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Queer and Vulnerable: Identifying the Challenges of LGBTQ+ Youth in Foster Care

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Executive Summary

- LGBTQ+ children and youth, constituting 30% of the foster care population, are significantly overrepresented compared to their presence in the general youth population (9.5%).
- Children in foster care with higher cumulative adverse childhood experiences (ACEs) exposure are significantly more likely to face placement instability, a risk further heightened for LGBTQ+ children, making them more susceptible to ACEs and discrimination, leading to disproportionately negative outcomes within an already vulnerable population.
- In group and foster home settings, LGBTQ youth often face isolation, negatively impacting their self-esteem and increasing the need for mental health support.
- Rates of suicide attempts are higher among LGBTQ+ foster youth of color (38%) and non-binary/transgender foster youth (45%).

Background

Public child welfare agencies are tasked with enhancing family resilience to ensure that children can rely on their caregivers to provide a safe and loving home environment. These agencies focus on proactively preventing the abuse or neglect of children by their parents or caregivers. In insta-

nces where abuse or neglect has occurred, the agencies are tasked with delivering assistance, services, or appropriate referrals to ensure that children do not endure further maltreatment. In certain cases, this involves placing children in foster care. Foster care is understood to be a temporary living situation for kids whose parents cannot take care of them and whose need for care has come to the attention of child welfare agency staff. While in foster care, children may live with relatives, foster families, or in a group home (also referred to as congregate care).

Demographic Insights into Foster Care Youth

The data compiled by the Administration of Children and Families (ACF) indicates the number of children in foster care has been decreasing for four consecutive years. At the end of fiscal year (FY) 2021, there were an estimated 391,000 children in foster care.[1] The year prior, FY 2020, 407,000 children were in foster care. In FY 2021, the majority of children (83%) resided with families (nonrelative or relative foster homes and pre-adoptive homes), 9% lived in group facilities, 7% were on trial home visits or in supervised independent living, and 1% had run away.[2]

An in-depth analysis of the demographics of children in foster

care underlines a significant overrepresentation of specific racial and ethnic groups in comparison to their prevalence in the overall population in the United States. It is noteworthy that despite White children constituting 49% of the U.S. child population, their representation in the foster care population was slightly lower at 46%.[3] Conversely, Hispanic children, traditionally underrepresented on a national scale in foster care, constituted 22% of the foster care population but only 26% of the overall population.[4] The disparity becomes more alarming when considering Black/African American and American Indian and Alaska Native (AIAN) children. Black/African American children, representing 20% of the foster care population, are notably underrepresented in the total population, accounting for only 14%.[5] Similarly, AIAN children, making up less than 1% of the overall population, represent 2% of children in foster care.[6]

In addition to the staggering overrepresentation of Black and AIAN children in foster care, another group facing disproportionate representation is LGBTQ+ children and youth. The umbrella term LGBTQ+ encompasses children who identify as lesbian, gay, bisexual, transgender, queer, questioning, and intersex, as well as those who

identify as non-binary or have a non-conforming gender identity or expression.

30% of youth in foster care identify as LGBTQ+, presenting a significant contrast from their representation in the population of youth between the ages of 13-17, where they constitute only 9.5%.[7] However, it's important to consider the potential for these statistics to be misleading. The risk of harassment and abuse upon disclosing their identity poses a barrier to obtaining a more accurate count.

Both LGBTQ youth and heterosexual youth enter the foster care system for common reasons, including experiences of abuse, neglect, and parental substance abuse. However, LGBTQ youth often face an additional layer of trauma stemming from rejection or mistreatment based on their sexual orientation, gender identity, or gender expression. LGBTQ+ youth face higher rates of parental physical abuse,[8] and are more likely to run away from home or be kicked out, often because of conflict over their sexual orientation or gender identity.[9] These experiences not only increase the risk of LGBTQ+ youth entering foster care but also contribute to the development of complex needs and trauma associated with the stigma and discrimination they endure.[10]

Adverse Childhood Experiences (ACEs) and Foster Care Youth

Though the foster care system is intended to provide a safe and supportive environment for children and youth facing challenges within their biological families, this very system can inadvertently expose children to adverse childhood experiences (ACEs). ACEs encompass instances that occur in childhood (0-17) including abuse, neglect and violence, which can significantly

impact a child's emotional, physical, and psychological development. The toxic stress resulting from ACEs has the potential to alter brain development and influence the body's stress response mechanisms.[11] The connection between ACEs and long-term health consequences is evident, with links to chronic health issues, mental health disorders, and substance misuse in adulthood.[12] Entering foster care is associated with experiencing four ACEs (four traumatic instances or events), and surpassing this threshold is considered a high risk for toxic stress.[13] Unfortunately, children in foster care with greater cumulative ACEs exposure are significantly more likely to experience placement instability.[14] With the added layer of identifying as LGBTQ+, these children are more susceptible to ACEs and are more likely to experience placement instability and discrimination.[15] Among an already vulnerable population, like foster youth, subgroups of children like those who identify as LGBTQ+, disproportionately experience negative foster care outcomes—placement instability, lack of continuity in education, and abuse and/or neglect.

Problem Analysis

LGBTQ+ youth within the foster care system have disclosed instances of mistreatment attributed to their sexual orientation or gender identity. Navigating the intersections of their identity within the foster care environment, LGBTQ+ youth contend with challenges similar to their heterosexual counterparts but at elevated levels, compounded by an increased vulnerability to additional obstacles. A study found that, "one of the most consistent themes that LGBTQ youth have conveyed in focus groups and qualitative interviews is a tendency to be harassed, teased, and bullied by

staff, peers, and care providers... LGBTQ youth are often excluded and rejected by their peers and caretakers." [16] The number of challenges faced by LGBTQ+ youth are rooted in systemic issues such as discrimination and stigma, compounded by a pervasive lack of understanding and a pressing need for mental health services.

