

Out **OF THE** Shadows

Supporting LGBTQ
Youth in Child Welfare
through Cross-System
Collaboration

The Current Landscape for LGBTQ Youth Involved in Public Systems

➤ **LGBTQ youth are disproportionately represented in multiple public systems.** It is estimated that youth identifying as LGBTQ make up only 7-11 percent of the general population, yet they comprise larger proportions of those receiving services in numerous, intersecting systems (Dettlaff & Washburn, 2016). Furthermore, available estimates are often limited given the personal nature of the information; it is difficult to obtain true estimates of youth identifying as LGBTQ because they are often unable or not ready to disclose their sexual orientation or gender identity to service providers (ACF, 2011). Recognizing and understanding the disparities present in these systems is fundamental in the efforts to alleviate them.

- **Youth who identify as LGBTQ are over-represented in child welfare.** A forthcoming study using data from the nationally representative National Survey of Child and Adolescent Well-Being – II (NSCAW-II) estimated that approximately 22.8 percent of children in out-of-home care identified as LGBQ (lesbian, gay, bisexual or questioning). These numbers are even starker when disaggregated by race, with data indicating that approximately 57 percent of all children in out-of-home care who identify as LGBQ are youth of color (Dettlaff & Washburn, 2016). These estimates do not include youth who may identify as transgender or gender nonconforming, and thus underestimate the true prevalence of youth who identify as LGBTQ in out-of-home care. These young people are at greater risk of experiencing violence or being victimized, sometimes by their own family members or caregivers: 30 percent of LGBTQ youth in the foster care system reported physical violence by family members after disclosing their sexual orientation or gender identity (CDC, 2014; Laver, 2013). One study

found that 65 percent of LGBTQ youth had lived in a foster or group home and 39 percent were forced to leave their home because of their sexual orientation or gender identity (ACF, 2011).

- **Youth who identify as LGBTQ are at increased risk of placement instability.** Based on NSCAW-II data, 19.6 percent of youth in out-of-home care identifying as LGB were moved from their first placement at the request of their caregiver or foster family, compared with only 8.6 percent of heterosexual youth being moved for this reason. In addition, only 44.8 percent of LGB youth were moved from their first placement due to the perceived need for lower levels of care, while 65.5 percent of heterosexual youth were moved for this reason. Similarly, 12.6 percent of LGB youth were moved from their first placement to higher levels of care, compared with 9.8 percent of heterosexual youth (Forthcoming Dettlaff, A.J., & Washburn, M., 2016).
- **Youth who identify as LGBTQ are more likely to experience poor mental and behavioral health outcomes.** Poor mental and behavioral health outcomes are most likely to occur when young people live in environments that do not affirm their sexual orientation, gender identity and gender expression and are unsafe. LGBTQ youth are at least twice as likely as non-LGBTQ youth to attempt suicide, and gay and bisexual young men face substance abuse issues at a rate 15 times that of the youth population as a whole (Laver, 2013). These data are even more troubling when disaggregated by race, ethnicity and gender. A recent study of LGBTQ youth found that African American, Alaskan Native and Pacific Islander LGBTQ-identifying youth were more likely than their white counterparts to attempt suicide in the past year and that Alaskan Native, Pacific Islander, Latino and multiracial youth were more likely to feel sad than white youth. The same study found that female-identifying youth were more likely than their male counterparts to feel sad, self-harm or experience suicidal ideation while also being simultaneously less likely to have been treated by a doctor or nurse after a suicidal attempt (Bostwick et al., 2014). For LGBTQ youth in foster care, higher numbers of placement changes and lower rates of permanency contribute to negative mental health outcomes and poor long-term prospects. Notably, long-lasting placement instability unrelated to initial individual differences significantly worsens children's behavioral well-being (Rubin, O'Reilly, Luan, & Localio, 2007). With LGBTQ youth receiving more inconsistency in their identity affirmation than their peers, the pursuit of an accepting, stable, long-term placement is critical and without it places an already marginalized population at even greater risk (Fish & Karban, 2015).



