To: **LGBTQ Commission**

From: Tanya Beat, Director

Subject: Resolution to make findings allowing continued remote meetings under Brown Act

RECOMMENDATION:

Adopt a resolution finding that, as a result of the continuing COVID-19 pandemic state of emergency declared by Governor Newsom, meeting in person would present imminent risks to the health or safety of attendees.

BACKGROUND:

On June 11, 2021, Governor Newsom issued Executive Order N-08-21, which rescinded his prior Executive Order N-29-20 and set a date of October 1, 2021 for public agencies to transition back to public meetings held in full compliance with the Brown Act. The original Executive Order provided that all provisions of the Brown Act that required the physical presence of members or other personnel as a condition of participation or as a quorum for a public meeting were waived for public health reasons. If these waivers fully sunsetted on October 1, 2021, legislative bodies subject to the Brown Act would have to contend with a sudden return to full compliance with in-person meeting requirements as they existed prior to March 2020, including the requirement for full physical public access to all teleconference locations from which board members were participating.

On September 16, 2021, the Governor signed AB 361, a bill that formalizes and modifies the teleconference procedures implemented by California public agencies in response to the Governor's Executive Orders addressing Brown Act compliance during shelter-in-place periods. AB 361 allows a local agency to continue to use teleconferencing under the same basic rules as provided in the Executive Orders when certain circumstances occur or when certain findings have been made and adopted by the local agency.

AB 361 also requires that, if the state of emergency remains active for more than 30 days, the agency must make findings by majority vote every 30 days to continue using the bill's exemption to the Brown Act teleconferencing rules. The findings are to the effect that the need for teleconferencing persists due to the nature of the ongoing public health emergency and the social distancing recommendations of local public health officials. Effectively, this means that local agencies must agendize a Brown Act meeting once every thirty days to make findings regarding the circumstances of the emergency and to vote to continue relying upon the law's provision for teleconference procedures in lieu of in-person meetings.

AB 361 provides that Brown Act legislative bodies must return to in-person meetings on October 1, 2021, unless they choose to continue with fully teleconferenced meetings because a specific declaration of a state or local health emergency is appropriately made. AB 361 allows local governments to continue to conduct virtual meetings as long as there is a gubernatorially-proclaimed public emergency in combination with (1) local health official recommendations for social distancing or (2) adopted findings that meeting in person would present risks to health. AB 361 is effective immediately as urgency legislation and will sunset on January 1, 2024.

Further, the Board of Supervisors strongly encourages all legislative bodies of the County of San Mateo that are subject to the Brown Act, including but not limited to, the Planning Commission, the Assessment Appeals Board, the Civil Service Commission, and all other oversight and advisory boards, committees and commissions established by the Board of Supervisors and subject to the Brown Act, to make a similar finding and avail themselves of teleconferencing until the risk of community transmission has further declined

DISCUSSION:
Because local rates of transmission of COVID-19 are still in the “substantial” tier as measured by the Centers for Disease Control, we recommend that the LGBTQ Commission avail itself of the provisions of AB 361 allowing continuation of online meetings by adopting findings to the effect that conducting in-person meetings would present an imminent risk to the health and safety of attendees. A resolution to that effect, and directing staff to return each 30 days with the opportunity to renew such findings, is attached hereto.

FISCAL IMPACT:
None

RESOLUTION NO.

RESOLUTION FINDING THAT, AS A RESULT OF THE CONTINUING COVID-19 PANDEMIC STATE OF EMERGENCY DECLARED BY GOVERNOR NEWSOM, MEETING IN PERSON FOR MEETINGS OF THE LGBTQ COMMISSION WOULD PRESENT IMMINENT RISKS TO THE HEALTH OR SAFETY OF ATTENDEES

WHEREAS, on March 4, 2020, the Governor proclaimed pursuant to his authority under the California Emergency Services Act, California Government Code section 8625, that a state of emergency exists with regard to a novel coronavirus (a disease now known as COVID-19); and

WHEREAS, on June 4, 2021, the Governor clarified that the "reopening" of California on June 15, 2021 did not include any change to the proclaimed state of emergency or the powers exercised thereunder, and as of the date of this Resolution, neither the Governor nor the Legislature have exercised their respective powers pursuant to California Government Code section 8629 to lift the state of emergency either by proclamation or by concurrent resolution in the state Legislature; and

WHEREAS, on March 17, 2020, Governor Newsom issued Executive Order N-29-20 that suspended the teleconferencing rules set forth in the California Open Meeting law, Government Code section 54950 et seq. (the "Brown Act"), provided certain requirements were met and followed; and

WHEREAS, on September 16, 2021, Governor Newsom signed AB 361 that provides that a legislative body subject to the Brown Act may continue to meet without fully complying with the teleconferencing rules in the Brown Act provided the legislative body determines that meeting in person would present imminent risks to the health or

safety of attendees, and further requires that certain findings be made by the legislative body every thirty (30) days; and,

WHEREAS, California Department of Public Health ("CDPH") and the federal Centers for Disease Control and Prevention ("CDC") caution that the Delta variant of COVID-19, currently the dominant strain of COVID-19 in the country, is more transmissible than prior variants of the virus, may cause more severe illness, and that even fully vaccinated individuals can spread the virus to others resulting in rapid and alarming rates of COVID-19 cases and hospitalizations (https://www.cdc.gov/coronavirus/2019-ncov/variants/delta-variant.html); and,

WHEREAS, the CDC has established a "Community Transmission" metric with 4 tiers designed to reflect a community's COVID-19 case rate and percent positivity; and,

WHEREAS, the County of San Mateo currently has a Community Transmission metric of "substantial" which is the second most serious of the tiers; and,

WHEREAS, the LGBTQ Commission has an important governmental interest in protecting the health, safety and welfare of those who participate in its meetings; and,

WHEREAS, in the interest of public health and safety, as affected by the emergency caused by the spread of COVID-19, the LGBTQ Commission deems it necessary to find that meeting in person would present imminent risks to the health or safety of attendees, and thus intends to invoke the provisions of AB 361 related to teleconferencing;

WHEREAS, The Board of Supervisors strongly encourages all legislative bodies of the County of San Mateo that are subject to the Brown Act, including but not limited to, the Planning Commission, the Assessment Appeals Board, the Civil Service Commission, and all other oversight and advisory boards, committees and commissions established by the Board of Supervisors and subject to the Brown Act, to make a similar finding and avail themselves of teleconferencing until the risk of community transmission has further declined;

NOW, THEREFORE, IT IS HEREBY DETERMINED AND ORDERED that

1. The recitals set forth above are true and correct.
2. The LGBTQ Commission finds that meeting in person would present imminent risks to the health or safety of attendees.
3. Staff is directed to return no later than thirty (30) days after the adoption of this resolution with an item for the LGBTQ Commission to consider making the findings required by AB 361 in order to continue meeting under its provisions.
4. Staff is directed to take such other necessary or appropriate actions to implement the intent and purposes of this resolution.