Stigma and Discrimination Against LGBTQ+ Children in Foster Care

Frequently, LGBTQ+ foster youth encounter discrimination within their biological families prior to entering the foster care system. The treatment they receive from families and caregivers concerning their sexual orientation or gender identity plays a significant role in predicting their mental health and overall well-being. A 2021 survey demonstrated that LGBTQ youth experiencing high social support from their families reported suicide attempt rates of less than half compared to those with low or moderate social support.[17] LGBTQ people commonly feel most supported when their parents or caregivers are welcoming to their LGBTQ friends or partners, engage in respectful conversations about their LGBTQ identity, use correct names and pronouns, support their gender expression, and actively educate themselves about LGBTQ people and related issues.[18]

In contrast, a study uncovered that experiencing detrimental family behaviors, such as being excluded from family events and activities due to their identity or having exposure to information about the LGBTQ+ identity limited, significantly increased the likelihood of various severe health concerns. These concerns include depression, suicidal tendencies, illegal drug use, and other related risks.[19] Young adults who experienced significant family rejection during adolescence were over eight times more likely to have attempted suicide, nearly

six times more likely to report elevated levels of depression, and more than three times more likely to engage in illegal drug use compared to their LGB (lesbian, gay, bisexual) counterparts from families reporting little to no family rejection.[20]

Despite its intended purpose of offering a safe and nurturing environment for all children, the foster care system still exhibits discriminatory practices against queer children. A significant portion, 37.7%, of LGBTQ+ identifying children in foster care aged 12 through 21 reported experiencing mistreatment related to their gender expression, sexual minority status, and transgender identity.[21] For example, in group home and foster home settings, LGBTQ youth often face isolation, confined to their own bedroom or a dedicated wing of the house. This segregation is prompted by concerns about placing them with youth of the same sex.[22] Segregating queer-identifying children from their heterosexual counterparts has detrimental implications for the well-being of LGBTQ+ youth. When isolated from their peers, queer youth may experience lower self-esteem and an increased need for mental health support.

Mental Health Needs of LGBTQ+ Youth

LGBTQ+ youth have high health needs, and those in foster care face significant disparities as a result of stigma and discrimination. In particular, queer youth in foster care face significant mental health disparities. According to a 2020 survey, LGBTQ+ youth in foster care were 2.6 times more likely to report a past year suicide attempt to their counterparts not in foster care. Specifically, 35% of LGBTQ+ youth in foster care reported having made such an attempt.[23] LGBTQ+ foster youth of color (38%) and non-binary and trans-

gender foster youth (45%) reported higher rates of suicide attempts.[24]

Due to the unique mental health challenges the LGBTQ+ community face, it is crucial to prioritize the placement of queer children in foster care settings equipped to offer the tailored support and specialized resources essential for promoting their overall health and wellbeing. These resources may include access to therapy, access to gender affirming care and information on LGBTQ+ identity.

Recommendations to Meet the Needs of LGBTQ+ Children in Foster Care

Foster care youth experience unique challenges, with research consistently highlighting the vulnerability of LGBTQ+ foster youth to discrimination and mental health disparities. Ensuring the proper functioning of the foster care system is crucial. The following recommendations aim to cultivate a nurturing and secure environment within the foster care system, specifically addressing the unique needs of LGBTQ+ youth.

- Caseworker Training and Information Requirements
 - Agencies should ensure their employees are effectively trained to support LGBTQ+ children. To adequately prepare agency staff to meet the best interests and special needs of LGBTQ+ children, training should incorporate evidence, studies, and research on the impacts of rejection, discrimination, and stigma on their safety and wellbeing. It should also equip staff with information on practices that promote the safety and wellbeing of LGBTQ+ youth.
- Educate the caregiver to meet the specific needs of an LGBTQ+ child

- Evidence makes it clear that many LGBTQ+ foster youth do not currently receive placements or services that are safe and appropriate. [25] LGBTQ+ foster youth should be placed with a provider trained to provide for the needs of the child related to the child's self-identified sexual orientation, gender identity, and gender expression.
- Provide access to age-appropriate resources, services and activities
 - Providers should provide access to behavioral health supports that are respectful of a child's LGBTQ+ identity, engaging with LGBTQ+ mentors and peers, participating in affinity groups, and linking the child to various LGBTQ+ supportive resources.

Conclusion

The foster care system plays a critical role in ensuring the well-being of vulnerable children, yet it faces challenges, particularly in the context of LGBTQ+ youth. The demographic analysis reveals concerning overrepresentation of specific racial and ethnic groups, as well as a disproportionately high percentage of LGBTQ+ youth in foster care. The intersectionality of identities poses unique challenges, with LGBTQ+ foster youth experiencing discrimination and mistreatment, both within their biological families and the foster care system itself. The mental health disparities, particularly the elevated rates of suicide attempts, emphasize the urgent need for targeted support and resources. Potential exposure to harmful practices and discrimination shows the need to reform policies and practices within the foster care system to create an inclusive, supportive, and safe environment for LGBTQ+ youth.

Endnotes

- [1]<https://www.acf.hhs.gov/sites/default/files/documents/cb/afcars-report-29.pdf>
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