One youth ran away from her placement because she felt unsafe. She was placed in secure confinement for two days for running away, which is a status offense. In her words, “It was awful. It was scary. I was like, ‘Why am I here?’ ”

West

OF THE DATA WE REVIEWED,

22.8%

OF CHILDREN IN OUT OF HOME CARE

identified as LGBTQ.

57%

OF LGBTQ YOUTH IN OUT-OF-HOME CARE

are youth of color.

30%

OF LGBT YOUTH IN FOSTER CARE

reported physical violence by family members after disclosing their sexual orientation or gender identity.

65%

OF LGBT YOUTH HAD BEEN IN CARE

and 39 percent were forced to leave their home because of their sexual orientation or gender identity, in one study.

- **Juvenile justice systems serve a disproportionate LGBTQ youth population.** Youth who identify as LGBTQ make up between 13 percent and 15 percent of those currently served by juvenile justice systems (Hunt & Moodie-Mills, 2012). These numbers are even starker for girls and youth of color—nationally, 40 percent of girls in the juvenile justice system identify as LBQ or gender nonconforming, and 85 percent of them are youth of color (The National Crittenton Foundation, 2015). LGBTQ-identifying youth are also twice as likely to be arrested and detained for status offenses and other nonviolent offenses as their peers and are at higher risk for illicit drug use leading to arrest (OJJDP, 2014). Research connects these behaviors with responses to abuse, trauma and family conflict and shows that an overwhelming majority of children involved in the juvenile justice system have been exposed to multiple types of trauma, including physical and sexual abuse (Saada Saar et al., 2015). However, detention facilities and detention alternatives are often ill-equipped to address the underlying causes of status offenses or delinquent behavior for LGBTQ youth (Coalition for Juvenile Justice, 2013).

- **Youth who identify as LGBTQ experience disparities in education.** LGBTQ youth face similar disparities in educational outcomes, often connected to feeling unsafe at school (Watson & Miller, 2012). School climates have been shown to be particularly hostile environments for LGBTQ and gender nonconforming youth of color, with as many as one in five LGBTQ students reporting bullying due to race, ethnicity or national origin (Burdge, Licona, & Hyemingway, 2014). LGBTQ youth rarely benefit from curricula tailored to their experiences and often encounter harassment based on their sexual orientation or gender identity and expression (Cianciotto & Cahill, 2012). LGBTQ youth in foster care face the compounding effects that family instability can have on educational outcomes: foster youth are twice as likely to have an individualized education plan as non-foster youth, and they are less likely to enter college (Fomby, 2013).

- **Youth who identify as LGBTQ are more likely to face housing insecurity and homelessness.** Often linked with prior child welfare involvement, as many as 40 percent of homeless youth identify as LGBTQ. Youth of color are over-represented in the LGBTQ homeless population, with one study of LGBTQ youth accessing homeless services reporting a median of 31 percent of clients identifying as African American/Black, 14 percent Latino(a)/Hispanic, 1 percent Native American and 1 percent Asian/Pacific Islander (Choi, Wilson, Shelton, & Gates, 2015). Additionally, LGBTQ youth accessing homelessness services are more likely to experience longer periods of homelessness and report more mental and physical health problems than non-LGBTQ youth (Choi et al., 2015). With higher rates of harassment based on sexual orientation or gender identity and expression, LGBTQ youth in foster care are often removed or run away from their placement: more than half of

homeless youth have spent some time in foster care (Laver, 2013).

- **Youth identifying as LGBTQ are not provided with many of the supports that non-LGBTQ youth receive.** Child welfare agencies aim to ensure all youth have safe and affirming families. For all youth, it is critical to feel encouraged, validated and supported in their identity development. While many children in foster care do not fully reflect upon or disclose their sexual orientation or gender identity before entering the child welfare system, others enter foster care because of familial rejection directly connected to their sexual orientation or gender identity (Jacobs & Freundlich, 2006). If professionals are ill-equipped to work with youth who identify as LGBTQ, whether intentional or not, the quality of case management and treatment planning is significantly compromised. Despite their large numbers in the foster care system, LGBTQ youth have been relatively invisible as many do not feel safe telling their foster families or social workers about having same-sex attractions or questioning their gender identity. Additionally, many workers wait for children to come out to them instead of inquiring because they do not know how to ask or are trying to be respectful of the child's privacy.