* * * * * *

San Mateo County Pride Center (click for website)

December 2022 Updates

Special Announcements:

- **Building Blocks for Breaking the Binary Resource Guide**

  This document provides resources in numerous ways, on multiple platforms, so you can choose what tools best suit you to help #endTDOR. The gender binary system restricted a lot of Western Society's views but like all walls, they can be broken. Let's break this one – together.

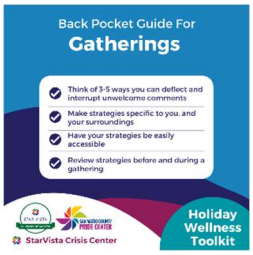
  - Click this link to download it!

- **Holiday Wellness Toolkit**

  The holidays, no matter which ones you celebrate, if any at all, can be challenging for many reasons. Even anticipating the longer darker days can stir up anxiety or sadness. This guide shares resources and ideas for where to go and what to do should you anticipate or need more support. Many of these ideas are relevant all year long and may spark other ways we can better care for ourselves and others.

  Examples of what can be found in this toolkit are:

  - strategies for navigating difficult discussions
  - tips to manage grief
  - ideas for being proactive when anticipating challenging times
  - self-care tips for our physical and mental wellbeing
  - and more!



  - If this sounds useful to you or someone you know, we encourage you to look at it by viewing it here.

- **Giving Back During the Holi-Gays!**

  If you're able to give back this season, we'd like to highlight some fun and creative ways you can show your support and give back to local LGBTQ+ affirming communities this season. Not everyone is in a place to give financially. Remember, sharing your time and compassion is just as valuable!

  You can click this link for a list of ways that you can support during the holidays or year-round.

- **Club Q Support and Resources**
  We're with you in your rage, sorrow, and confusion as we process the Club Q tragedy that took place last month. Their grief, like ours, is ongoing. Our statement includes resources for us to navigate the support we might need as well as several links the leaders within Colorado Springs provided for those of us able to provide them with support.
    - To read our statement, please click this link and know the Pride Center is here to provide ongoing assistance if needed.

- **Year in Review Highlights**
  As the calendar year comes to a close, we'd like to share a few highlights of our major successes last fiscal year for July 2021 – June 2022.
    - The Pride Center **clinical team supported 169 individuals** with therapy and case management services.
        - Did you know that 57% of our clients identify as Trans/Gender Diverse?!
    - We **trained 748 people** this year which is 50% more than last fiscal year!
    - Our youth partners at Outlet served 15% more participants totaling **1,669 youth**!
    - We DOUBLED the number of community members and clients we served across the board this year by **reaching 4,625 individuals**.
    - Want to know more? Please be on the lookout for our Year in Review Release coming soon.

- **If you are interested in reading the Pride Center's December newsletter in its entirety, please click this link: https://tinyurl.com/smcpcnewsletter-dec2022**

Pride Center Special Events!

- **Holiday Hike- San Bruno Mountain History Tour on Saturday December 10th**
    - **On Saturday December 10th (9:30am arrival time with a 10am hiking start)**, we are hosting another fabulous outdoor community adventure! **Due to popular demand REGISTRATION IS NOW CLOSED!** We extend tremendous gratitude to our partners with the San Mateo County Parks Foundation for leading us on this guided history tour and for providing our nutritious meals. We can't wait for our next journey. This is a joint program through our partners with Peninsula Family Service.
        - For any questions or concerns regarding the event, please contact Azisa Todd at azisa.todd@sanmateopride.org and Adriana Arriaga at adriana@supportparks.org.

- **To read the Older Adult eblast with information about special programs, workshops and resources, please click this link:**
    - https://tinyurl.com/smcpc-oanewsletter-dec2022

- **Older Adult Office Hours**
  We're excited to announce that we will be offering office hours **the third Monday of each month from 11AM- 1PM**, **starting December 19th**. Come meet with Eddie to have a chat, laugh, or share what's your mind.
    - For more information, contact:
      Older Adult Program Coordintator, Eddie Perez (he/him)
      E: eperez@pfso.org, P: 650.403.4300 Ext. 4383

Monthly peer support groups for community members 18+:

Please note date changes below for some groups.

1. **NEW MEETING DATE ANNOUNCEMENT: Trans Group (18+)**
    - Beginning in January 2023, this group will meet on the **first Thursday** from 6:00-7:30 PM PST
    - Please note: this group will meet on **Thursday, 12/8** in December
    - Registration is required: https://tinyurl.com/smcpc-transgroup1
2. **LGBTQ+ Parent Peer Support Group**- Tuesday, December 6 from 7:30-8:30 PM PST
    - Register using this link: tinyurl.com/smcpc-parentsgroup
    - This group meets on the first Tuesday of the month
3. **Polyamory Peer Power (18+)**- Wednesday, December 7 from 7-8:30 PM PST
    - Topic: Relationship Anarchy Smorgasbord
        - For more information click this link
    - Register using this link: https://tinyurl.com/smcpc-polyampower
    - Find out more on Meetup: https://www.meetup.com/Polyamory-Peer-Power/events/mptcqsydccbhb/
    - This group meets on the first Wednesday of the month
4. **Gay Mens' Group (18+)**-Tuesday, December 13 from 6-7:30 PM PST
    - Registration is required: tinyurl.com/SMCPC-gaymensgroup
    - Questions? Contact Eperez@pfso.org
    - This group meets on the third Tuesday of the month, but will meet a week earlier in December to accommodate the Pride Center and PFS' holiday schedule
5. **Queer Women's Group (18+)**- Friday, December 16 from 6-7:30 PM PST
    - Registration is required: tinyurl.com/smcpc-queerwomensgroup
    - This group meets monthly on the 4th Friday
6. **Trans Talks:** Topic- to be announced
    - The Pride Center and Stanford LGBTQ+ Health Program co-host Trans Talks, a free, monthly workshop series that centers the health and wellness of our Transgender and Gender Diverse community members. Every month, a different professional from Stanford's LGBTQ+ Health Program will share information and lead a discussion. **Community members are invited to submit questions related to the topic and answer your questions.** This is a free workshop open to all community members.
        - December topic to be announced
        - For links to previous recordings, please click this link: https://tinyurl.com/transtalks-recordings (all recordings utilize closed captioning)
        - If you have questions, need support or would like to suggest a topic please contact Sawye (she/her) at raygani@stanford.edu

- **The Gift that Keeps on Giving!**

  Are you able to become a regular financial supporter of the Pride community services? Your donation could provide gender affirming garments, help sponsor therapeutic services, cover legal name change fees, and otherwise help overcome financial barriers for LGBTQ+ community members in need. To start your tax-deductible monthly donation to the Pride Center, click this link. For questions or more information, contact Frankie Sapp (he/him) at francisco.sapp@sanmateopride.org.

