

**SEXUAL MINORITY YOUTH
IN CHILD WELFARE
PREVALENCE, RISK AND OUTCOMES**

Alan J. Dettlaff, PhD
Micki Washburn, PhD, LMSW, LPC-S
UNIVERSITY OF HOUSTON
Graduate College of Social Work

UNIVERSITY of **HOUSTON**
GRADUATE COLLEGE of SOCIAL WORK

INTRODUCTION

In recent years, there has been growing awareness of the unique needs and challenges faced by youth in the child welfare system identifying as Lesbian, Gay, or Bisexual (LGB). Previously, it was believed that only a small number of youth within the nation's child welfare systems identified as LGB.

Fortunately, due to growing visibility of sexual minority communities, and a renewed emphasis on social policy related to children and families, there has been an increasing focus on the safety, stability, permanence, and wellness needs of LGB children and youth in our nation's child welfare systems.

Currently, there is a lack of nationally representative data concerning LGB youth, their outcomes once they become involved with child welfare, and how their sexual orientation may impact these outcomes. The most recent data on the overall population of American LGB youth indicates that a larger percentage of today's youth identify as LGB than previously thought.¹ Results from the 2015 Youth Risk Behavior Survey² estimate that approximately 8% of American youth in grades 9-12 identified as lesbian, gay or bisexual (LGB), and an additional 3.2% reported that they were currently unsure of, or currently exploring, their sexual identity. Overall results indicate LGB youth tend to have poorer health and behavioral health outcomes than their Non-LGBQ peers. LGB youth also reported other adverse outcomes at higher rates than their non-LGB peers such as: higher levels of being threatened or injured on school property, skipping school because they felt unsafe, peer based bullying, and forced sexual intercourse. LGB youth also reported higher experiences of depression and hopelessness, more frequent suicidal ideation and attempts, higher levels of substance misuse, and younger age of first drug or alcohol use. While these data add to our knowledge about outcomes for LGB youth in general, it is still unclear if these outcomes are reflective of the outcomes of LGB youth with child welfare involvement. A recently compiled report by the Child Welfare Information Gateway³ estimated that between 5-10% of youth in foster care identify as lesbian, gay, bisexual, transgender, queer, questioning, Non-binary or two-spirit (LGBTQ+). There is strong potential that the existing data underestimate the actual number of system involved youth identifying as LGBTQ+, as the majority of child welfare systems currently do not consistently or uniformly collect information on sexual orientation, gender identity and expression (SOGIE) for system involved children and youth.^{4,6}

A number of county and state based initiatives such as the RISE project in Los Angeles^{7,8} getR.E.A.L. in Allegheny, PA and California^{9,10} and the Midwest Evaluation of Adult Functioning of Former Foster Youth^{11,12} have collected data on LGBTQ+ youth formerly in care which indicates that between 15% and 30% of former system involved youth identify as LGBTQ+. As such, it is believed that LGBTQ+ youth are often overrepresented in child welfare. Disproportional representation of these youth becomes even more pronounced when one looks at the percentages of LGBTQ+ children of color both within the greater child welfare system and also in out of home care.^{13,14}

In addition to overrepresentation of these youth within child welfare, there is also an emerging body of evidence that indicates that LGBTQ+ system involved youth have poorer outcomes concerning health, mental health, and permanency.¹⁵⁻²² Minority Stress Theory^{23,24} posits that due to their status as a stigmatized minority group, individuals identifying as LGBTQ+ are at higher risk for negative health and

mental health outcomes. Multiple studies have supported the association between sexual minority status and adverse mental and physical health outcomes.²⁴⁻²⁹ A recent systematic review by the Annie E. Casey³⁰ Foundation showed that negative outcomes such as homelessness,³¹⁻³⁴ PTSD (post-traumatic stress disorder),^{35,36} substance misuse,^{26,37-42} and suicidality are commonly experienced by LGBTQ+ youth with a history of child welfare involvement. These findings are consistent with information shared by former system involved LGBTQ+ youth during nationwide focus groups^{7,9} who reported that they experienced multiple difficulties in child welfare, and that their health, safety, and permanence were negatively impacted due to their sexual orientation or gender identity and expression (SOGIE).

Although these retrospective studies have added to our understanding of LGBTQ+ youth within child welfare systems, there remains a need for current, nationally representative data to provide a more accurate estimate of the number of LGBTQ+ youth who are involved in the American child welfare system, and their unique outcomes. Accordingly, a 2014 report released by the Administration for Children and Families (ACF) Office of Planning, Research and Evaluation (OPRE)¹² concluded that more population based data was needed concerning sexual minority youth within child welfare systems, particularly those in out of home care. Additional data is needed concerning the unique characteristics of this vulnerable group, and their health and permanency outcomes compared to those youth not identifying as LGBTQ+.

CURRENT STUDY

This project addresses the current need for accurate national estimates of the number of sexual minority youth within the child welfare system. It utilized data from the Second National Survey of Child and Adolescent Well Being (NSCAW-II)⁴³ to address a number of goals related to increasing our current knowledge base concerning sexual minority youth within child welfare. NSCAW-II was the first nationally representative survey of youth and families involved in the child welfare system to include any data on youth sexual orientation. Information on gender identity was not available as a part of this, or any other existing, nationally representative child welfare data set. The long-term goal of this project was to promote the healthy sexual and identity development for all children and youth in the child welfare system, with an emphasis on youth who are most likely to be impacted by stigma associated with their sexual orientation (i.e., LGB youth).

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
- 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



Photo Source: SHUTTERSTOCK

METHODOLOGY

The NSCAW-II data set is a nationally representative sample of 5,872 youth ages birth to 17.5 years who had been referred for a formal child protective services investigation as a result of a (substantiated or unsubstantiated) report of child abuse or neglect between February 2008 and April 2009. 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. Oversampling of infants and children in out of home care, along with under-sampling of families not receiving services, was conducted to allow for in-depth analysis of subgroups of interest, while at the same time providing national estimates for the full population of children and youth who had system involvement during this time frame.

Data was collected in three waves, the second of which occurred approximately 18 months after the NSCAW-II index investigation, and the third of which occurred approximately 36 months after the first wave of data collection. Data was weighted for attrition between Waves 1 and 2, and for subsequent attrition between Waves 2 and 3. 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, nonparent adult caregivers, teachers, and caseworkers.