- **There is a lack of data specific to youth who identify as LGBTQ across systems.** Without reliable information about the service population, a lack of front-end awareness compromises the well-being of LGBTQ youth. A lack of standard data collection ignores the needs of subpopulations and skews the data, upon which many policymakers and program managers rely to make program and funding decisions. Although many providers and agencies recognize the importance of collecting data pertaining to the LGBTQ community, database resources—especially regarding youth—are limited (CAP & CC, 2015). Data on foster youth, particularly LGBTQ foster youth, are lacking in several overlapping areas, including health care, mental health care, criminal justice and education. Although the U.S. Department of Health and Human Services 2014 annual report discussed the importance of incorporating LGBT-inclusive enhancements to the collection and reporting of national health data, best practices for outreach or gathering data within intersecting sub-populations—such as children or youth of color within the child welfare system, or homeless youth who identify as LGBTQ—were not addressed. Reliance on questionnaires and surveys only within formal systems and without involving partner agencies and community-based agencies can create additional barriers to collect this information.

- **There are several key conditions that can help to meet existing challenges within and between systems and provide opportunities for positive change.**

- **The well-being of youth depends upon the support of a nurturing family to help them negotiate adolescence and grow into healthy**

adults. LGBTQ youth in foster care face additional challenges that their peers who are not involved in the child welfare system do not, including the losses that brought them into care in the first place, trauma they may have suffered while in foster care and stressors unique to the LGBTQ community. Navigating individual and systemic biases, homophobic or transphobic environments and the need to question and assess the safety of their communities, schools, social networks and homes when deciding whether to disclose their LGBTQ identity are often daily stressors unique to LGBTQ youth (Children's Bureau, 2013). These factors are often compounded by racism and other intersecting aspects of their identity. Despite these challenges, LGBTQ youth—like all youth in the child welfare system—can heal and thrive when families, friends and providers commit to accepting, affirming, loving and supporting them as they grow into their potential as adults.

- **Youth and family engagement are essential for success.** An important first step in ensuring youth are active participants in programs and services is making sure they feel welcome. Feeling discriminated against in any professional setting—with health care providers, office staff, teachers or case workers—can create a sense of mistrust and reluctance in LGBTQ youth when considering whether to participate in programs and services. A key component in the promotion of youth engagement is the creation of safe spaces where youth think critically about gender arrangements and make links between sexism, heterosexism, racism and other inequalities (Deeb-Sossa et al., 2009). These safe spaces allow youth to openly discuss difficulties they have faced as a result of their identities, which in turn fosters open dialogue and allows for the development of new strategies for coping and thriving. Supportive communities that provide safe spaces for the expression of challenges and support not only raises community consciousness, but can also promote stronger identification within the LGBTQ community. By promoting solidarity and pride, these strategies help build healthy relationships and a sense of community for individuals who often are extremely isolated.

Similarly, family reactions that are experienced as rejection by LGBTQ children contribute to serious health concerns and inhibit their child's development and well-being (Ryan & Chen-Hayes, 2013). Many families and providers lack understanding of normative development of sexual orientation and gender identity in children and adolescents, and many have not talked about these issues in ways that are supportive and affirming. For others, cultural silence about sexuality is the norm, and talking about these issues may feel shameful and uncomfortable. Supporting families and providers in understanding how to talk about these issues with one another, access and disseminate information on sexual orientation and gender identity and understand ways to support LGBTQ children will enhance the nurturing capabilities of natural support systems.



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 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,

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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.

Midwest

Ensuring staff are equipped to not only address issues of sexual orientation and gender identity personally but also to mediate relationships with other youth is particularly important to developing an environment that is safe and affirming for all youth. As one youth said,

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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.