San Mateo County PRIDE Initiative Report

- *Dana Johnson (they/ them/ theirs)- PRIDE Initiative co-chair*
- **LGBTQ Commission Meeting**- Tuesday, December 6, 2022 @ 6:30pm

❖ **About the PRIDE Initiative:** The PRIDE Initiative is committed to creating welcoming and inclusive environments grounded in equality and parity for LGBTQ+ community members living and working in San Mateo County. By adopting an interdisciplinary and inclusive approach to collaborating, the PRIDE Initiative looks to partner with individuals, organizations, and providers that work to ensure that services are sensitive and respectful of LGBTQ+ issues.

❖ Join us at the next Pride Initiative meeting (via virtual) on Wednesday, December 14, 2022, from 4:30-6pm.

We will be selecting the **SMC Pride Celebration 2023 Theme!** Join us and vote on a theme! SMC Pride Planning/ Theme selection will start at 5:15pm on 12/14/2022.
PRIDE Initiative and local LGBTQI+ updates
To join the Virtual Pride Initiative Meeting please see the Zoom Conference Information below:

Join Zoom Meeting

https://us02web.zoom.us/j/81510844451

Meeting ID: 815 1084 4451

Passcode: PRIDEBHRS **(PLEASE NOTE: *Password is now required to join)***

CoastPride Report

LGBTQ Commission Meeting- Tuesday, December 6, 2022 @6:30pm

- **About CoastPride**

Our Vision

A welcoming and safe Coastside where all LGBTQ and gender-expansive individuals, their families, and allies thrive.

Our Mission

Creating a Coastside that supports and celebrates people of all sexual orientations and gender identities.

- **CoastPride Events/ Trainings:**

  World AIDS Day event- **Thursday December 1, 2022 @ 7pm**, at Odd Fellows- 526 main Street, Half Moon Bay

  Night of Lights Parade- **Friday, December 2nd at 6pm**. If you are interested please meet at CoastPride Center at 4:45pm

  LGBTQ+ Families Gathering on **Sunday December 4, 2022 from 10:30am-12:30pm** at Half Moon Bay Library

To: San Mateo County LGBTQ Commission
From: Chloe Chan
Date: 10/25/22
Subject: Youth Commission Updates

Overview, Last Youth Commission Meeting: Committee Report-Outs

At our last Youth Commission meeting, every committee (Civic Engagement, Education & Economic Development, Environmental Justice, Health & Wellness, Immigrant Youth) reported out their **official** and finalized plans for the year. Most of the information was the same as the practice presentation, which I reported on for the last meeting. Attached are the recent updates from our latest meetings and actions:

Update:

- Environmental Justice Committee
    - The Environmental Justice committee has already begun to email and connect with other environmental justice networks in the area. We hope to create our own symposium for local youth who are interested in learning from guest speakers, and plan on doing this through inviting guest speakers from these different organizations. We hope this will also create further solidarity between large Environmental Justice organizations and the Youth Commission.

Update:

- Mental Health Monday
    - The officers of Communications are hard at work on the Youth Commission instagram. A weekly feature is Mental Health Mondays, which was newly implemented to provide tips, information, and resources to support the public's mental health and physical wellness. These posts include tips on helping friends with eating disorders, screen time reminders, academic stress advice, etc.

Update:

- Commission Spotlights
    - Every week each commissioner is featured on the Youth Commission instagram, smcyouthcom. This post includes their name, fun facts, what committees they are on, etc. This is a great way for our commission to get to know all members of the youth commission!

Update:

- Health and Wellness Committee: Teen Timeout

- This committee recently decided to introduce the Teen Timeout Series, to emphasize the importance of taking time for our mental and physical health. The committee highlights places in San Mateo County for all to exercise, have fun, and decrease stress. Their first highlighted spot was Sawyer Camp Trail.

Overall, I recommend following the Youth Commission instagram for regular updates on projects and opportunities to engage. This is a short report this week as most commissioners are working on their respective committee projects and have not shared out yet. I look forward to joining the December 6th meeting. Thank you for your time and attention!

To: **LGBTQ Commission of San Mateo County**

From: **Tanya Beat, Director**

Date: **December 6, 2022**

Subject: **Status of recent events/projects**

Orientation for New Commissioners:

Thursday, December 15, 3-4:30pm.
https://smcgov.zoom.us/j/9725932550

Commissioners are invited from 4-4:30pm. Please RSVP to Tanya.

- To answer questions

- Socially to participate in getting to know each other

Welcome Youth Commissioners:

- Chloe Chan (she/her)
- Valeria Chavez (she/her)

TransACTION Day of Change (Transgender Day of Remembrance)

- Honoring those who have died and provide opportunity to create change and build a more inclusive County for transgender and gender diverse individuals. See included Program.
    - November 18, 3-5pm. Courthouse Square in Redwood City
    - Resource Tables, Allegiance Wall, Altar, Reading of the Names, Candlelight Vigil
    - Two vaccine clinics provided: COVID-19 and MPOX
  - Very Successful with approximately 270 participants
  - Breaking Barriers Resource created by the Pride Center & StarVista and designed by Krystle Cansino. Included as part of Meeting Materials.
  - Thank you all for your support and contributions!

Transgender Visibility & Awareness

- Working with Alex Golding from the Pride Center on a virtual panel that uplifts the stories from trans and gender diverse individuals and their stories in receiving gender affirming services.
- Interesting in participating? We will need help with sponsorship and outreach. Please join us with planning.

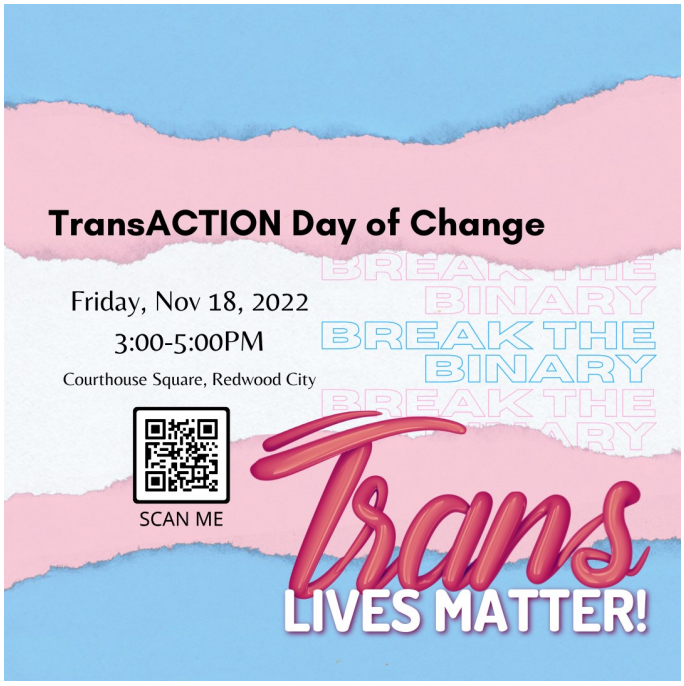
TGNB Employment Study and Report, Santa Clara County Office of LGBTQ+ Affairs

Download the pdf of the Study and Report HERE.

