



OUTCOMES OF SEXUAL MINORITY YOUTH IN CHILD WELFARE

PREVALENCE, RISK, AND OUTCOMES
A GUIDE FOR CHILD WELFARE
PROFESSIONALS

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INTRODUCTION

In recent years, there has been growing awareness of the unique needs and challenges faced by youth in the child welfare system who identify as lesbian, gay, or bisexual (LGB). Until recently, estimates of the prevalence of LGB youth within child welfare were based on national estimates of LGB youth overall. Results from the most recent Youth Risk Behavior Survey¹ estimate that approximately 8% of American youth in grades 9-12 identify as lesbian, gay or bisexual (LGB), and an additional 3.2% indicated that they were currently unsure of, or currently exploring, their sexual identity. Similarly, a recent report compiled by the Child Welfare Information Gateway² estimated that between 5-10% of youth in foster care identify as lesbian, gay, bisexual, transgender, queer, questioning, Non-binary or two-spirit (LGBTQ+). However, a number of county and state based initiatives such as the RISE project in Los Angeles,^{3,4} getREAL in Allegheny, PA and California,^{5,6} and the Midwest Evaluation of Adult Functioning of Former Foster Youth,^{7,8} have collected data on LGBTQ+ youth with previous child welfare involvement, and have found the percentage of LGBTQ+ youth involved in child welfare to be much higher than previously thought. Data from these studies indicate that approximately between 15% and 30% of former system involved youth identify as LGBTQ+.

A recent systematic review compiled by the Annie E. Casey⁹ Foundation on the outcomes of LGBTQ+ youth involved in child welfare found that negative outcomes such as homelessness,¹⁰⁻¹³ PTSD (post-traumatic stress disorder)^{14,15} substance misuse,¹⁶⁻²¹ and suicidality are commonly experienced by LGBTQ+ youth with a history of child welfare involvement.^{16,22,23} While these studies serve as a starting point in identifying the prevalence of sexual minority youth in child welfare the existing body of knowledge in this area is still incomplete. Questions remain concerning health, mental health, placement, and permanency outcomes for LGBTQ+ youth. As such, in 2014, a report released by the Administration for Children and Families (ACF) Office of Planning, Research and Evaluation (OPRE)²⁴ concluded that more population based data was needed concerning sexual and gender minority youth within child welfare systems, particularly those in out of home care. At the time of this work, no nationally representative data on the gender identity or gender expression of youth was available.

This project utilized data from the Second National Survey of Child and Adolescent Well Being (NSCAW-II)²⁵ to address a number of goals related to increasing our current knowledge concerning lesbian, gay, and bisexual youth who are involved in child welfare.

Thus, the aims of this study were to

- **Accurately assess the proportion of youth who openly identify as LGB (lesbian, gay, or bisexual) within child welfare systems nation wide**
- **Describe the characteristics of these youth**
- **Assess whether LGB youth are overrepresented in the child welfare system and in out of home care**
- **Determine if LGB system involved youth have different placement, stability, and permanency outcomes than Non-LGB system involved youth**
- **Determine if LGB system involved youth have different mental health outcomes than non-LGB system involved youth**
- **Explore the intersections of race, ethnicity, and sexual orientation on health and placement outcomes**
- **Synthesize this information to inform recommendations concerning how to best address the safety, permanency, and mental health needs of LGB youth within child welfare systems nationwide**

METHODS

NSCAW-II is a nationally representative data set of 5,872 youth ages birth to 17.5 years old who had been referred for a formal child protective services investigation resulting from a report of child abuse or neglect between February 2008 and April 2009. It is the first nationally representative survey of youth and families involved in the child welfare system to include data on sexual orientation. The NSCAW-II sample was drawn using a two stage cluster approach in which data was collected within 81 sampling units representing 30 states and 83 counties nationwide, encompassing approximately 87% of the nation's total child welfare population. Data was collected at three time points over a period of 36 months. This data set includes a number of health and wellness indicators including: placement stability and permanency, academic achievement, health, mental health, social functioning, and family characteristics. Information on key outcome variables was collected from children, parents, non-parent adult caregivers, teachers, and caseworkers. At the final point of data collection, youth ages 11 and older were asked the following question about sexual orientation:

Which of these best fits how you think of yourself?

