other youth or know of resources that can offer such support
- Work with foster parents and agency staff to nonverbally signify that their environment is supportive of all aspects of a young person's identity—for example, displaying a rainbow flag sticker or refrigerator magnet, modeling the use of gender pronouns (she/her/hers, he/him/his, they/them/theirs), or asking young people about relationships without using gendered language (“Are you dating anyone right now?”)
- Routinely reassess and revise foster parent and relative caregiver training curriculum as new knowledge and best practices emerge and work with youth or community advocates to ensure curriculum is affirming, relevant and current

### ***Target Efforts to Address Human Trafficking***

Best practices for working with young people in child welfare who may have experienced commercial sexual activity include providing training to intake workers, agency personnel, and caretakers on identifying potential victims and utilizing screening and assessment tools at intake. In addition to these important steps, systems should improve identification and engagement of youth who identify as LGBTQ who have experienced commercial sexual activity by:

- Engaging youth to craft language for assessment and intake tools that is youth-friendly and non-pathologizing, which then should

be used in all interactions with youth including during screenings and assessments.

- Ensuring screening and assessment tools include demographic questions regarding a youth's SOGIE to identify gaps in supports and services for these youth.
- Providing initial and ongoing training and coaching to intake and case workers regarding implicit bias, particularly regarding youth of color, transgender and gender expansive youth, and young men and boys.
- Using multidisciplinary teams to ensure consistent language and definitions across systems.

### ***Support Well-Being of Youth in Out-of-Home Care who Identify as LGBTQ***

#### *Promote Healthy SOGIE Development*

Best practice recommendations include promoting LGBTQ-inclusive sexual education; ensuring youth are able to express their gender through their clothing and hair; not pathologizing same-sex attraction or gender expression; modeling respect for and consistent use of chosen names and personal pronouns; and avoiding unnecessarily segregating activities by gender. Systems should also:

- Ensure that these best practices are also supported by ongoing training and coaching on how racial and gender disparities overlap in how systems support youth having similar experiences to youth not involved in child welfare systems.
- Ensure agency personnel and caretakers take the time to address how implicit bias affects their decision-making in promoting SOGIE development.
- Ensure LGBTQ-inclusive sexual education also includes information on healthy relationship development.

### *Promote the Least Restrictive, Most Family-Like Settings for Youth*

Best practices for promoting normalcy for youth who identify as LGBTQ include maintaining a list of LGBTQ-supportive local services that are available to caregivers and staff, ensuring services provided by the agency are LGBTQ-inclusive and providing initial and ongoing training for caregivers on SOGIE. In addition to these practices, Reasonable and Prudent Parenting protocols<sup>11</sup> must recognize and explicitly affirm a youth's identity development including SOGIE, race, and ethnicity and the ways in which racial and gender issues interact and overlap and require the removal of barriers to youth involvement in LGBTQ-supportive activities as well as activities or social groups that support a young person's racial and ethnic identity. In providing this guidance, systems should clarify that every effort should be made to promote youth involvement in these activities even when they are located in areas that are further away and require additional transportation considerations and curfew adjustments. In addition, many youth described feelings of isolation, having few friends, having trouble keeping a job and staying in relationships. Agency staff and caregivers should, therefore, be supporting in teaching youth soft skills, like relationship-building and problem-solving and linking youth with coaches or mentors that can help further develop these skills.

Some jurisdictions are moving to reduce the use of congregate care except for short term therapeutic purposes. Historically, youth who identify as LGBTQ have been placed in group care and, more recently, in LGBTQ-specific group homes. Best practices promote reducing over-reliance on congregate care and ensuring that all children are placed in family settings. This shift requires not only recruiting affirming homes

<sup>11</sup> The Preventing Sex Trafficking and Strengthening Families Act (Public Law 113-183) requires states to support the healthy development of youth in care through implementing a "reasonable and prudent parent standard" for decisions made by a foster parent or a designated official for a child care institution. This standard provides designated decision-makers with the latitude to make parental decisions that support the health, safety and best interest of the child. These include involvement in extracurricular, cultural, enrichment and social activities, including opportunities for safe risk-taking, like those typically made by parents of children who are not in foster care.

and training potential foster parents to be able to support children and youth who identify as LGBTQ in their homes, but also to provide supports to those families as training alone is insufficient. In addition, children who have been traumatized require additional attention and so do the families caring for them. For this reason, system changes are not being designed to end the use of congregate care but rather to make them more effective in providing treatment and support to the children and families so that the best outcomes are achieved. When youth are placed in congregate care, it should be done according to their gender identity with the participation of youth in decision-making regarding placement. Placement decisions must also involve a thorough consideration of the characteristics of those most at risk for placement in congregate care settings, including race, sexual orientation, gender identity and expression.

### *Ensure Access to Appropriate Health and Mental Health Services*

Best practices for promoting access to appropriate health care include working with LGBTQ-inclusive and non-discriminatory health, mental health and educational providers, specifically with trans-inclusive health and mental health providers, and prohibiting the use of reparative or conversion therapy. In addition, systems should also work to promote solution-based therapy and therapeutic interventions to ensure that treatment identifies and addresses underlying issues rather than simply treating symptoms.