Community Partners/Sponsors:

Community Overcoming Relationship Abuse (CORA)
Evergreen Giving Tree
Island United Church of Foster City
Redwood City Public Library
Redwood City
San Mateo County LGBTQ Commission
San Mateo County Pride Center
San Mateo County Pride Initiative
Office of Diversity & Equity, BHRS
San Mateo County Health

presents



Transgender Day of Remembrance (TDOR) was founded in 1999 by Gwendolyn Ann Smith, a transgender woman, to memorialize the murder of transgender woman Rita Hestor in Allston, MA. Since its inception, TDOR has been held annually on November 20, and has slowly evolved from the web-based project started by Smith into an international day of action.

The number of reported cases of anti-transgender hate crimes has more than doubled since 1999. In the past decade, more than one person per month has died as a result of transgender-based hate or prejudice.

It is clear that fatal violence disproportionately affects transgender women of color, and that the intersections of racism, sexism, homophobia and transphobia conspire to deprive them of employment, housing, healthcare and other necessities, barriers that make them vulnerable.

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*Restrooms are available on the west side of the Museum on Hamilton Street. Accessibility Ramps are on either side of Courthouse Square.

Emotional Support Helpers are trained clinicians who are wearing white with red lanyards around their neck. They are to provide emotional assistance to any participants who request it.
Peacekeepers are volunteers who are wearing bright yellow safety vests. They are trained in de-escalation and conflict resolution.

Trans-ACTION Day of Change

3:00PM Resource Tables, Vaccination Clinics, Allegiance Wall, Altar

4:15PM Welcome & Reading of Names

Master of Ceremony Dana Johnson (they/them)

Members of the Planning Committee

4:40PM Candlelight Vigil Program

5:00PM CLOSE

In keeping with the tradition of reading the names of transgender and gender diverse people who have been killed, the following 32 people are being remembered today. We hold space for those victims who are unknown or have gone un-reported.

Amariey Lej, 20; Wilkinsburg, Pennsylvania

Duval Princess, age 24; Jacksonville, Florida

Matthew Angelo Spampinato, 21; New Castle, Delaware

Naomie Skinner 25; Highland Park, Michigan

Cypress Ramos, 21; Lubbock, Texas

Paloma Vazquez, 29; Houston, Texas

Tatiana Labelle, 33; Chicago, Illinois

Kathryn "Katie" Newhouse, 19; Illinois

Kenyatta "Kesha" Webster, 24; Jackson, Mississippi

Miia Love Parker, 25; Chester, Pennsylvania

Ariyanna Mitchell, 17; Hampton, Virginia

Fern Feather, 29; Morristown, Vermont

Ray Muscat, 24; Independence Township, Michigan

Sasha Mason, 45; Zebulon, North Carolina

Nedra Sequence Morris, 50; Opa-locka, Florida

Maddie Hofmann, 47; Malvern, Pennsylvania

Chanelika Y'Ella Dior Hemingway, 30; Albany, New York

Brazil Johnson, 36; Milwaukee, Wisconsin

Shawmayné Giselle Marie, 27; Gulfport, Mississippi

Kitty Monroe, age unknown; Cordova, Tennessee

Cherry Bush, 48; Los Angeles, California

Aaron Lynch, 26; McLean, Virginia

Martasia Richmond, 30; Chicago, Illinois

Keshia Chanel Geter, 26; Augusta, Georgia

Kandii Reed, 29; Kansas City, Missouri

Hayden Davis, 28; Detroit, Michigan

Marisela Castro, 30; Houston, Texas

Acey Morrison, 30; Rapid City, South Dakota

Dede Ricks, 33; Detroit, Michigan

Mya Allen, 35; Milwaukee, Wisconsin

Semaj Billingslea, 33; Jacksonville, Florida

Tiffany Banks, 25; Miami, Florida

Group Song: Singing for Our Lives

We are a gentle, angry people

And we are singing, singing for our lives.

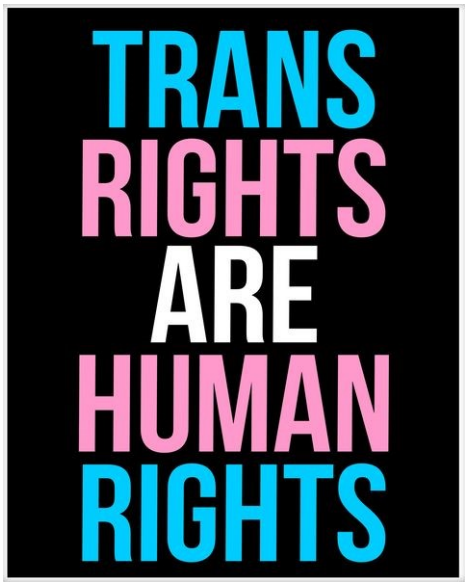
We are a gentle, angry people

And we are singing, singing for our lives.

Verses:

- We are a **united angry** people…
- We are a **committed angry** people…
- We are a **righteous angry** people…
- We are a **loving angry** people…

Original song by Holly Near




REDWOOD CITY PUBLIC
library


I COMMIT TO HELPING #endTDOR


WHAT'S THE
JUNO
DAWSON
YOUR NO-NONSENSE GUIDE TO
ALL THINGS TRANS AND/OR NONBINARY
BREAK THE BINARY
#endTOOB

COUNTY OF SAN MATEO
LGBTQ COMMISSION

Meeting Schedule

1. Meetings of the LGBTQ Commission are held on the third Tuesday of each month from 6:30 – 8:30 PM.

2. Starting in March, meetings will be in-person.

January 17
February 21
March 21
April 18
May 16
June 20
July 18
August 15
September 19
October 17
November 21 (Tuesday of Thanksgiving week)
December 19

Special Foreword

It is Time to Start Counting Kids Who are LGBTQ in Child Welfare

(Second Issue)

Children and young people in foster care who are LGBTQ[1] are at the center of overlapping national debates about complicated issues of race, ethnicity, gender identity and expression, sexuality, religion, and more. Serious questions abound as we develop best practices[2] and adopt policies to keep these young people emotionally and physically safe while ensuring their well-being and permanence: Should the religious beliefs of care providers shape the home lives and choices of these children? How should public agencies think about gender when making placements for children who are gender expansive? How can we do a better job of supporting parent and child relationships to prevent these young people from being rejected by family and entering foster care in the first place? How do discrimination, bias, and lack of knowledge by caregivers or caseworkers affect these children's experiences and outcomes?

In exploring answers to these and other pressing questions, this special issue of *Child Welfare* is a substantive contribution to the field's understanding of young people who are LGBTQ. Highlighting the need to collect, analyze, and infuse the findings of data into our efforts, this issue extends our knowledge about an especially vulnerable group of children who make up a significant portion of the foster care population and who we have not, in general, served well.