Permission was granted by the National Data Archive on Child Abuse and Neglect for the use of the Restricted Release Version of the 2nd National Survey of Child and Adolescent Well-being (NSCAW-II) and all associated data analysis manuals, appendices, and instructional materials⁴⁴. A structured data protection plan was submitted and approved to ensure the confidentiality of these data and to protect against unintentional release of restricted child welfare data. This study was approved by the University of Houston Institutional Review Board. Permission was granted to project staff to use this data only for the expressed purposes of this project.

To determine sexual orientation, youth were asked the following question:

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

These data were self-reported by the youth ages 11 years of age and older, and this question was only asked during the third wave of data collection.⁴⁵ Youth younger than age 11, those whose data was missing for this question, and those who declined to provide an answer to this question were also excluded from the following analyses, yielding a total sample size of 1095.



Photo Source: SHUTTERSTOCK

For the purposes of this study, data were collapsed into two groups, (2-5) which were coded as “LGB,” with responses (1) and (6) coded as “Non-LGB”. After careful consideration, it was determined this method of categorizing sexual minority youth would yield the most conservative estimate of this population. These data were used to identify the percentage of youth within this nationally representative sample of child welfare involved youth who openly identified as lesbian, gay or bisexual (LGB), and to serve as the basis of comparison between LGB and Non-LGB youth.

It is important to note that data on the prevalence of system involved youth who were exploring or “questioning” their sexual identity was not included as part of this data set. The use of category (6) (asexual) as a proxy measure for “questioning” youth was considered, but was deemed problematic. Youth may initially identify as not attracted to either males or females, and then as they progress developmentally, may identify as any of the sexual orientation categories. Thus, coding this group as part of the larger LGB group would likely provide inaccurate population based estimates.

In addition, youth not reporting an interest in any potential romantic partners are thought to be less likely to experience the same sexual orientation related issues negatively impacting youth who openly identify as LGB.

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*. A subpopulation command was used to restrict the analysis to the population of interest. 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. Composite or “derived” variables were used when constructs were comprised of multiple sources of data as recommended by the NSCAW Data Users Manual, and listwise exclusion was used as advised for all calculations done in SPSS⁴⁴.

Based on the prior literature in this area, key indicators and outcomes for LGB and Non-LGB youth were explored. The 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.

Weighted calculations estimating the percentage of LGB youth exhibiting key outcome indicators were performed. In addition, a series of Chi Square analyses were done to determine the presence and magnitude of associations between LGB status and selected dichotomized outcome variables. Odds ratios and confidence intervals are listed for those comparisons that were significantly different ($p < .05$) for LGB and Non-LGB youth. Due to the restricted sample size based on age required for a response to the sexual orientation question, not all of the subgroup analyses that were initially considered could be performed. For example, only a small percentage of youth in this sample who were in out of home care were in congregate care, making comparisons of the LGB and Non-LGB subpopulations unreliable due to extremely small sample size. This was also the case for planned comparisons of lesbian/bisexual girls

and gay/bisexual boys, as the percentages of these youth were unevenly distributed. Additionally some variables, such as those about medication and services received by the child or the family, exhibited large amounts of missing data, thus limiting the meaningfulness of the conclusions that could be drawn. In addition, data for some variables were only collected at one or two data points, thus analysis of trends over time for these data could not be conducted.

As seen in Table 1, approximately 15.5% of all youth ages 11 and older in this sample identified as lesbian, gay or bisexual (LGB). As indicated in Table 2, there were significantly more girls in this sample who identify as lesbian or bisexual, than boys who identify as gay or bisexual. Furthermore, although approximately equal percentages of males and females in the general population identify as LGB, almost 90 percent of those identifying as LGB within this sample of child welfare involved youth were female. This indicates that there was a higher percentage of girls in child welfare who openly identify as lesbian or bisexual than would be expected. Similarly, there was a lower percentage of boys in child welfare who openly identify as gay or bisexual than would be expected.

RESULTS

PREVALENCE OF LGB YOUTH IN CHILD WELFARE

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



Photo Source: SHUTTERSTOCK

DEMOGRAPHIC CHARACTERISTICS

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

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 for both LGB and Non-LGB youth, it appears that Non-White youth are over-represented within the greater child welfare population, which is consistent with prior research in this area.^{46,47} 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% of all youth nationwide at the time of data collection.⁴⁸ Youth who identified as LGB were on average 1.5 years older than those identifying as Non-LGB.

EDUCATIONAL OUTCOMES

OUTCOME	LGB	NON-LGB	ODDS RATIO
BASELINE			
Youth was not in school	4.0%	1.8%	N/S
Youth in school attends regularly	98.0	98.8	N/S
Skipped school in last 6 months	24.5%	17.1%	N/S
Skipped school 5+ times in last 6 month*s	55.4%	20.9%	4.70 [1.40, 15.68]
Youth is in GT program	6.6%	2.3%	N/S
Youth has repeated a grade	12.7%	20.6%	N/S
WAVE 3			
Youth was not in school	25.1%	18.2%	N/S
Youth in school attends regularly*	91.8%	99.3%	.07 [.02, .29]
Skipped school in last 6 months*	30.7	11.2	3.50 [1.57, 7.77]
Skipped school 5+ times in last 6 months	42.4%	19.5%	N/S
Has diploma	23.7%	40.7%	N/S
Has GED	4.8%	14.7%	N/S

Table 3. Youth Education at Baseline and End of Data Collection

=p < .05, N/S= Not significant, CI= Confidence Interval

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 to report skipping school at least once in the last 6 months than their Non-LGB peers.