### *Commit to Permanency for Youth of Color who Identify as LGBTQ*

#### *Use Family Engagement Models to Support Kinship Designations as Defined by Youth*

Best practices promote including youth in identifying supportive family members where possible and promoting connections to



fictive kin. Often, placement with family is delayed due to licensing regulations and home environment requirements. Exceptions should be in place for placement while working through these issues which may take time to resolve. While training and assessment is important for family as well as non-family caregivers, so too is support. In Alameda County California, and Detroit, Michigan, and other jurisdictions, family intervention support practices grounded in research around the importance of acceptance in achieving healthy outcomes, are helping to achieve more permanence in these family placements of youth who are LGBTQ. In addition, through these kinds of family support practices, stronger extended family networks can be developed.

### ***Support Youth's Transition to Adulthood***

Best practices promote working with youth to create individual permanency plans and providing information to youth transitioning from state custody on their legal rights, finding appropriate health care and responding to discrimination. In addition to these steps, systems should work to affirmatively identify and maintain a list of LGBTQ-friendly employers who are supportive of diverse racial and ethnic identities and work to promote connections with legal resources for transgender and gender expansive youth to change legal identifying documents. Further, professionals working with youth must provide them with help and support in understanding and managing experiences of bias and discrimination, including self-care practices when these incidents occur, how to handle immediate instances of bias or discrimination, and when and how to effectively advocate for themselves.

### ***Ensure Agency Accountability and Sustainability***

Many of the young people with whom we spoke had been in out-of-home care in jurisdictions with SOGIE-inclusive non-discrimination

policies or where staff were encouraged to participate in SOGIE-related training or coaching. However, their experiences clearly demonstrated the need for agency accountability and plans for sustainability. As we learned through focus groups and interviews, any policy or practice reform must be accompanied by clear accountability measures, reinforced throughout organizational culture and include clear plans for sustainability and continuous learning and improvement. Best practice standards include adopting and enforcing comprehensive nondiscrimination policies and grievance procedures and providing initial and ongoing training for agency personnel, contractors, direct care staff and caregivers that covers SOGIE development, working with youth who identify as LGBTQ and their families, myths and stereotypes regarding youth and adults who identify as LGBTQ, discussing how SOGIE may relate to the reasons why a young person is in care and LGBTQ-specific agency and community resources, among others. Building on these important and critical recommendations, systems should:

- Ensure non-discrimination policies are inclusive of sexual orientation, gender identity and expression, race, ethnicity, immigration status and ability and that these are accompanied by feedback mechanisms.
- Require private agencies contracting with the state system incorporate anti-discrimination policies so that youth and caregivers are affirmed and supported.
- Ensure initial and ongoing training and coaching includes information on racial and gender disparities; implicit bias; micro- and macro-aggressions; and lived experiences of youth.
- Ensure that questions related to SOGIE or sexual history are included as basic demographic information rather than as part of an assessment of a youth's sexual risk or past abuse.
- Ensure staff and caretakers model appropriate language use and use of personal pronouns and coach staff struggling with this language.

- Create effective accountability and discipline systems for workers who engage in discriminatory practices.
- Incorporate equity issues (including SOGIE, race, ethnicity, immigration status and ability) as staff core competencies that are considered in hiring or promotive practices as well as incorporated in ongoing performance reviews and regular supervisory meetings.

## **Limitations**

The focus groups and interviews with youth and young adults centered on their experience in care, and thus our recommendations are limited to improving safety and affirmation for youth in foster care. However, improving outcomes for youth of color who identify as LGBTQ and are systems-involved must also focus on prevention and family preservation as family acceptance and safety at home are critical aspects of youth well-being. In addition, information-gathering and recommendations in this paper are limited in scope regarding trans-competent health care and transition-related health services for transgender youth. Finally, our methodology limits our recommendations to policy and practice reform for working with youth and young adults before they age out of foster care. Still, it is critical that systems recognize that improving practice to meet the needs of and affirm LGBTQ identity and expression is important for younger youth and children too. Research shows that a child's understanding of their gender identity begins to emerge around age two and awareness of sexuality or same-sex attraction can begin before age five (Martine & Ruble, 2010; Ryan & Diaz, 2005). Policy-makers and practitioners must also consider how to best apply best practice guidance to their work with young children.

## **Conclusion**

Addressing interconnected issues of inequity, particularly disparate outcomes based on sexual orientation, gender identity, race, ethnicity, class,

ability and immigration status, and listening to young people who are the experts in their own experiences is critical to better serving all young people in out-of-home care. While a great many guidelines and recommendations for supporting young people who identify as LGBTQ and gender expansive in out-of-home care have been produced over the past twenty years, very few have intentionally centered the experiences and opinions of young people of color who identify as LGBTQ and gender expansive. By focusing on the experiences of young people, the practices and policy recommendations detailed here are concrete, implementable examples that, given appropriate time, resources, and support, have the potential to significantly improve the experiences of not only youth of color who identify as LGBTQ but all young people involved in out-of-home care.

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