Learning more about these children and young people—including their intersecting racial and ethnic identities—will help us better meet their needs, address disproportionate entries, and improve what have often been dismal child outcomes. Data show that:

- As many as 19% of children and youth in foster care self-identify as LGBTQ (Wilson, Cooper, Kastanis, & Nezhad, 2014) and 15.5% identify as LGB (Dettlaff & Washburn, 2018). An estimated one-and-a-half to two times as many youth who are LGBTQ are in foster care than are represented in the general population (Wilson et al., 2014).
- The foster care population that is LGBTQ, according to one study, had "similar racial/ethnic and age demographics as the non-LGBTQ foster youth population" (Wilson et al., 2014, p. 6); another indicated that approximately 57% of all children in out-of-home care who identify as LGBQ are youth of color (Dettlaff & Washburn, 2016).

In other words, we can observe the same disturbing pattern of racial and ethnic disproportionality for children who are LGBTQ that we see with all children in foster care nationally.

In addition to disproportionate entries into foster care based on sexual orientation and gender identity/expression (SOGIE), children who are LGBTQ experience disparate treatment and outcomes compared to their peers. We know, for example, that children who are LGBTQ are more likely to be placed in group settings (Mallon, 1997; Freundlich & Avery, 2005; Wilson and Kastanis, 2015) and experience multiple placements (Mallon, Aledort & Ferrera, 2002). They are less likely to achieve permanence (Woronoff et al., 2006, Mallon, 2011). In the very systems designed to provide for their safety, these children may experience harassment or violence, whether at the hands of other youth (Mallon et al., 2002) or—perhaps worse—group-home staff (Mallon, 2001; Mallon et al., 2002). Children who are LGBTQ with previous foster care involvement are also overrepresented in populations of youth who are homeless (Durso & Gates, 2012; Forge et al., 2018; Shelton et al., 2018).

The Annie E. Casey Foundation believes that for all children to have a brighter future, our nation must develop solutions that strengthen families, build paths to economic opportunity, and transform struggling

communities into safer and healthier places to live, work, and grow. Unfortunately, for children who are both LGBTQ and in the child welfare system, brighter futures are often out of reach. But change is possible.

The Annie E. Casey Foundation's 2016 publication *LGBTQ in Child Welfare: A Systemic Review of the Literature* provides a rich starting place for the many systems in this country that need immediate improvements in outcomes for children who are LGBTQ. It synthesizes a growing body of research on the experiences of these LGBTQ children, including those who are transgender, gender expansive, and youth of color—those who represent "a key intersection of group identities connected by disparities" (p. 3). It provides a research roadmap to begin understanding children's experiences and system and service efficacy. It also underscores the pressing need for child-serving systems to count the children who are LGBTQ as they serve and endeavor to understand their experiences and outcomes.

The work on racial and ethnic equity and inclusion is grounded in the concept of "targeted universalism" (Powell, 2008). We have come to understand that rising tides do not, in fact, raise all boats. As a result, we must target strategies and solutions to meet the specific needs of subgroups of families and children. For child welfare, this includes children of color and those who are LGBTQ.

Sadly, the field is hampered by a dearth of data on LGBTQ children, which is essential to defining results and driving system improvement efforts. Only a handful of jurisdictions[3] collect data on SOGIE of children in their care. As a result, we have no national-level data on the prevalence of children who are LGBTQ in our systems. Nor do we know how these children fare on safety, permanency, and well-being compared to their peers who are cisgender[4] and heterosexual.

Progress on gathering information for Adoption and Foster Care Analysis and Reporting System (ACFARS)[5] on sexual orientation for children ages 14 and older was recently stalled by the U.S. Department of Health and Human Services (U.S. Department of Health and

Human Services, 2018). Furthermore, the National Youth in Transition Database, which requires states to track services and outcomes of older youth served by child welfare, does not gather SOGIE information. To make real progress in advancing well-being for all children, we need to disaggregate data by subpopulations, identify disparate outcomes, and promote and implement equitable policy and practice changes. This is the path necessary to achieve opportunity for all young people.

Fortunately, innovative practitioners are filling the data gap by taking the initiative to gather and analyze SOGIE data for their programs. For example, in this issue, my colleagues with the Casey Foundation's Jim Casey Youth Opportunities Initiative describe how they developed SOGI survey items in collaboration with youth and data experts for Opportunity Passport™, a financial capacity-building program for older youth in and transitioning from foster care. Analysis of disaggregated outcome data for 2,490 Opportunity Passport participants shows that those "who identify as LGBTQ lag behind their straight, cisgender peers in several key areas, including permanency, housing stability, financial capability, social capital, and health. This is particularly evident when examining data on youth of color" (Poirier et al., 2018, p. 13).

Another important article in this issue describes the experiences of children who are LGBTQ at the intersection of homelessness and child welfare (Forge, 2018). The authors compare how children who are and who are not LGBTQ experience trauma, social supports, mental health issues, and health risks. Articles like these, which analyze differential outcomes for universal programs (those designed to serve all children or youth), are critical to our understanding of whether those programs benefit children who are LGBTQ.

We also need to develop and evaluate the impact of new interventions and practice improvements designed to serve children who are LGBTQ. Do our well-meaning efforts make a difference? In this issue, we see that an evaluation of an LGBTQ-specific Care Coordination Team showed strong increases in emotional permanence and belonging (Lorthridge et al., 2018). What can we learn about the efficacy of other interventions on outcomes for children who are LGBTQ?

While data can tell a powerful story, we must also elevate the voices of youth who are LGBTQ in our research and service development. We know intuitively and empirically that services and supports that genuinely engage children, youth and families are more effective. Also, studies that share the points of view of children who are LGBTQ—those that are qualitative or ethnographic—shed light on their experiences in foster care in a way that quantitative data cannot. For example, the qualitative research in this issue with youth in Texas homeless shelters illuminates young people's experiences of gender segregation, stigmatization, isolation, and institutionalization for those of us seeking to improve policy and practice for children who are LGBTQ and the families who care for them (Robinson, 2018).

It is time to start counting kids who are LGBTQ in child welfare. Common objections to gathering these data—worries about child privacy, the burden on overwhelmed and under-resourced agencies, professional discomfort—have been thoughtfully considered and countered for some time now in such publications as *Guidelines for Managing Information Related to the SOGIE of Children in Child Welfare Systems* (Wilber, 2013). Public agencies and contracted providers need to adopt these clear guidelines and develop accompanying policies, training and supervision as the first steps toward collecting data for assessment protocols and case management systems. We must also be inclusive in thinking about how we measure SOGIE. For example, another study in this special issue finds that "data-cleaning and discrete questions about identity can erase youth who identify as gender queer or gender fluid from sampling as data noise, prompting an underreported incidence of risk" (Baker et al., 2018, p. 127).