- 1) **Totally straight (heterosexual)**
- 2) **Mostly straight but kind of attracted to people of your own sex**
- 3) **Bisexual – that is attracted to males and females equally**
- 4) **Mostly gay (homosexual) but kind of attracted to people of the opposite sex**
- 5) **Totally gay (homosexual)**
- 6) **Not sexually attracted to either males or females**

Youth who answered 2-5 were considered “LGB” while those who answered 1 or 6 were considered “Non-LGB”, yielding a total sample size of 1095.

DATA ANALYSIS

The complex structure of the NSCAW II data (i.e., sample weights and stratification) were accommodated using SPSS complex samples, r and Mplus. The sample weight (NANALW3) was used for responses at Waves 1 and 3, while comparisons across Waves 2 and 3 or across all three waves utilized (NANALW23). Counts were aggregated and weighted, and presented as percentages of the total sample. Weighted calculations estimating the percentage of LGB youth exhibiting key outcome indicators were performed and a series of Chi Square analyses were done to determine the presence and magnitude of associations between LGB status and selected outcome variables. More detailed information concerning data analysis methods can be obtained by contacting the authors.

Based on the prior literature, key outcomes for LGB and Non-LGB youth were explored. Variables of interest included: gender, ethnicity, whether the youth was in out of home care, number of days in out of home care, placement changes, type of abuse reported, delinquency indicators including arrests and skipping school, and mental health indicators such as substance use, depression, trauma, and overall behavioral functioning.

RESULTS

SEXUAL ORIENTATION	POPULATION ESTIMATE	UNWEIGHTED COUNT	% OF TOTAL (WEIGHTED)	95% CONFIDENCE INTERVAL	STANDARD ERROR
Non-LGB	795,741	938	85.5%	[80.5%, 87.8%]	1.8%
LGB	14,5949	157	15.5%	[12.2%, 19.5%]	1.8%
TOTAL	94,1690	1,095	100%	100%	0.0%

Table 1. Sexual Orientation of Youth in Child Welfare

Table 1 shows that approximately 15.5% of all youth ages 11 and older in this sample identify as LGB. Table 2 includes additional demographic information for these youth. Although there are approximately equal proportions of LGB males and females in the general population, almost 90 percent of those identifying as LGB within this sample were female. This indicates that there is a higher percentage of girls in child welfare who openly identify as lesbian or bisexual than would be expected.

No significant differences were found between LGB youth and Non-LGB youth in terms of race or ethnicity. LGB youth were not any more likely to identify as a member of any specific racial or ethnic group than their Non-LGB peers. However it appears that for both LGB and Non-LGB youth, youth of color are over-represented, which is consistent with prior research in this area.^{26,27} Youth of color made up approximately 61.8% of the LGB sample and 54% of the Non-LGB sample, but were estimated to make up approximately 43.1% percent of youth nationwide²⁸ at the time of data collection.

CHARACTERISTIC	LGB	NON-LGB	ODDS RATIO/95% CI
SEXUAL ORIENTATION	15.5%	85.5%	
GENDER			
Male - % of Total Sample	4.1%	95.9%	
Female - % of Total Sample	23.8%	76.42%	7.25 [3.54, 14.88]
Males as a % of Total Subpopulation	11.2%	47.3%	
Females as a % of Total Subpopulation	88.8%	52.7%	
RACE/ETHNICITY			
White/Caucasian	38.2%	46.0%	N/S
Black/African American	18.0%	20.9%	N/S
Hispanic (any race)	35.2%	28.1%	N/S
All Others	8.6%	5.0%	N/S
AGE			
Mean Age at Wave 3	16.52 years SE .26	15.00 years SE .16	N/S

Table 2. Demographic Characteristics of Youth

=p < .05, N/S = Non significant, CI= Confidence Interval

EDUCATIONAL OUTCOMES

At the beginning of data collection LGB youth were 4.7 times as likely to report skipping school frequently (5+ times in the last 6 months) as their Non-LGB peers. However, there was no difference between the groups in frequent school skipping by the end of data collection. No difference was found between LGB and non-LGB in terms of if they had skipped school or not at baseline, however, by the end of data collection, LGB youth were 3.5 times as likely as their Non-LGB peers to report skipping school at least once in the last 6 months.