No significant differences were found for the following academic outcomes 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

DEMOGRAPHIC CHARACTERISTICS OF FAMILY OF ORIGIN –

FAMILY OF ORIGIN DEMOGRAPHICS	LGB%	NON-LGB%	ODDS RATIO
Lives in urban area*	89.4%	75.5%	2.73 [1.49, 5.03]
Child was born in the U.S	98.9%	98.6%	N/S
Mother has high school education or less	74.0%	74.2%	N/S
Father has high school education or less	79.1%	64.4%	N/S
Has biological siblings	84.1%	93.1%	N/S
Has own child by wave 3	29.2%	18.1%	N/S
At or below 100% Federal Poverty Level Wave 1	53.6%	53.3%	N/S
At or below 100% Federal Poverty Level Wave 3	43.2%	50.0%	N/S
Child has been in household since birth at baseline	72.9%	70.4%	N/S
Mother's rights terminated by Wave 3	17.5%	34.3%	N/S
Father's rights terminated by Wave 3	17.5%	34.4%	N/S

Table 4. Demographic Characteristics of Family of Origin

LGB youth were almost three times as likely as 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. Most youth had biological siblings and resided in the same household since birth. A larger than expected percentage of both LGB and Non-LGB youth reported having a child of their own by the end of data collection. Although the percentage of Non-LGB youth who had maternal or paternal rights terminated was approximately double that 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

	LGB	NON-LGB%	ODDS RATIO
ABUSE CHARACTERISTICS			
Physical	29.4%	26.2%	N/S
Sexual	13.0%	10.0%	N/S
Neglect/Other	57.7%	63.5%	N/S
Report was substantiated at baseline*	17.2%	25.7%	.60 [.39, .92]
Family received services following reference report	37.2%	29.7%	N/S
RISK FACTORS			
Prior CW service history at baseline	62.4%	47.9%	N/S
Active drug abuse by primary caregiver	5.1%	7.2%	N/S
Active alcohol abuse by primary caregiver	2.4%	4.7%	N/S
Primary care giver has mental health problems	19.8%	11.2%	N/S
Active drug abuse by secondary care giver	10.8%	8.4%	N/S
Current caregiver is employed	16.1%	12.3%	N/S
Active domestic violence	9.6%	12.0%	N/A
History of domestic violence against care giver	20.6%	28.0%	N/S
History of abuse/neglect of primary care giver	14.6%	17.5%	N/S
Primary caregiver ever arrested*	40.0%	25.9%	1.91 [1.05, 3.47]
Primary caregiver recent arrest	12.0%	11.6%	N/S
High family stress	42.8%	43.9%	N/S
Low social support	23.6%	20.1%	N/S
Child ever been removed from respondents care	13.3%	11.3%	N/S
Other biological children removed from respondents care	14.9%	13.9%	N/S
# of times caregiver arrested (mean)	2.36 SE = .39	2.67 SE = .31	N/S

Table 5. Risk Factors for Maltreatment and Type of Abuse



PLACEMENT SETTING

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 6. Youth Placement Setting Across Waves

As seen in Table 5, there were no significant differences in the types of abuse that brought LGB and Non-LGB youth to the attention of child welfare. Although there was no difference in the type of abuse experienced by LGB and non-LGB youth, reports involving LGB youth are .6 times as likely to be substantiated than those involving their Non-LGB peers. A high percentage of all youth had prior child welfare involvement at the time of the reference report. LGB youth were almost twice as likely to come from homes where the primary caregiver had ever been arrested.

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, or use of excessive discipline.

As seen in Table 6, 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 over time. Both LGB youth and Non-LGB youth who were in out of home care were most often in kinship care across all waves of data collection. However, trends indicate that the percentage of Non-LGB youth who were placed in a foster home increased over time, while the percentage that stayed in kinship care decreased. This trend was different for LGB youth. The percentage of these youth who were in foster homes decreased slightly over time while the percentage of them who were placed in kinship care increased. There were no significant difference in the percentage of LGB and Non-LGB youth who were adopted.

OUT OF HOME PLACEMENT TRENDS LGB AND NON-LGB YOUTH

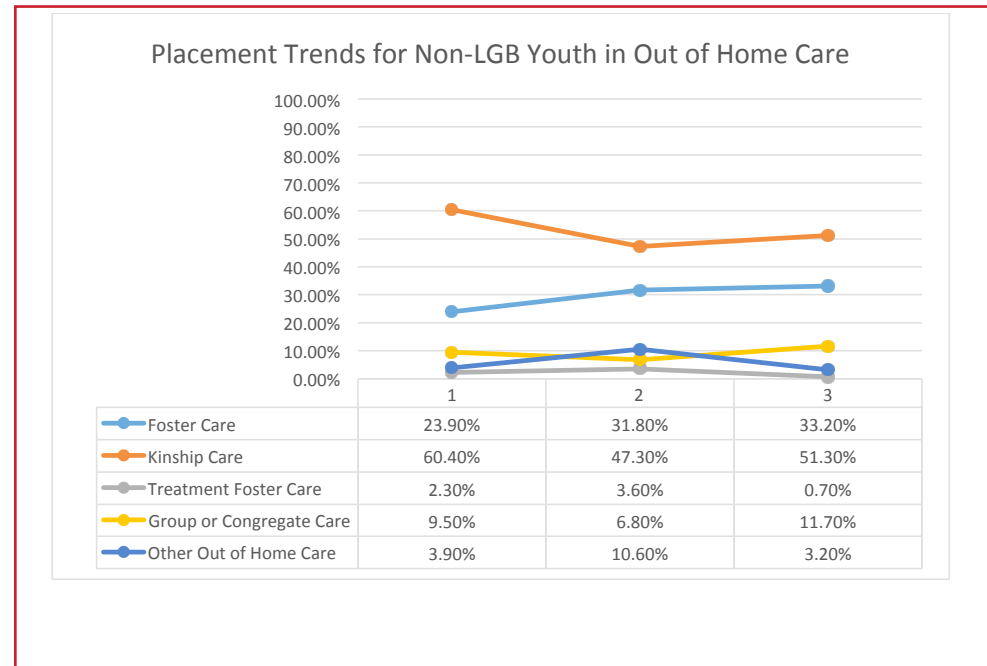


Table 7. Out of Home Placement Trends for Non-LGB Youth

PLACEMENT SETTING						
Placement Type	WAVE 1		WAVE 2		WAVE 3	
	LGB	Non-LGB	LGB	Non-LGB	LGB	Non-LGB
Foster home	24.7%	23.9%	6.1%	31.8%	3.7%	33.2%
Kinship care	51.9%	60.4%	71.9%	47.3%	65.1%	51.3%
Treatment foster Care	N/A	2.3%	1.8%	3.6%	N/A	.7%
Group home/Residential	23.1%	9.5%	20.2%	6.8%	28.0%	11.7%
Other out of home care	0.4%	3.9%	N/A	10.6%	3.2%	3.2%

Table 8. Out of Home Placement Trends for LGB Youth

Tables 7 & 8 look exclusively at the subpopulation of youth over age 11 who were in out of home care by sexual orientation and placement type over time. Kinship care remained the most common out of home placement for both LGB and Non-LGB youth. Group or congregate care was the second most common type of placement for LGB youth, whereas a foster home was the second most common type of placement for Non-LGB youth. Although the percentage of LGB youth who reported being in group or residential care was consistently double that of Non-LGB youth, these differences were not found to be significantly different. Due to small size of this subsample, additional analyses of this subgroup (LGB vs. Non-LGB youth in various types of out of home care) was not conducted.