Additionally, the Human Rights Campaign's new guide, *SOGIE Data Collection*, emphasizes agency readiness. The guide notes the need for written policies, including those "that protect LGBTQ youth and adults from discrimination and routine, ongoing staff training in LGBTQ cultural competency. Youth and adults need to be able to trust that you will use their SOGIE information appropriately, won't discriminate against them, and will honor confidentiality" (Delpercio &

Murchison, 2017, p. 3). Most importantly, the guide provides detailed advice on asking SOGIE questions in a sensitive and age-appropriate way for both forms and interviews and includes sample forms and interview flowcharts.

Focusing on data and results and holding ourselves accountable for making a measurable difference for children and families are hallmarks of the Casey Foundation's work. We know that children who are LGBTQ and involved in child welfare are disproportionately represented, are very often children of color, and experience disparate treatment and negative outcomes. While there has been progress in awareness of and protections for children who are LGBTQ, too many of them are rejected by their own families, face harassment and violence, experience homelessness, or attempt suicide. We cannot continue to remain in the dark, without national data on the prevalence in foster care of children who are LGBTQ and information about their outcomes and experiences. The stakes are too high. To ensure equity and opportunity for all young people, it's time to start counting kids who are LGBTQ.

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[1] LGBTQ refers to those who self-identify as lesbian, gay, bisexual, transgender or questioning their sexual identity or gender identity.

[2] For more details on child welfare best practice, see both volumes of *A Child Welfare Leader's Desk Guide to Becoming a High Performing Agency* at http://www.aecf.org/blog/new-desk-guide-for-child-welfare-leaders-provides-improvement-roadmap-for-c/

[3] Among those Casey is aware of are Alameda County, California, Allegheny County, Pennsylvania, Cuyahoga County, Ohio and New York City. Work is also underway is several other jurisdictions.

[4] "Cisgender" refers to someone who identifies with the sex/gender they were assigned at birth.

[5] AFCARS is the federal system for collecting child welfare data annually. For 2017 AFCARS data, see https://www.acf.hhs.gov/cb/resource/afcars-report-24.

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Received: 20 December 2019 | Revised: 13 May 2020 | Accepted: 14 May 2020

DOI: 10.1111/phn.12757

SPECIAL FEATURES – CLINICAL CONCEPTS

PHN PUBLIC HEALTH NURSING WILEY

LGBT youth in foster care and the critical advocacy role of Public Health Nurses

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Abstract

Aims and Objectives: The purpose of this study was to describe the role of public health nurses working with lesbian, gay, bisexual, and transgender (LGBT) children in foster care in the San Francisco Bay Area.

Background: LGBT youth are disproportionately represented in foster care and experience poor health and education outcomes. Foster care public health nurses (FCPHN) are in a unique position to address disparities with timely and appropriate referrals and advocate for policy changes.

Design: An online survey was developed to describe FCPHN responsibilities in case managing LGBT children.

Method: In all, 39 FCPHNs completed the survey.

Results: Most FCPHN did not know the number of LGBT youth in their caseload and reported that there was no systematic method of collecting this data. Few FCPHN had received training in LGBT health issues.

Conclusion: This study confirms reports from other studies regarding lack of systematic data collection to deliver appropriate services to LGBT youth. It reports FCPHN lack of training as well as their assessment of the most important needs of this population.

Relevance to clinical practice: FCPHNs are in a unique position to advocate by promoting gender inclusive forms in child welfare agencies and addressing disparities in access to care.

KEYWORDS

child welfare system, children in foster care, foster care public health nurses, health disparities, LGBT children and youth, LGBT overrepresentation, public health nurses

1 | BACKGROUND

There are nearly half a million children and youth in the foster care system in the United States (US). Data on sexual orientation, gender identity, and expression (SOGIE) are not regularly collected in child welfare agencies (Dettlaff, Washburn, Carr, & Vogel, 2018; Scannapieco, Painter, & Blau, 2018). However, it is estimated that 19% of the youth (age 12–21 years) in the U.S. foster care system identify as lesbian, gay, bisexual, and/or transgender (LGBT; Wilson, Cooper, Kastanis, & Nezhad, 2014; Wilson & Kastanis, 2015; Child Welfare Information Fish, Baams, Wojciak, & Russel, 2019; Gateway, 2017).

The authors acknowledge that a more expanded acronym LGBTQIA (lesbian, gay, bisexual, transgender, queer or questioning, intersex, and asexual) is commonly used; however, the survey for this study and this article use the acronym LGBT. The term LGBT

includes (a) sexual minorities (those with romantic or sexual same sex attractions, behaviors, and/or identities); (b) gender minorities (transgender and gender non-conforming people whose gender identities/expressions are outside social traditions characteristically associated with sex assigned at birth (Reisner, Greytal, Parsons, & Ybarra, 2015). Gender expansive identities are considered part of the larger transgender community (Human Rights Campaign, 2015).

Numerous studies have shown that sexual minority youth are disproportionately represented in foster care with approximately 1.5–2 times as many LGBT youth living in foster care as LGBT youth estimated to be living outside of foster care (Baams, Wilson, & Russell, 2019; Fish et al., 2019; Gates & Newport, 2012; Kann et al., 2011; Wilson et al., 2014; Wilson & Kastanis, 2015). This suggests the percentage of youth in foster care who are LGBT-identified is larger than the percentage of LGBT youth in the general youth population (Human Rights Campaign, 2015).

Sexual minority youth are 2.5 times as likely as heterosexual youth to experience foster care (Fish et al., 2019). Not only are sexual minority youth overrepresented in child welfare and out of home placements, they disproportionately experience poor outcomes that include family rejection, congregate care setting placements, poorer mental health, general lack of formal and informal supportive relationships with adults, housing instability, poor education outcomes, and youth probation involvement, resulting in lower educational attainment, financial instability, and homelessness (Baams et al., 2019; Erney &Weber, 2018; Fish et al., 2019; Wilson et al., 2014; Wilson & Kastanis, 2015).

In a review of surveys from nearly 600,000 students (ages 10–18), Baams et al. (2019) found LGBT youth in unstable housing reported lower grades, higher rates of absenteeism, issues with school safety, lower school climate, more fights in school, and more victimization than heterosexual youth in unstable housing. They were also more likely to have been depressed or suicidal in the past year, to have been drunk or sick from alcohol, and reported higher levels of substance use (Baams et al., 2019).

The purpose of this article is to describe the health disparities experienced by LGBT youth in foster care and describe the critical advocacy role of foster care public health nurses (FCPHN) working with this vulnerable, at risk youth population.