No significant differences were found for the following academic outcomes between LGB and Non-LGB youth:

- Having a high school diploma
- Having a GED
- Being in an accelerated academic program
- Repeating a grade
- Attending school regularly
- Behavior or discipline problems at school
- Suspensions
- Developmental delays
- Diagnosis of a learning disorder or developmental delays.

FAMILY OF ORIGIN DEMOGRAPHICS	LGB%	NON-LGB%
Lives in urban area*	89.4%	75.5%
Child was born in the U.S	98.9%	98.6%
Mother has high school education or less	74.0%	74.2%
Father has high school education or less	79.1%	64.4%
Has biological siblings	84.1%	93.1%
Has own child by wave 3	29.2%	18.1%
At or below 100% Federal Poverty Level Wave 1	53.6%	53.3%
At or below 100% Federal Poverty Level Wave 3	43.2%	50.0%
Child has been in household since birth at baseline	72.9%	70.4%
Mother's rights terminated by Wave 3	17.5%	34.3%
Father's rights terminated by Wave 3	17.5%	34.4%

Table 3. Demographic Characteristics of Family of Origin * = groups are significantly different, $p < .05$

LGB youth were significantly more likely than non-LGB youth to live in an urban area. However, for the majority of family of origin demographics, LGB and Non-LGB youth did not differ significantly. There were high levels of poverty and low levels of parental education reported by both groups of youth.

A higher than expected percentage of both LGB and non-LGB youth reported having a child of their own by the last wave of data collection, although these percentages did not differ significantly from one another. Most youth had biological siblings and resided in the same household since birth. Although the percentage of Non-LGB youth who had maternal or paternal rights terminated was approximately double the percentage of Non-LGB youth, these percentages were not significantly different, and the overall percentage of youth experiencing termination of parental rights was moderate.

MALTREATMENT AND RISK FACTORS

As seen in Table 4, there were no significant differences in the types of abuse that brought LGB and Non-LGB youth to the attention of child welfare. However, it was found that LGB youth were less likely to have reports of abuse substantiated than their Non-LGB peers, and that they were more likely to come from homes where the primary caretaker had been arrested.

A high percentage of all youth had prior child welfare involvement at the time of the reference report. In addition to those risk factors listed in Table 4, the following additional risk factors for maltreatment were found to be not significantly different for LGB and Non-LGB youth: having caregivers with cognitive, intellectual, or physical impairments, poor parenting skills, unrealistic expectations for youth, mean number of times caregivers were arrested or use of excessive discipline.

	LGB%	NON-LGB%
ABUSE CHARACTERISTICS		
Physical	29.4%	26.2%
Sexual	13.0%	10.0%
Neglect/Other	57.7%	63.5%
Report was substantiated at baseline*	17.2%	25.7%
Family received services following reference report	37.2%	29.7%
RISK FACTORS		
Prior CW service history at baseline	62.4%	47.9%
Active drug abuse by primary caregiver	5.1%	7.2%
Active alcohol abuse by primary caregiver	2.4%	4.7%
Primary care giver has mental health problems	19.8%	11.2%
Active drug abuse by secondary care giver	10.8%	8.4%
Current caregiver is employed	16.1%	12.3%
Active domestic violence	9.6%	12.0%
History of domestic violence against care giver	20.6%	28.0%
History of abuse/neglect of primary care giver	14.6%	17.5%
Primary caregiver ever arrested*	40.0%	25.9%
Primary caregiver recent arrest	12.0%	11.6%
High family stress	42.8%	43.9%
Low social support	23.6%	20.1%
Child ever been removed from respondents care	13.3%	11.3%
Other biological children removed from respondents care	14.9%	13.9%
# of times caregiver arrested (mean)	2.36 SE = .39	2.67 SE = .31

Table 4. Maltreatment and Risk Factors

* = groups are significantly different, $p < .05$

PLACEMENT SETTING

The majority of both LGB and Non-LGB youth were in the home of at least one biological parent at the time of data collection. This trend stayed consistent over time, with the percentage of all youth who transitioned from in home placement to some sort of out of home placement increasing slightly by the end of data collection.