OUT OF HOME PLACEMENT LENGTH AND NUMBER OF PLACEMENTS

	LGB	NON-LGB
Mean number out of home days*	87.40 SE=18.39 [50.71, 124.10]	96.71 SE = 10.43 [75.90, 117.53]
Range (days)	0-1438	0-1547
Mean length of placement (days)*	121.83 SE = 22.23 [77.37, 166.29]	89.42 SE = 24.13 [41.16, 137.68]
Range	14-238	13-274
Mean number of placements (at home and out of home)	1.10 SE = .16 [.78, 1.41]	1.21 SE= .05 [1.11, 1.31]
Number of placements (Range)	0-13	0-23

Table 9. Placement of LGB and Non-LGB Youth

*= $p < .05$, SE = Standard Error, CI = Confidence Interval

Length of placement and number of placements were also a variable of interest. Calculations for this section are restricted to data for the first 12 placements, as that was the maximum number of placements that were reported for any LGB youth. Table 9 indicates that the range of placements was markedly smaller for LGB youth than for Non-LGB youth. LGB youth averaged approximately nine fewer days out of home than their Non-LGB peers. LGB and Non-LGB youth did not differ significantly on mean number of total lifetime placements. Average length of placement was significantly different for LGB and Non-LGB youth. LGB youth stayed in each placement on average 30 days longer than non-LGB youth.

AVERAGE LENGTH OF PLACEMENTS

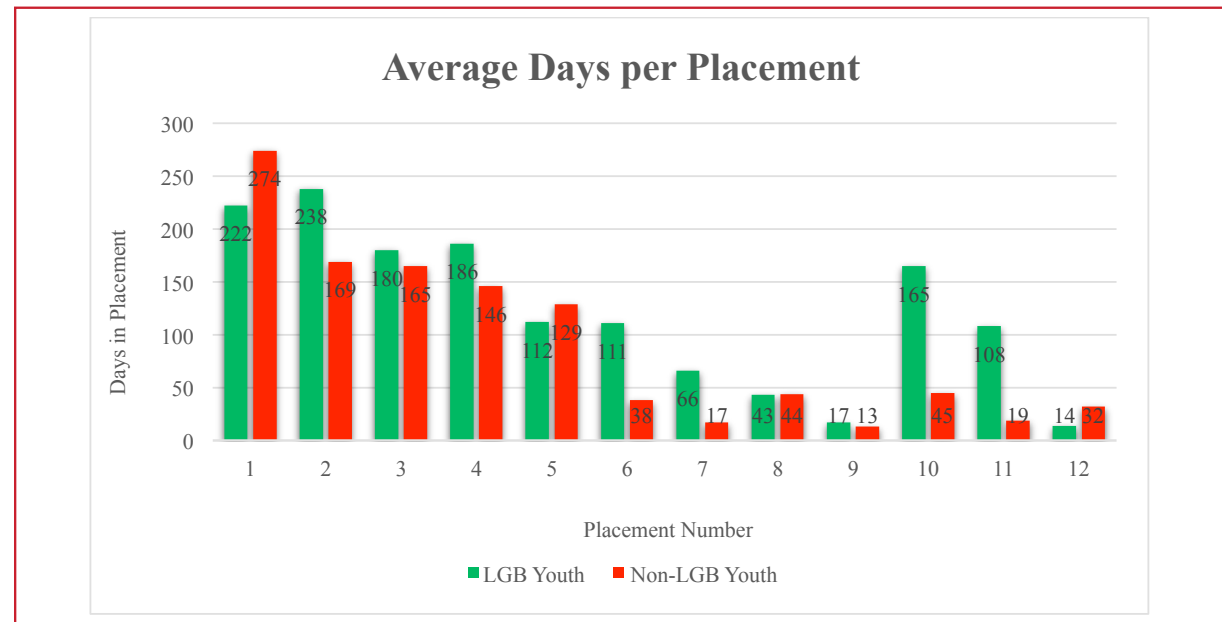


Table 10. Average Days Per Placement for LGB and Non-LGB Youth

As seen in table 10, the length of placement decreased as the number of placements the youth experienced increased, indicating that the longer the youth is in out of home care, the shorter on average the duration of subsequent placements. LGB youth generally stayed in their first placement fewer days than their Non-LGB peers, but tended to stay in subsequent placements longer than Non-LGB youth.

REASONS FOR PLACEMENT CHANGE

PLACEMENT CHANGE #1	LGB	NON-LGB
Higher level of care	5.1%	2.8%
Lower level of care	22.8%	14.9%
Request of foster family	9.7%	2.3%
Logistical issues (funding, time)	12.0%	1.7%
Poor quality foster home	N/A	2.4%
Other reason	50.5%	74.1%
Reason not stated	N/A	7.7%

Table 11. Reason for Placement Change

Data was collected on reasons why youth were moved from placement. Since the majority of youth stayed in their initial placement in out of home care, data concerning the reason for moving the youth from that first placement was explored. It appears that LGB youth were moved from placement to a higher level of care, due to logistical issues or at the request of their foster family at a higher rate than those who were Non-LGB. However the majority of youth were moved for reasons designated as “other” which was not defined, thus limiting the utility of these data.



Photo Source: FLICKR

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 12 Well-being Indicators

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

As seen in Table 12, 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: No difference between LGB and Non-LGB youth existed at baseline, but differences developed over time, and 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 outcomes on trauma for Non-LGB youth, while LGB respondents tended to get worse or stay about the same.

SUBSTANCE ABUSE: Substance use rates increased for all youth over time, and is most likely associated with aging. However, LGB youth reported higher lifetime percentages of use for all substances (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. 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.

No significant differences were found between LGB and Non-LGB youth in terms of developmental delays, social skills, mean number of psychotropic medications at baseline or at termination. However, over 50% of both LGB and Non-LGB youth indicated taking psychiatric medications across all three time points.