1.1 | Circumstances for removal from home

Circumstances associated with a child's removal from the home include the following: general neglect (62%), a parent's abuse of alcohol or drugs (36%), caretaker inability to cope (14%), physical abuse (12%), housing (10%), parent incarceration (7%), alcohol abuse (parent; 5%), abandonment (5%), sexual abuse (4%), drug abuse (child; 2%), child disability (2%), relinquishment (1%), and parent death (1%). These categories are not mutually exclusive; the total percentage was more than 100% (Child Welfare Information Gateway, 2018). The nexuses of child abuse and neglect with poverty, limited education and access to health and mental health services, single-parent status, and environmental stress are burdens disproportionately experienced by families of color (Putnam-Hornstein, Needell, King, & Johnson-Motoyama, 2013). The majority of youth in foster care have been removed from their homes due to abuse or neglect; however, many LGBT youth enter foster care due to pushout and family rejection of their gender identity, and gender expression or sexual orientation (Fish et al., 2019; Wilson & Kastanis, 2015).

1.2 | Demographics

The racial, ethnic makeup of children in foster care were 44% White, 23% Black or African-American, 21% Hispanic ethnicity (of any race), 9% more than two races and unknown, and 2% were American Indian/Alaska Native (Child Welfare Information Gateway, 2018). Black children are more than twice as likely as White children to be reported for child abuse and enter foster care before age 5 (Putnam-Hornstein et al., 2013). They remain in foster care longer and experience more frequent placement changes (Foster, Hillemeier, & Bai, 2011; Wilson, Jordan, Conron, & Elm, 2019).

Children in foster care are disproportionately from socially, educationally, and economically disadvantaged ethnic/racial groups compared to the general population. Children of color are disproportionately represented in foster care (Wilson et al., 2019). The disproportionality of ethnic/racial groups may also reflect bias in reporting, investigating, and removing children from their families (Szilagyi, Rosen, Rubin, & Zlotnik, 2015).

LGBT youth who are also ethnic minorities are at risk for poor outcomes due to a range of intersecting vulnerabilities such as racism, sexism, gender identity/sexual orientation, poverty, and socioeconomic status (Wilson et al., 2019). Intersectionality of ethnicity, race, sexual orientation, and gender identity offers important and necessary nuances in understanding the marginalization of this vulnerable group of children in out of home care. In a study of 786 LGBT foster youth in Los Angeles County, Wilson and Kastanis (2015) reported the majority were youth of color and more than half were girls. Many of them face multiple forms of discrimination and disparities while in out-of-home care (Wilson & Kastanis, 2015).

1.3 | Length of stay in foster care

The length of stay in foster care varies; however, the average length of stay for a child in foster care in the United States is 20.1 months with 38% staying in foster care longer than 24 months. Of the 38% who stay longer than 24 months, 15% stay longer than 3 years. And of all children in foster care during 2015 for at least 24 months, 64.2% had more than two placements (Child Welfare Information Gateway, 2018). Older children entering foster care are more likely than younger children to have a greater number of placements (Foster et al., 2011).

While in foster care, LGBT youth are likely to experience multiple placements and report being treated less well by the child welfare system (Elze, 2014; Fish et al., 2019; Wilson & Kastanis, 2015).

They report discrimination, violence, and intimidation from foster care providers, foster siblings, foster care staff, receive fewer services, and are less likely to be reunified or adopted (Fish et al., 2019; Scannapieco et al., 2018).

The child welfare agency is chiefly concerned with child safety, permanency, and well-being. These outcomes are supported or undermined by the reactions of adults to the sexual orientation and gender identity or expression of the children in their care. Sexual orientation and gender identity are important predictors of the health and social outcomes of youth due to the distinct challenges lesbian, gay, bisexual, and transgender individuals confront. As such, understanding these aspects of the child's identity is essential (Wilber, 2013).

1.4 | Health disparities in LGBT youth

In general, LGBT youth are more likely to be hospitalized and more likely to be hospitalized for emotional reasons such as depression, mood disorders, and suicidality (Meyer, Frost, & Nezhad, 2014). Unmet mental health needs may be an additional barrier to permanent placement (Wilson & Kastanis, 2015).

Gender minority youth compared to cisgender youth (13–18 year olds) are more likely to engage in alcohol, marijuana, and non-marijuana illicit drug use (Reisner et al., 2015). They disproportionately experience bullying and harassment that can include electronic bullying through email, chat rooms, instant messaging, websites, or texting (Reisner et al., 2015). Bullying has been associated with poor school functioning, poor psychosocial adjustment, and adverse health behaviors (Reisner et al., 2015).

They may also experience stress related to not being referred to by their preferred name and/or preferred gender pronoun (PGP). They may not have access to safe and appropriate restroom or locker-room facilities at school (i.e., lack of access to private, gender-neutral, single-stall facilities) and thus may be forced to use a bathroom or locker room that does not correspond to their gender identity or expression. These experiences of being denied their preferred name, pronoun, or facility may all lead to increased exposure to teasing and bullying (Kosciw, Greytak, Bartkiewicz, Boesen, & Palmer, 2012; Reisner et al., 2015).

In summary, numerous studies found LGBT youth in foster care experience increased placement disruption, lack of appropriate permanency options, missed or unidentified needs, re-victimization by peers, foster parents, child welfare staff, lack of emotional support and acceptance, gaps in service, lack of affirmation, experiences of misgendering and erasure of their sexual identities, fewer opportunities to build social capital, and exacerbated mental health challenges (Baams et al., 2019; Erney &Weber, 2018; Fish et al., 2019; Wilson et al., 2019; Wilson & Kastanis, 2015).

1.5 | Role of foster care public health nurse

Throughout California, public health nurses have been providing health case management and coordination for children and youth in foster care through formal partnerships with child welfare agencies and local health departments for over 25 years (Carabez & Kim, 2019; Schneiderman, 2008; Smart, 1999). California's Health Care Program for Children in Foster Care (HCPCFC) allocates funding for foster care public health nurses to provide expertise in finding medical, dental, mental, and developmental resources for children in foster care. It is recommended that FCPHN caseloads do not exceed 200 children and youth; however, many FCPHNs report caseloads between 201 and 400 children (California State Auditor, 2016; Carabez & Kim, 2019).

As health care case managers and coordinators, foster care public health nurses collaborate with social workers to gather health and education records, make needed referrals to resources, participate in medication approval processes, make home visits, provide oversight and monitoring of psychotropic medications, locate medical and dental homes, and ensure that stakeholders receive pertinent health information (Carabez & Kim, 2019).

The FCPHN can play an important role as an advocate for LGBT youth in foster care by addressing the health disparities described here. Despite the persistent grim public health inequities in this vulnerable population of children and the years of foster care public health nursing in California, there is very little research that describes and measures the FCPHN work or child health outcomes.

1.6 | Research question(s)

These data were part of a larger study that described activities and responsibilities of foster care public health nurses addressing children's complex health needs in nine counties in the San Francisco Bay Area counties. This article describes the 10 research questions related to LGBT youth in FCPHN caseloads.