Kinship care (either formal or informal) was the most common type of out of home placement for both LGB and Non-LGB youth. No significant difference were found between LGB youth and Non-LGB youth on if a reunification plan was in place or if they had received services to prevent out of home placement.



Photo Source: SHUTTERSTOCK

PLACEMENT SETTING						
PLACEMENT TYPE	WAVE 1		WAVE 2		WAVE 3	
	LGB	NON-LGB	LGB	NON-LGB	LGB	NON-LGB
In home biological parent	87.8%	83.8%	83.2%	82.6%	84.0%	81.0%
In home adoptive parent	.4%	3.1%	.9%	2.7%	1.0%	2.7%
Formal kinship care	1.4%	2.2%	4.0%	1.7%	4.5%	2.2%
Informal kinship care	7.7%	7.0%	8.2%	8.0%	8.3%	9.9%
Foster care	1.6%	2.6%	1.4%	2.9%	.3%	3.2%
Group home residential care	1.1%	.8%	2.3%	.9%	2.0%	1.1%
Other out of home care	.1%	.6%	N/A	1.1%	N/A	N/A
Reunification plan in place	62.3%	54.4%	28.1%	38.7%	34.6%	24.1%
Services to prevent OHC	19.2%	14.5%	33.2%	40.4%	26.1%	22.5%

Table 5. Placement Setting

YOUTH IN OUT OF HOME CARE

Additional analyses were conducted on the subpopulation of youth over age 11 who are in out of home care. Due to small size of this subsample, comparisons of additional subgroups (LGB vs. Non-LGB youth in group care, or LB girls in out of home care vs. GB boys in out of home care) could not be conducted.

- Over time, kinship care remained the most common type of out of home care for both LGB and Non-LGB youth.
- The percentage of LGB youth who were in group or congregate care at each point of data collection was double of that of their Non-LGB peers. However these differences were not significantly different.
- Although no difference occurred at baseline, a significantly lower percentage of LGB youth were in foster homes than Non-LGB youth by the second and third wave of data collection.
- LGB youth had on average 87.40 (SE = 18.39) mean number of days in out of home care compared to 96.71 (SE = 10.43) days for Non-LGB youth. These were significantly different than one another.
- Mean length of placement between LGB and Non-LGB youth were also significantly different. LGB youth had a mean length of placement stay of 121.83 days (SE = 22.23) compared to 89.42 days (SE = 24.13) for Non-LGB youth
- No significant differences were found in the mean number of out of home placements between LGB and Non-LGB youth. However, the range in lifetime number of placements was much lower for LGB youth than for Non-LGB youth. During the course of data collection, LGB youth reported between 1-13 lifetime placements, whereas the group of Non-LGB youth reported between 1 and 23 lifetime placements.
- There was no significant difference between LGB and Non-LGB youth in the percentage of youth who were adopted.

WELLBEING INDICATORS

Percentage Meeting Cut Score	WAVE 1			WAVE 2			WAVE 3		
	LGB	NON-LGB	OR 95% CI	LGB	NON-LGB	OR 95% CI	LGB	NON-LGB	OR 95% CI
Substance Abuse	13.3%	7.6%	3.11 [1.80, 5.39]	22.6%	13.0%	2.00 [1.05, 3.82]	21.2%	13.6%	3.47 [1.99, 6.04]
Trauma	11.7%	8.1%	N/S	3.4%	7.0%	N/S	26.3%	4.9%	6.67 [2.10, 21.15]
Depression	23.3%	4.6%	3.48 [1.88, 6.45]	15.4%	4.4%	4.66 [1.89, 11.50]	16.3%	2.7%	4.25 [1.19, 15.19]
CBCL	60.0%	37.2%	1.93 [1.02, 3.64]	53.4%	33.5%	1.89 [1.07, 3.2]	58.0%	28.1%	2.21 [1.05, 4.67]
Youth Behavior	37.3%	25.0%	2.02 [1.10, 3.72]	29.0%	21.8%	N/S	27.9%	19.4%	N/S
Used Alcohol	60.8%	36.4%	2.71 [1.51, 4.86]				71.3%	35.5%	4.51 [2.27, 8.96]
Used Marijuana	39.2%	19.2%	2.71 [1.49, 4.94]	36.2%	20.5%	2.20 [1.21, 4.02]	4.96%	21.2%	3.65 [2.10, 6.34]
Had Sex	42.0%	29.4%	1.74 [1.09, 2.79]	47.8%	31.6%	1.98 [1.08, 3.63]	59.2%	38.3%	2.34 [1.32, 4.16]
Ran Away In Last 6m	16.6%	7.5%	N/S	17.7%	9.9%	N/S	17.5%	7.3%	3.76% [1.66, 12.14]

