



# MENTAL AND EMOTIONAL HEALTH OF LGB YOUTH IN CHILD WELFARE

Being involved with the child welfare system can be stressful for anyone. This experience may be even more stressful for youth who identify as lesbian, gay or bisexual, especially if they feel that they have to hide their identity or keep it a secret in order to be safe, accepted or loved.

At least 15.5% of youth ages 11 and older who are involved in child welfare identify as lesbian, gay or bisexual (LGB). Although the factors that bring both LGB youth and their non-LGB peers to the attention of child welfare are very similar, there are some key differences between these two groups of youth.

LGB youth are more likely to have used substances, especially marijuana and alcohol, than their non-LGB peers. They are also more likely to meet the criteria for a substance use disorder. LGB youth frequently experience depression which persists over time at a higher rate than their non-LGB peers. As time goes on, LGB youth are almost six times more likely than their non-LGB peers to develop a trauma related disorder. Thus, providing evidence based treatment for mental health and substance abuse concerns for LGB youth through all stages of their child welfare involvement is essential for their safety and well-being.

These are some ways that child welfare professionals can help ensure the mental health and wellness of LGB youth.

- Ask youth about their sexual orientation, just like you would ask about age, ethnicity, gender or religion. Don't make any assumptions and incorporate this information into your case planning.
- Ask all youth about their sexual orientation, just like you would ask about age, ethnicity, gender or religion. Don't assume all youth are "straight" and incorporate information about sexual orientation into your case planning.
- Assess for mental health and substance abuse concerns at the first point of contact. Reassess for these issues continually, as substance abuse risk increases with age, and the impacts of abuse and trauma may continue to develop over time.
- Do not tell a youth that their problems are because of their sexual orientation, or tell them if they changed their sexual orientation things would get better.
- Refer for evidence based interventions - these are interventions that have research support and that have been shown to be effective with children and youth - such as Trauma Focused Cognitive Behavioral Therapy (TFCBT).
- Never refer a youth for interventions to change their sexual orientation – also called "conversion therapy". Interventions to change sexual orientation have no research support and may actually cause more harm to already vulnerable youth.
- Advocate for youth who are experiencing difficulties at home, in placement, or at school due to their actual or perceived sexual orientation. • Affirm all aspects of the youth's identity and match them with providers and placements that do the same.