DELINQUENCY INDICATORS

Youth delinquency was assessed by looking at the mean number of youth arrests, delinquency scores and deviant peer affiliation scores across all waves of data collection. Results indicate the following:

- There was no significant difference between LGB and Non-LGB youth in lifetime prevalence of arrests by the end of data collection.
- 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.

MULTIVARIATE REGRESSION ANALYSES OF MENTAL HEALTH OUTCOMES

	WAVE 1						WAVE 2						WAVE 3						
	β (std.)	B	SE	OR [95 % CI]	RR	Sig.	β (std.)	B	SE	OR [95 % CI]	RR	Sig.	β (std.)	B	SE	OR [95 % CI]	RR	Sig.	
Substance Use Disorder (1=Yes)																			
Gender (1=F)	-	-0.16	0.38	0.86 [0.40, 1.81]	0.89	.684	-	-0.31	0.42	0.74 [0.33, 1.66]	0.79	.463	-	-0.68	0.28	0.51 [0.29, 0.87]	0.60	.014	
Child Age	-	0.48	0.09	1.61 [1.36, 1.92]	1.44	<.001 1	-	0.40	0.07	1.49 [1.31, 1.70]	1.38	<.001 1	-	0.37	0.05	1.44 [1.30, 1.60]	1.35	<.001	
LGB (1=Yes)	-	1.39	0.36	4.03 [2.00, 8.11]	2.57	<.001 1	-	0.43	0.48	1.53 [0.60, 3.94]	1.38	.377	-	0.93	0.42	2.53 [1.12, 5.73]	1.99	.025	
Minority (1=Yes)	-	0.20	0.37	1.22 [0.59, 2.51]	1.14	.593	-	0.06	0.45	1.07 [0.45, 2.55]	1.04	.885	-	-0.07	0.27	0.93 [0.56, 1.57]	0.94	.797	
LGB x Minority	-	-0.07	0.54	0.93 [0.32, 2.66]	0.98	.892	-	0.52	0.73	1.68 [0.40, 6.94]	1.49	.477	-	0.48	0.54	1.62 [0.56, 4.71]	1.44	.375	
Depression[‡]																			
Gender (1=F)	0.11	2.59	0.96	-	-	.007	0.14	2.99	0.93	-	-	.001	0.20	4.00	1.01	-	-	-	<.001
Child Age	-0.10	-0.40	0.20	-	-	.049	-0.06	-0.22	0.21	-	-	.281	0.11	0.37	0.20	-	-	-	.064
LGB (1=Yes)	0.21	6.45	2.64	-	-	.015	0.29	8.21	1.68	-	-	<.001 1	0.37	10.1 9	2.69	-	-	-	<.001
Minority (1=Yes)	0.00	0.08	1.22	-	-	.947	0.12	2.47	1.20	-	-	.039	-0.03	0.60	1.03	-	-	-	.559
LGB x Minority	0.02	0.68	2.97	-	-	.820	-0.06	-2.07	2.57	-	-	.422	-0.13	-4.44	3.48	-	-	-	.201
Trauma[‡]																			
Gender (1=F)	-0.10	-2.32	1.23	-	-	.059	-0.13	-2.58	0.92	-	-	.005	-0.12	-2.40	0.93	-	-	-	.010
Child Age	-0.09	-0.37	0.20	-	-	.060	-0.05	-0.18	0.21	-	-	.385	0.13	0.44	0.23	-	-	-	.063
LGB (1=Yes)	0.20	6.00	3.01	-	-	.046	0.16	4.37	1.64	-	-	.008	0.33	9.00	2.61	-	-	-	.001
Minority (1=Yes)	0.03	0.63	1.65	-	-	.701	0.04	0.72	1.29	-	-	.576	-0.12	-2.36	1.06	-	-	-	.026
LGB x Minority	-0.11	-4.04	3.20	-	-	.207	0.00	0.07	2.33	-	-	.976	-0.04	-1.28	3.14	-	-	-	.683

Table 13. Multivariate Regression Analyses of Selected Mental Health Variables Note. Parenthetical statements indicate coding scheme for dummy variables. SE = standard error. OR = odds ratio. RR = risk ratio. Entries in bold indicate $p < .05$. ‡ = continuous variable

Further analysis was done on mental health well-being indicators, as they are where the greatest disparities between LGB and Non-LGB youth appear to occur. Main effects were found consistently for increased incidences of substance use disorders based on age when controlling for all other variables. There was also a significant main effect for sexual orientation at Wave 1 and gender at Wave 3 indicating that these two aspects of identity may have differential impacts of the progression of substance use and misuse over time. Significant main effects for depression were found for gender and sexual orientation even when controlling for age, ethnicity and the interaction of ethnicity and sexual orientation. Significant main effects were also found in relation to trauma for gender, sexual orientation and ethnicity, but not the interaction of these factors. When these results are taken together, **it appears that sexual orientation is highly predictive of higher levels of depression and trauma consistently over time** and that sexual orientation is predictive of substance use in those who are younger, but gender is more predictive of substance misuse in those who are older.

DISCUSSION

POTENTIAL LIMITATIONS: Although these data provide us with the first nationally representative picture of LGB youth in the child welfare system, there are some potential limitations to these findings. First, data concerning sexual orientation was only collected during the final Wave of data collection, rather than during all three Waves. Thus, data for youth who declined to participate in subsequent Waves of data collection, who may later identify as LGB, may not have been captured during the data collection process. Although the weighting protocol used minimizes these concerns, there is potential that the youth who opted out are in some way different than those who continued participation. Second, 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. As youth in general are identifying their sexual orientation at increasingly younger ages, it is recommended that this question be extended to include data from younger system involved youth.

These data 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 involvement, evidence exists that system involved youth were reluctant to openly disclose their true identities within that system.^{7,9,49} Reasons for non-disclosure included safety concerns, stigma, and pervasive homophobia/trans-negativity from a wide range of people with whom they came in contact including other youth, workers, administrators, foster families, and associated service providers. Youth reported that sexual orientation and gender identity/expression based bullying were common within these systems, and that open disclosure could result in psychological and physical harm. Disclosure could also result in a loss of privileges, unexpected placement changes, unethical SOGIE change efforts such as “conversion therapy,” and movement into more restrictive and higher levels of care. Youth were especially vulnerable when in group care settings where they reported frequent discrimination not only from caregivers, but from their peers/foster siblings as well.⁵⁰⁻⁵³ As such, the current population based estimates are thought to be a conservative estimate of the true prevalence of LGB youth within child welfare.