Mid-Atlantic

- *Collecting, analyzing and sharing data are critical for system improvements and accountability.*

- **Collect data on sexual orientation and gender identity within individual agencies and across sectors.**

There are not adequate data on young people involved in serving systems, and the data that are collected often does not provide sufficient information about these young people's identities. Awareness of the identity and needs of each person served is often touted as best practice across systems. It follows that the inclusion of sexual orientation and gender identity and expression should be included in basic service and demographic data trends for continuous quality improvement. Systems need to work to collect data and share it when it is appropriate and in the best interests of the young people they are serving.

Mandate the collection of data by race, ethnicity, ICWA eligibility, gender and age. Timely and reliable data are a crucial part of identifying the children and families involved in serving systems. Data can facilitate an examination of the level of racial equity in service provision and suggest areas for targeted action to resolve any identified disparities. Without disaggregated data a detailed understanding of the full experiences of children, youth and their families is impossible (Martin & Connelly, 2015).

- **Consistent and reliable data enable agencies to identify the factors leading to observed disparities for youth who identify as LGBTQ and assess the impact of policies and programs.** Efforts to promote equity must acknowledge this, and data collection needs to be both longitudinal and have information on specific decision points (Miller, Farrow, Meltzer, & Notkin, 2014). Data ranging from initial referral, assessment, disposition, out-of-home placement, involvement with cross-systems, termination of parental rights or exits from care must be tracked by child and family demographics, including sexual orientation and gender identity when available (ABA, 2008). Examining data can help identify points in the system where practice or policy change needs to occur. Tracking data over time allows for the impact of these changes to be recognized and statewide or local progress to be monitored. Without appropriately detailed data, there is no way to measure the current landscape of or impact on LGBTQ youth and families in contact with the child welfare system. Many systems are currently operating under the false assumption that few, if any, LGBTQ children and youth are in their care. Yet, given the sensitive nature of the data sought, collection methods must be considered with an ethical lens throughout all systems. Disclosure of one's sexual orientation or gender identity should never feel pressured or intrusive, and policies to protect information must be in place.

Considering Privacy

To better meet the needs of young people involved in serving systems, it is important to have the best available information and data. However, there are important privacy considerations that should be made to respect young people. Based on the American Academy of Pediatrics guidance on collecting information regarding young people who identify as LGBTQ:

- It is imperative that confidentiality be protected.
- Questions about sexual orientation and gender identity and expression should be addressed with all young people as a part of considering their broader health and identity-related needs.
- Questions should always be asked in safe and affirming environments.
- Questions about SOGIE should not be considered a onetime conversation, but should be an important and continuing dialogue with young people because young people's identities are fluid and there may be changes over time as well as an increased willingness and comfort to share additional aspects of their identity (Frankowski, 2004).

SOGIE Information

In collecting and recording SOGIE information, child welfare agencies should include sexual orientation and gender identity in the demographic data collected for each child, provide all youth in protective custody with the opportunity to complete an annual confidential survey evaluating the services they have received and ensure information related to a child's SOGIE is included in their case file. In disclosing such information, child welfare agencies should regard children as the principle owners of information related to their sexual orientation and gender identity and expression and ensure their active involvement in decisions related to any disclosure of this information. Policies governing the management of information related to a child's SOGIE information should be consistent with state and federal confidentiality laws, as well as agency policy and rules of court (Wilber, 2013). As of this writing, most states require child welfare agencies to document a child's sex or gender at the time of admission in their facility licensing regulations, however none require agencies to collect data related to a child's sexual orientation.

- **System accountability includes sharing data with and soliciting feedback from stakeholders.** Accountability within child welfare and intersecting systems is essential and, while dependent on the collection and analysis of good data, can only be achieved once information is shared and used. Because agencies are answerable not only to clients and stakeholders but the public at large, information regarding the child welfare population must be publicly available.

When pursuing equity for LGBTQ youth and families within the child welfare system, communicating with stakeholders or partner organizations and soliciting feedback about reform efforts,

Accountability includes a focus on staff skill development and regular attention to continued development and coaching with performance issues arise.

goals and progress can influence agency decision-making (CSSP, 2009; Miller et al., 2014; National Technical Assistance and Evaluation Center for Systems of Care, 2010). This type of meaningful engagement is an important part of ensuring the safety of children and families through the everyday decisions regarding placement, permanency and well-being.