Table 6 Well-being Indicators

N/S= Not significant, OR= Odds Ratio, CI= Confidence Interval

As seen in Table 6, significant differences between LGB and Non-LGB youth appear on a number of well-being indicators.

DEPRESSION: LGB youth were between 2.48 and 3.66 times more likely than their LGB peers to meet the criteria for clinical depression.

TRAUMA: Although no difference between LGB and Non-LGB youth concerning trauma symptomology existed at baseline, differences developed over time. By the end of data collection, LGB youth were over 5.5 times more likely to meet the criteria for a trauma related disorder than their Non-LGB peers. An examination of the mean scores across Waves indicate generally improving trauma outcomes for Non-LGB youth while LGB respondents trauma scores tended to get worse or stay about the same.

SUBSTANCE ABUSE: Substance use rates increased for all youth over time, and is likely associated with aging. However, LGB youth reported higher percentages of lifetime use for all substances measured (cocaine, methamphetamine, heroin, ecstasy, marijuana and alcohol) than their Non-LGB peers. Marijuana and alcohol were most commonly reported substances used by youth, and LGB youth were three to four times as likely to report using these substances by the end of data collection. At baseline, LGB youth were more likely to meet the cutoff for a substance use disorder than their Non-LGB peers, a trend which persisted over time.

SELF-REPORTED BEHAVIOR PROBLEMS: LGB youth were twice as likely to self-report behavior problems at baseline than their non-LGB peers, however, this difference becomes non-significant over time.

OVERALL BEHAVIOR AND EMOTIONAL PROBLEMS (CBCL): LGB youth were, on average twice as likely to be reported by their primary caregivers as having an emotional or behavioral problem than their non-LGB peers across all three points of data collection.

SEXUAL BEHAVIOR: LGB youth were on average twice as likely to have had consensual sex than their non-LGB peers at all three points of data collection.

RUNNING AWAY: Although there were no differences between LGB and Non-LGB youth at baseline, LGB youth also were almost three times more likely to report having run away from home during the last 6 months by the end of data collection.

MEDICATIONS: There was no significant difference between LGB and Non-LGB youth concerning if they were taking psychotropic medications, or the average number of medications taken over time. However, over 50% of both LGB and Non-LGB youth indicated taking at least one psychiatric medications across all three time points.

DELINQUENCY INDICATORS: The mean number of arrests between LGB and Non-LGB youth were not significantly different at any point during data collection. LGB youth reported significantly higher delinquency scores than their Non-LGB peers at both the baseline and final point of data collection. No differences in deviant peer affiliation were reported between LGB youth and Non-LGB youth at baseline or at the second point of data collection, but LGB youth had significantly higher deviant peer affiliation scores by the final wave of data collection.

RESULTS

Although these data provide us with the first nationally representative picture of LGB youth in the child welfare system, there are some limitations to these findings. The question about sexual orientation was only posed to youth ages 11 and older. Youth under age 11 who may identify as LGB were not represented in this sample. These data also only capture the prevalence of LGB youth who openly identify as such within child welfare systems. Youth who may not feel comfortable openly identifying as LGB within a child welfare context were not captured as part of the LGB population in this study. Based on recently conducted qualitative interviews with LGBTQ+ youth with prior child welfare system involvement, evidence exists that system involved youth were reluctant to openly disclose their true identities within child welfare systems^{3,5,29} due to safety concerns, stigma and pervasive homophobia/trans-negativity from a wide range of people with whom they came in contact.

Although NSCAW-II inquired about youth's sexual orientation, there were no questions inquiring about gender identity or expression. This limitation results in potentially further underestimating the number of youth who identify as part of the larger LGBTQ+ population. Prior studies indicate that overall, child welfare systems are least well equipped to meet the needs of transgender/non-binary youth in care,^{3,5,29} necessitating accurate estimates of the number of system involved transgender and nonbinary youth, along with reliable data concerning their unique outcomes.