This study did not include youth who identified as “asexual” as part of the larger LGB community in an attempt to limit overestimation of the number of sexual minority youth within these systems. Thus, their data was combined with those identifying as exclusively heterosexual to comprise the Non-LGB group. It is possible that these youth represent a unique group of youth who may have outcomes that are distinct from both heterosexual and LGB youth. As time goes on, youth who at one time identify as “asexual” may later identify as any sexual orientation (heterosexual, gay, lesbian or bisexual) or may continue to identify as asexual. It was unexpected that such a large percentage of this sample (7.8% of the total youth ages 11+) identified their sexual orientation in this way, which was inconsistent with prior estimates of asexual identified youth.^{54,55}

These results may be explained in the following ways. Youth ages 11 and 12 comprised 68% of all those in this sample identifying as asexual. Thus, there may be some developmental factors influencing the self-identification of these youth. It may be that these youth are currently exploring their identities and as such, none of the other choices offered “fit” how they currently conceptualized their own experiences. These youth may not yet have engaged in dating or consensual sexual behavior, and as such, may opt for the “attracted to neither” option. It is also possible that not identifying as either heterosexual or LGB was the most comfortable way for these youth to answer the question, rather than refusing to answer it. Although some of these youth will later identify as lesbian, gay, or bisexual, it is currently unclear what percentage of them will eventually identify in those ways. 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. Although data on some of these youth’s outcomes may have been captured by the question related to sexual orientation, youth who may identify as transgender/non-binary but who reported a heterosexual or asexual orientation, were not included as part of the LGB group. Prior studies indicate that overall, child welfare systems are least well equipped to meet the needs of transgender/non-binary youth in care^{7,12,56} necessitating accurate estimates of the number of system involved transgender and non-binary youth, along with reliable data concerning their unique outcomes.

RECOMMENDATIONS AND IMPLICATIONS FOR POLICY AND PRACTICE

These data answer questions concerning the representation of LGB youth within the child welfare system, and add to the existing body of knowledge on the unique challenges faced by sexual minority youth within child welfare. This study provides us with the first nationally representative data concerning LGB youth in child welfare, and presents us with an important starting point to advocate for tailored LGBTQ+ affirming services and policies within child welfare systems nationwide. Although we do not know exactly how many of the larger group of LGBTQ+ youth are involved with child welfare, there is evidence to support that at least 15.5%, or approximately 146,000 youth within the child welfare system openly identify as lesbian, bisexual, or gay. These data further highlight areas for future inquiry on the larger population of LGBTQ+ children and youth, and should be extended to include children and youth within child welfare who identify as transgender, non-binary, queer or questioning.

It is recommended moving forward that all child welfare jurisdictions systematically collect information on sexual orientation, gender identity and gender expression to ensure continuing exploration of the prevalence and outcomes of LGBTQ+ children and youth who are involved in the child welfare system.

Some of the results from this work are encouraging in terms of an absence of disparities for many key outcomes indicators when outcomes of LGB youth were compared to those of Non-LGB youth. These areas 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 related to these factors. Since these data are inconsistent with prior reports from former system involved youth, it is essential for ongoing data collection within child welfare to include SOGIE information so that these comparisons may be ongoing.

Although these data do not support clinically significant differences in placement or permanency outcomes 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 their LGB children. Families’ attitudes and perceptions will also influence their ability to find appropriate support for themselves, and their ability to affirm the identities of the children in their care. 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, as adults can play an important role in both the promotion of and the reduction of 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. One major finding is that that girls who identify as sexual minorities are quite overrepresented in child welfare. This finding leads to additional questions about how gender, and its expression, along with sexual orientation influence youth’s decision to disclose their identity as a sexual minority, and about how those differences may impact the outcomes that these youth experience. As some of these findings about stability and permanence were inconsistent with qualitative data gathered in prior studies, additional exploration of gender-based differences in the experiences of lesbian/bisexual girls compared to gay/bisexual boys is currently needed. 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 disproportionality of sexual minority females currently within child welfare means that lesbian and bisexual girls and young women should become a priority population moving forward, as they tend to have more adverse mental health outcomes than their Non-LGB female peers, even when other demographic factors such as age, race and ethnicity are controlled for.

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 that 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 the first point of contact, and reassess for these issues regularly over time. In addition it is recommended that supplementary 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.



Photo Courtesy: SHUTTERSTOCK

Although the current results are based exclusively on data derived from LGB youth within child welfare, gender minority youth also may have significant risks within child welfare that must be addressed. Very little data exists concerning the outcomes for transgender and non-binary youth within child welfare. Recent qualitative investigations support the hypothesis that these youth, especially transgender or gender non-conforming youth of color, have persistently worse outcomes within child welfare than their cisgender peers, regardless of sexual orientation. This speaks again to the need for additional mental health and supportive services for youth who identify as transgender or non-binary, as well as those who identify as lesbian, gay or bisexual.

One of the most challenging aspects of supporting LGB children and youth in child welfare is the variability concerning local and state non-discrimination regulations related to sexual orientation. The majority of LGB youth live in states with no legal protection against discrimination. Since no overarching federal protections exist to protect sexual minority individuals from discrimination, system involved youth in these states are left vulnerable to inequitable treatment in future employment, housing/placement, and other public spaces such as schools or human services agencies. More recently, legislation has been proposed in a number of states which would allow child welfare providers and community based agencies to “opt out” of service provision to those who are (or are perceived to be) sexual or gender minorities, if working with 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

with children and youth under the age of 18. There is mounting evidence to support SOGIE change efforts, also known as “conversion therapies” are ineffective.⁵⁷⁻⁵⁹ In addition, these types of interventions are thought to inflict additional harm on those they are purportedly helping.⁶⁰⁻⁶⁴ Although these interventions are prohibited by nearly every medical and social services professional association, they are still practiced in many areas, often by non-licensed service providers such as pastoral counselors or life coaches. It is essential for all potential out of home placement providers, and those involved at all levels of the child welfare, be aware of the dangers of these interventions and their potential negative impact on children and youth. This issue is of utmost concern in light of the fact that LGB youth are already disproportionately at risk for adverse mental health outcomes such as depression, trauma and substance misuse. These types of policy issues pose a serious dilemma for child welfare jurisdictions who have enacted LGBTQ+ affirming policies/standards of practice, as what is considered “best practice” at the organizational level may be inconsistent with local or state statutes.

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 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 only focusing on one aspect of youth’s identity are likely to fall short of addressing 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 wellbeing of sexual minority youth within the child welfare system, and inform practitioners’ clinical decision making and policy strategies for the allocation of resources essential to best meet the needs of these children and youth.

DISSEMINATION PLAN

Results of these findings were shared with members of the getR.E.A.L initiative during all stages of data analysis. Partners at Family Builders, the National Center for Lesbian Rights and the Center for the Study of Public Policy (CSSP) have met with the project staff to highlight the ways in which these findings can support their efforts in improving the healthy sexual and gender identity development of children and youth who come into contact with the child welfare system. They have also discussed how these findings can be used to assist LGB youth in child welfare who have interactions with other public systems such as school systems, mental health systems, and the juvenile justice system. Additionally, the project lead for this study was also part of the getR.E.A.L Allegheny Evaluation Team and thus, engaged in monthly communication with both the Allegheny team and Technical Assistance team at CSSP to use this data to assist with the implementation of the getR.E.A.L Allegheny project. At the time of submission of this final report, these results had been disseminated in the following ways:

PRESENTATIONS AT LOCAL AND NATIONAL CONFERENCES:

These findings were presented at the 20th National Conference on Child Abuse and Neglect as part of an invited Panel Discussion on Social Policy and LGBTQ+ youth.¹² This conference is sponsored by Children's Bureau, the Office of the Administration for Children and Families, and U.S. Department of Health and Human Services. Members of the team at the Center for the Study of Social Policy, the Los Angeles LGBT Center, the Center for the Support of Families, and the New York City Administration for Children's Services engaged in a panel presentation during which these results were disseminated.. These results were also disseminated as part of a referred oral presentation focusing on the needs of system involved LGBTQ+ children and youth at the 21st Annual Conference for the Society of Social Work in Research, whose theme was "Ensuring Healthy Development for All Youth". A poster highlighting these results was presented at the 6th Annual Graduate College of Social Work Research Conference at the University of Houston. Finally, an abstract has been submitted and is under review for the 2018 Council on Social Work Education Annual Program Meeting

PEER REVIEWED PUBLICATION SUBMISSION: One peer reviewed manuscript covering the prevalence of LGB youth, as well as a comparison of health, mental health and permanency outcomes will be submitted to Child Abuse and Neglect upon completion of this project. Two abstracts were accepted for publication in a Special Edition of Child Welfare focusing on LGBTQ+ youth in child welfare systems. Additional manuscripts featuring in depth analysis of different areas of these results, including those focusing on mental health, substance abuse, and foster youth are also forthcoming.

PRACTICE BRIEFS: A condensed version of this final report along with two one-page "practice briefs" for dissemination to practitioners, administrators and policy makers have been included as part of this submission. One entitled "5 Things to Consider About LGB Youth in Child Welfare" covers the prevalence of these youth in public child welfare systems. The other entitled, "The Mental and Emotional Health of LGB Youth in Child Welfare" focuses on the mental health needs and outcomes of these youth, and offers suggestions for improvements. These briefs will be distributed through the getR.E.A.L National Network and through email distribution lists of child welfare organizations. Permission will be requested to directly disseminate these findings to public child workers and administrators with the Texas Department of Family and Protective Services – Child Protective Services Division, the Allegheny County Department of Health Services Division of Children, Youth and Families, the California Department of Social Services and the New York City Administration for Children's Services. The preliminary analyses of these data were highlighted as part of the Out of the Shadows⁷ report on supporting LGBTQ youth in child welfare through cross- system collaboration developed by the Center for the Study of Public Policy.

WEBINAR ON RESEARCH FINDINGS: The PIs of this study have been in communication with their partners at the Center for the Study of Public Policy's getR.E.A.L. initiative to schedule a time and place to record an on-demand webinar which will be featured on the website CSSP and the University of Houston Graduate College of Social Work and will be publicly available on YouTube for additional dissemination.

REFERENCES

1. Kann L. *Sexual identity, sex of sexual contacts, and health-risk behaviors among students in grades 9-12: Youth risk behavior surveillance, selected sites, United States, 2001-2009*. Vol 60: DIANE Publishing; 2011.
2. 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.
3. Gateway CWI. *Supporting Your LGBTQ Youth: A Guide for Foster Parents*. Washington, DC: Children's Bureau/ACYF/ACF/HHS;2013.
4. Cahill S, Makadon H. Sexual orientation and gender identity data collection in clinical settings and in electronic health records: A key to ending LGBT health disparities. *LGBT health*. 2014;1(1):34-41.
5. Cahill S, Singal R, Grasso C, et al. Do ask, do tell: high levels of acceptability by patients of routine collection of sexual orientation and gender identity data in four diverse American community health centers. *PLoS one*. 2014;9(9):e107104.
6. Wilber S. Guidelines for Managing Information Related to the Sexual Orientation and Gender Identity and Expression of Children in Child Welfare Systems. *Oakland, CA: Putting Pride Into Practice Project, Family Builders by Adoption*. 2013.
7. 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.
8. 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.
9. Center for the Study of Social P. Out of the Shadows: Supporting LGBTQ Youth in Child Welfare through Cross System Collaboration. In:2016.
10. GCSW CftSoSPTUoH. *Final Report to the Walter S. Johnson Foundation: Get Recognize.Engage.Affirm.Love*. San Francisco, CA2015.
11. 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.
12. 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.
13. Hill RB. *Synthesis of research on disproportionality in child welfare: An update*. Casey-CSSP Alliance for Racial Equity in the Child Welfare System Washington, DC; 2006.
14. Wilson BD, Kastanis A. Sexual and gender minority disproportionality and disparities in child welfare: A population-based study. *Children and Youth Services Review*. 2015.
15. Yarbrough J. INFORMATION PACKET LGBTQ Youth Permanency. 2012.
16. Mallon GP. Permanency for LGBTQ youth. *Protecting Children*. 2011;26(1):49-57.
17. Winokur M, Holtan A, Batchelder K. Kinship Care for the Safety, Permanency, and Well-being of Children Removed from the Home for Maltreatment: *A Systematic Review. Campbell Systematic Reviews*. 2014;10(2).
18. Campie PE, Pakstis A, Flynn K, McDermott K. Developing a Coherent Approach to Youth Well-Being in the Fields of Child Welfare, Juvenile Justice, Education, and Health: A Systematic Literature Review. *Families in Society: The Journal of Contemporary Social Services*. 2015;96(3):175-184.
19. Lauricella M, Valdez JK, Okamoto SK, Helm S, Zaremba C. Culturally Grounded Prevention for Minority Youth Populations: A Systematic Review of the Literature. *The Journal of Primary Prevention*. 2016;37(1):11-32.
20. Collier KL, van Beusekom G, Bos HM, Sandfort TG. Sexual orientation and gender identity/expression related peer victimization in adolescence: A systematic review of associated psychosocial and health outcomes. *Journal of sex research*. 2013;50(3-4):299-317.
21. Schneeberger AR, Dietl MF, Muenzenmaier KH, Huber CG, Lang UE. Stressful childhood experiences and health outcomes in sexual minority populations: a systematic review. *Social psychiatry and psychiatric epidemiology*. 2014;49(9):1427-1445.