It is believed that the current estimates of the number of LGB youth in care are underestimates of the actual prevalence. However, despite these limitations, this study provides us with the first nationally representative data concerning LGB youth in child welfare and their outcomes. Although we do not know exactly how many LGB youth within these systems identify as part of the larger LGBTQ+ community (lesbian, gay, bisexual, transgender, queer, questioning, non-binary and 2-spirit), there is evidence to support that at least 146,000 youth within the child welfare system identify as lesbian, bisexual, or gay.

DISCUSSION AND IMPLICATIONS FOR POLICY AND PRACTICE

Some of the results from this work are encouraging in terms a lack of disparities between LGB and Non-LGB youth in regard to many key outcome indicators. These indicators include: type of abuse, risk factors for maltreatment, family of origin characteristics, educational attainment, number of placements and placement stability, and some delinquency and well-being indicators. These results are encouraging given that LGB youth are some of the most vulnerable youth within the child welfare system, and prior small sample research in this area has identified a number of disparities for these youth. However it is essential for ongoing data collection within child welfare to include information on sexual orientation as well as gender identity and expression so that these comparisons may be ongoing.

Although these data do not support significant differences in placement for LGB and Non-LGB youth, it is important to be mindful of how perceptions of sexual orientation may affect birth, kinship, and foster families' ability to advocate for the safety of LGB children and youth in their care. Families' attitudes and perceptions will also influence their ability to find appropriate support for themselves, and to affirm the identities of their children. Youth from families having difficulties affirming LGB youth's identities may put them at risk of running away, as a significantly larger percentage of LGB youth than Non-LGB youth reported running away from home as they got older. Special care must be taken to educate families and other care providers about sexual orientation, and the important role adults can play in the safety and well-being of these youth.

Unfortunately, these data also support a number of disparities between LGB youth and Non-LGB youth who are involved in the child welfare system. It appears that a number of well-being indicators related to mental health and substance abuse either stayed the same, or tended to get worse over time for LGB youth, whereas they improved for those who identified as Non-LGB. Another major finding is that that girls who identify as sexual minorities are overrepresented in child welfare. This finding leads to additional questions about how gender, and its expression, influence youth's decision to disclose their identity as a sexual minority, and how those differences impact youth outcomes. It is possible that there are additional safety concerns for boys identifying as gay or bisexual that may not exist, or not exist to the same degree, as those for girls identifying as lesbian or bisexual.

The current study supports prior research in this area indicating that LGB youth in general, especially those with a child welfare history, are at substantially higher risk of mental health and substance abuse concerns, and that these issues tend to persist over time. Thus, it is critical to the health and wellness of these youth to routinely assess for mental health and substance abuse concerns at first contact with the system, and continually reassess for these issues over time. It is also recommended that additional funding be allocated to address mental health concerns within child welfare, as this seems to be the area in which youth in general, and LGB youth in particular, could use additional support and intervention. These resources should not only be allocated for evidence-based treatments, but also for prevention efforts aimed at decreasing initial child welfare involvement. Since a larger than expected percentage of

both LGB and non-LGB youth reported having a child by the end of data collection, prevention of child welfare involvement of these youth as parents (rather than only as children) for all child welfare involved youth is also indicated.

One of the most challenging aspects of supporting LGB children and youth in care is the variability concerning local and state non-discrimination regulations related to sexual orientation. Because no overarching federal protections exist to protect LGBTQ+ individuals from discrimination, system involved youth in many states are left vulnerable to inequitable treatment in future employment, housing/placement, and other public spaces such as schools or agencies providing supportive services. Similarly, legislation has been proposed in a number of states which would allow providers and community agencies to "opt out" of service provision to those who are (or are perceived to be) part of the sexual or gender minority community, if serving LGBTQ+ people was against their religious beliefs. Only 5 states and the District of Columbia have laws in place prohibiting the practice of SOGIE change efforts, also known as "conversion therapy" with children and youth under age 18. There is increasing evidence that these types of interventions are ineffective,³⁰⁻³² and may inflict additional harm on those they are purportedly helping.³³⁻³⁷ As such, it is essential for all potential out of home placement providers, and those involved at all levels of the child welfare workforce, to be aware of the dangers of these interventions and their potential negative impact on children and youth. This is of particular importance given that LGB youth are already disproportionately at risk of adverse mental health outcomes such as depression, trauma, and substance misuse.

In conclusion, the importance of taking an intersectional approach to meeting the unique needs of LGB youth in care must also be thoughtfully considered. Our results support prior work that indicates a need for the incorporation of multiple aspects of one's identity into case and permanency planning in order to adequately address the needs of the diverse youth who have experiences with the child welfare system. These youth are much more than a sum of all of their identities, and as such, cross sectional approaches focusing exclusively on one aspect of youth's identity are likely to fall short of addressing all of their health, safety, and permanency needs. Although sexual orientation is an important component of identity, it cannot be considered apart from other aspects of a child's identity such as gender, race, ethnicity, religion, geographic region, or socioeconomic status. It is our hope that these results will underscore the need for a continued focus on the health, safety, and well being of sexual minority youth within the child welfare system, and inform practitioners' clinical decision making and policy strategies for allocation of the resources essential to best meet the needs of these children and youth.

REFERENCES

- Kann L. Sexual Identity, Sex of Sexual Contacts, and Health-Related Behaviors Among Students in Grades 9–12—United States and Selected Sites, 2015. *MMWR Surveillance Summaries*. 2016;65.
- Gateway CWI. *Supporting Your LGBTQ Youth: A Guide for Foster Parents*. Washington, DC: Children's Bureau/ACYF/ACF/HHS;2013.
- Team PIIE. *Findings from the RISE Youth Qualitative Interviews*. OPRE Report 2016-05. Washington, DC: Department of Health and Human Services, Administration for Children and Families, Children's Bureau and the Office of Planning, Research and Evaluation;2016.
- Wilson BD, Cooper K, Kastanis A, Nezhad S. Sexual and gender minority youth in foster care: Assessing disproportionality and disparities in Los Angeles. *The Williams Institute*. 2014.
- Center for the Study of Social P. Out of the Shadows: Supporting LGBTQ Youth in Child Welfare through Cross System Collaboration. In:2016.
- GCSW CftSoSPTUoH. *Final Report to the Walter S. Johnson Foundation: Get Recognize.Engage.Affirm.Love*. San Francisco, CA2015.
- Courtney ME, Dworsky AL, Cusick GR, Havlicek J, Perez A, Keller TE. Midwest evaluation of the adult functioning of former foster youth: Outcomes at age 21. 2007.
- Dworsky A, Hall C. The economic well-being of lesbian, gay, and bisexual youth transitioning out of foster care. *Office of Planning, Research & Evaluation* <http://www.acf.hhs.gov/programs/opre/resource/the-economic-well-being-of-lgb-youth-transitioning-out-of-foster-care>. 2013.
- Foundation AEC. *LGBTQ in Child Welfare: A Systematic Review of the Literature*. Baltimore, MD2016.
- Choi SK, Wilson BD, Shelton J, Gates GJ. Serving Our Youth 2015: The Needs and Experiences of Lesbian, Gay, Bisexual, Transgender, and Questioning Youth Experiencing Homelessness. *The Williams Institute*. 2015.
- Dworsky A, Napolitano L, Courtney M. Homelessness during the transition from foster care to adulthood. *American Journal of Public Health*. 2013;103(S2):S318-S323.
- Child Welfare League of America, American Bar Association Center on Children and the Law: Opening Doors for LGBTQ Youth in Foster Care Project, Elze DE, et al. *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*. New York, NY: Lambda Legal;2012.
- Ray N, Berger C. *Lesbian, gay, bisexual and transgender youth: An epidemic of homelessness*. National Gay and Lesbian Task Force Policy Institute; 2007.
- Weiss BJ, Garvert DW, Cloitre M. PTSD and Trauma-Related Difficulties in Sexual Minority Women: The Impact of Perceived Social Support. *Journal of Traumatic Stress*. 2015;28(6):563-571.