22. Quinn K, Ertl A. Social and Sexual Risk Factors Among Sexual Minority Youth. *Journal of LGBT Youth*. 2015;12(3):302-322.
23. Meyer IH. Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence. *Psychological bulletin*. 2003;129(5):674.
24. Frost DM, Lehavot K, Meyer IH. Minority stress and physical health among sexual minority individuals. *Journal of behavioral medicine*. 2015;38(1):1-8.
25. Balsam KF, Beadnell B, Molina Y. The Daily Heterosexist Experiences Questionnaire: Measuring Minority Stress Among Lesbian, Gay, Bisexual, and Transgender Adults. *Measurement and Evaluation in Counseling and Development*. 2012.
26. 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.
27. Marshal MP, Dietz LJ, Friedman MS, et al. Suicidality and depression disparities between sexual minority and heterosexual youth: A meta-analytic review. *Journal of Adolescent Health*. 2011;49(2):115-123.
28. Balsam KF, Molina Y, Blayney JA, Dillworth T, Zimmerman L, Kaysen D. Racial/ethnic differences in identity and mental health outcomes among young sexual minority women. *Cultural diversity and ethnic minority psychology*. 2015;21(3):380.
29. Marshal MP, Dermody SS, Cheong J, et al. Trajectories of Depressive Symptoms and Suicidality Among Heterosexual and Sexual Minority Youth. *Journal of Youth and Adolescence*. 2013;42(8):1243-1256.
30. Foundation AEC. LGBTQ in *Child Welfare: A Systematic Review of the Literature*. Baltimore, MD2016.
31. 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.
32. 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.
33. 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.
34. Ray N, Berger C. *Lesbian, gay, bisexual and transgender youth: An epidemic of homelessness*. National Gay and Lesbian Task Force Policy Institute; 2007.
35. 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.
36. 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.
37. Klein A, Golub SA. Family Rejection as a Predictor of Suicide Attempts and Substance Misuse Among Transgender and Gender Nonconforming Adults. *LGBT Health*. 2016.
38. 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.
39. 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.
40. 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.
41. Lalayants M, Prince JD. Delinquency, depression, and substance use disorder among child welfare-involved adolescent females. *Child abuse & neglect*. 2014;38(4):797-807.
42. Burwick A, Oddo V, Durso L, Friend D, Gates G. *Identifying and servicing LGBTQ youth: Case studies of runaway and homeless youth program grantees. Final report*. 2014.
43. 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.
44. Dowd K, Dolan M, Smith K, et al. *NSCAW II combined waves 1-3 restricted release version data file user's manual*. Ithica, NY2014.
45. Casanueva C, Tueller S, Smith K, Dolan M, Ringeisen R. *NSCAW II Wave 3 Tables*. OPRE Report;2013.
46. 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.
47. 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.
48. 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.
49. Dettlaff AJ, Washburn M, Holzman J, McCoy H. Assessing the needs fo LGBTQ Runaway and Homeless Youth: Recommended responses and strategies for providing affirming supportive services. In: Houston Uo, Chicago UoI, eds2016.
50. Boel-Studt SM, Tobia L. A Review of Trends, Research, and Recommendations for Strengthening the Evidence-Base and Quality of Residential Group Care. *Residential Treatment for Children & Youth*. 2016(just-accepted).
51. Irvine A, Canfield A. Overrepresentation of Lesbian, Gay, Bisexual, Questioning, Gender Nonconforming and Transgender Youth within the Child Welfare to Juvenile Justice Crossover Population, The. *Am UJ Gender Soc Pol'y & L*. 2015;24:243.
52. Schuster MA. A Longitudinal Study of Bullying of Sexual-Minority Youth. In:2015.
53. Dougherty S. Bullying and children in the child welfare system. *National Resource Center for Permanency and Family Connections*. 2007:1-15.
54. Steelman SM, Hertlein KM. Underexplored Identities: Attending to Asexuality in Therapeutic Contexts. *Journal of Family Psychotherapy*. 2016;27(2):85-98.
55. Hinderliter AC. Methodological issues for studying asexuality. *Archives of Sexual Behavior*. 2009;38(5):619-621.
56. Mallon GP, DeCrescenzo T. Transgender children and youth: A child welfare practice perspective. *CHILD WELFARE-NEW YORK-*. 2006;85(2):215.
57. 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.
58. Zucker KJ. Editorial: The Politics and Science of "Reparative Therapy". *Archives of Sexual Behavior*. 2003;32(5):399-402.
59. 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.
60. Campaign HR. The Lies and Dangers of Efforts to Change Sexual Orientation or Gender Identity. 2016; <http://www.hrc.org/resources/the-lies-and-dangers-of-reparative-therapy>.
61. Moss I. Ending Reparative Therapy in Minors: An Appropriate Legislative Response. *Family Court Review*. 2014;52(2):316-329.
62. Spitzer RL. Spitzer reassesses his 2003 study of reparative therapy of homosexuality. *Archives of Sexual Behavior*. 2012;41(4):757-757.
63. Byne W. Regulations Restrict Practice of Conversion Therapy. *LGBT health*. 2016.
64. Project MA. *LGBT Policy Spotlight: Conversion Therapy Bans*. Denver, CO: National Center for Lesbian Rights;2016.