- Panagioti M, Gooding PA, Triantafyllou K, Tarrrier N. Suicidality and posttraumatic stress disorder (PTSD) in adolescents: a systematic review and meta-analysis. *Social psychiatry and psychiatric epidemiology*. 2014:1-13.
- Klein A, Golub SA. Family Rejection as a Predictor of Suicide Attempts and Substance Misuse Among Transgender and Gender Nonconforming Adults. *LGBT Health*. 2016.
- Levenson J, Grady M. Childhood Adversity, Substance Abuse, and Violence: Implications for Trauma-Informed Social Work Practice. *Journal of Social Work Practice in the Addictions*. 2016;16(1-2):24-45.
- Shpiegel S, Lister JJ, Isralowitz R. Relationships Between Delinquency and Substance Use Among Adolescents Emancipating from Foster Care. *Journal of Social Work Practice in the Addictions*. 2016;16(1-2):113-131.
- Flentje A, Heck NC, Sorensen JL. Substance use among lesbian, gay, and bisexual clients entering substance abuse treatment: Comparisons to heterosexual clients. *Journal of Consulting and Clinical Psychology*. 2015;83(2):325-334.
- Lalayants M, Prince JD. Delinquency, depression, and substance use disorder among child welfare-involved adolescent females. *Child abuse & neglect*. 2014;38(4):797-807.
- Goldbach JT, Tanner-Smith EE, Bagwell M, Dunlap S. Minority stress and substance use in sexual minority adolescents: A meta-analysis. *Prevention Science*. 2014;15(3):350-363.
- Flynn AB, Johnson RM, Bolton S-L, Mojtabai R. Victimization of Lesbian, Gay, and Bisexual People in Childhood: Associations with Attempted Suicide. *Suicide and Life-Threatening Behavior*. 2016:n/a-n/a.
- Puckett JA, Horne SG, Surace F, et al. Predictors of Sexual Minority Youth's Reported Suicide Attempts and Mental Health. *Journal of Homosexuality*. 2016:1-19.
- Burwick A, Oddo V, Durso L, Friend D, Gates G. *Identifying and serving LGBTQ youth: Case studies of runaway and homeless youth program grantees*. Final report. 2014.
- Dolan M, Smith K, Casanueva C, et al. NSCAW II baseline report: Introduction to NSCAW II final report. *Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, US Department of Health and Human Services*. 2011.
- Derezotes D, Testa M, Poertner J. *Race matters in child welfare: The overrepresentation of African American children in the system*. Child Welfare League of Amer; 2005.
- Dettlaff AJ, Earner I, Phillips SD. Latino children of immigrants in the child welfare system: Prevalence, characteristics, and risk. *Children and Youth Services Review*. 2009;31(7):775-783.
- Eaton DK, Kann L, Kinchen S, et al. Youth risk behavior surveillance—United States, 2011. *Morbidity and mortality weekly report Surveillance summaries (Washington, DC: 2002)*. 2012;61(4):1-162.
- Mallon GP, DeCrescenzo T. Transgender children and youth: A child welfare practice perspective. *CHILD WELFARE-NEW YORK*. 2006;85(2):215.
- Jenkins D, Johnston L. Unethical treatment of gay and lesbian people with conversion therapy. *Families in Society: The Journal of Contemporary Social Services*. 2004;85(4):557-561.
- Zucker KJ. Editorial: The Politics and Science of “Reparative Therapy”. *Archives of Sexual Behavior*. 2003;32(5):399-402.
- Ford JG. Healing homosexuals: A psychologist's journey through the ex-gay movement and the pseudo-science of reparative therapy. *Journal of Gay & Lesbian Psychotherapy*. 2002;5(3-4):69-86.
- Campaign HR. The Lies and Dangers of Efforts to Change Sexual Orientation or Gender Identity. 2016; <http://www.brc.org/resources/the-lies-and-dangers-of-reparative-therapy>.
- Moss I. Ending Reparative Therapy in Minors: An Appropriate Legislative Response. *Family Court Review*. 2014;52(2):316-329.
- Spitzer RL. Spitzer reassesses his 2003 study of reparative therapy of homosexuality. *Archives of Sexual Behavior*. 2012;41(4):757-757.
- Byne W. Regulations Restrict Practice of Conversion Therapy. *LGBT health*. 2016.
- Project MA. *LGBT Policy Spotlight: Conversion Therapy Bans*. Denver, CO: National Center for Lesbian Rights;2016.