The following questions were asked: (1) Are there systematic questions on agency forms to identify LGBT children/youth? (2) Approximately how many children/youth in your caseload identify as transgender? (3) Are there special needs for transgender children/youth in your caseload? (4) Approximately how many children/youth in your caseload identify as lesbian, gay, or bisexual (LGB)? (5) Are there special needs for LGB children/youth in your caseload? (6) Where do you think you are having the most positive effect in your work as a Foster Care Public Health Nurse? (7) How would you rate the ability of your county to meet the needs of LGBT children in the child welfare system? (8) Have you had training or continuing education in LGBT health issues? (9) In your experience, what are the most important needs of children in the child welfare system? (10) Are gender identity and sexual orientation included in your county's Health and Education Passport?

1.7 | Study design

A 42-item survey was developed to define and describe activities and responsibilities of foster care public health nurses. The Public Health

Intervention Wheel with 17 interventions at the individual/family/community and systems level provided the framework for explaining FCPHN activities. A pilot survey was conducted with several volunteer FCPHNs and supervisors. Revisions were made based on the feedback. The survey offered multiple choice, check all that apply, and fill-in text boxes for additional comments that provided qualitative analysis. The design, procedures, and general FCPHN activities are described in another article (Carabez & Kim, 2019).

The online questionnaire was sent by email with a link to the survey to 54 FCPHNs from the San Francisco California Bay Area counties list in February 2018. Three email reminders were sent every 2 weeks inviting FCPHNs to complete the survey. Convenience sampling methods were utilized as FCPHNs forwarded the survey to other FCPHNs.

1.8 | Procedure

The study was designated as exempt by the university institutional review board. FCPHN key informants were providing information from professional experience describing their experience of caring the LGBT children and youth within the child welfare system. All surveys were completed online. To ensure confidentiality, no names or identifying demographic information was collected; however, FCPHNs were asked if they were willing to be contacted for clarification left contact information at the end of the survey.

1.9 | Data analysis

Descriptive statistics and frequency distributions were employed to describe FCPHN demographic characteristics and to provide a general understanding of information collected.

2 | RESULTS

2.1 | Sample

The email was sent to 54 FCPHNs and 39 nurses responded (72% response rate). The FCPHNs represented the nine California bay area counties. The total sample varies with each question as the FCPHNs did not respond to all questions.

2.2 | LGB youth in FCPHN caseload

The survey asked FCPHN to estimate how many children/youth in their caseload identified as LGB. In all, 24 FCPHNs responded to this question and approximately 58% of the FCPHNs reported very few (n = 11) or no (n = 3) children/youth in their caseload identify as lesbian, gay, or bisexual (LGB). An estimated 42% of the FCPHN stated they did not know how many children/youth are LGB in their caseload.

2.3 | Transgender youth in FCPHN caseload

The survey asked FCPHN to estimate how many children/youth in their caseload identified as transgender. In all, 25 FCPHNs responded to this question. In total, 11 FCPHN indicated very few children/youth in their caseload identified as transgender and three FCPHNs stated there were no children/youth in their caseload identified as transgender. In all, 11 FCPHNs (44%) stated they did not know if there were transgender children in their caseloads.

Fifty percent of the FCPHN described appropriate and safe placements as special needs for transgender children/youth. Forty-three percent indicated finding competent medical care providers and medical treatment related to gender transition constituted special needs. Nearly 29% of FCPHNs identified finding mental health providers and supportive care as a special need. No FCPHN identified special education needs.

Nearly 43% of the FCPHN identified sexual orientation affirmation and gender identity affirmation as the most important needs of LGBT children/youth in their caseload. This question allowed for "check all that apply" answer so the total does not equal 100%.

2.4 | Special needs identified

Half of the FCPHNs stated they did not know of special needs of LGB children/youth in their caseload. Twenty-nine percent of FCPHNs stated LGB foster children/youth need appropriate and safe placement. And 21% of the FCPHNs indicated LGB children/youth needed competent medical care providers (12.5%) and mental health providers (8.3%).

The majority of FCPHN (88%) reported their caseload included children (a) taking psychotropic medication, (b) in units specializing in commercial sexual exploitation (60%), and (c) in units specializing in sexual trauma (36%). FCPHNs stated all foster children and youth had the following special need areas: self-esteem, self-worth, mental health care, emotional health, dental care, access to care, developmental needs, reproductive sexual health, nutritional needs, and substance treatment and rehabilitation.

2.5 | FCPHN training in LGBT health issues

Approximately 11% of the PHN received training or continuing education in the area of lesbian, gay, and bisexual health issues. Less than five percent (3.5%) of the FCPHNs reported that they had training on transgender health issues.

2.6 | SOGI information in child welfare agency forms

Most of the FCPHNs (76%) stated they did not know if there were systematic questions to identify LGBT children/youth on the child

welfare agency forms. Twenty-four percent of FCPHN reported there was no question on gender or sexual identity included in agency forms. Only 7.4% of the FCPHNs indicated the Health and Education Passport (HEP) included information on sexual orientation; and 11% of the FCPHNs indicated that the HEP included gender identity such as transgender, transman, transwoman, gender fluid, and gender queer. This question allowed for "check all that apply" answer so the total does not equal 100%.

2.7 | FCPHN positive effect

The areas that FCPHNs described of having positive effects in case management and care collaboration were in the areas of finding timely and appropriate medical and dental care (76%), being a patient advocate and helping the social worker make informed decisions. A third of the FCPHNs described positive effects in facilitating timely and appropriate mental health care. Fewer FCPHNs described less effects in areas of facilitating educational needs and policy development.

Approximately 20% of the FCPHN described they had a positive effect in supporting LGBT children and youth. Approximately two thirds (67%) of the FCPHN indicated their county had the resources to meet the LGBT children/youth health needs "mostly" and "very well." However, fewer FCPHNs (29%) identified appropriate and safe placements being met.

3 | DISCUSSION

This preliminary study explored the multifaceted physical and mental health issues of LGBT youth within the child welfare system in nine counties in the San Francisco Bay Area counties. It describes the important advocacy role of FCPHN working with this vulnerable youth population. The study utilized an online survey which was a relatively fast and cost-effective method of collecting data about FCPHN responsibilities. The questions were both qualitative and quantitative, allowing for a deeper understanding of the FCPHN role.

Results from this study confirmed reports from other studies regarding lack of systematic data collection to deliver appropriate services to LGBT youth (Baams et al., 2019; Fish et al., 2019; Wilson & Kastanis, 2015). FCPHN did not know if there were systematic questions or assessments within the child welfare agency forms to identify LGBT children/youth. FCPHN have an opportunity to advocate for the invisibility disparity by participating in policy and creating forms that include gender identity and sexual orientation.

The literature indicates LGBT youth are overrepresented in foster care, yet most of the FCPHNs reported very few LGBT youth in their caseload. This discrepancy can most likely be attributed to the lack of systematic documentation within the foster care system. The lack of systematic data collection contributes to invisibility of LGBT youth in foster care (Wilson & Kastanis, 2015). There may also be youth who do not disclose their sexual orientation.

Three FCPHNs indicated the Health and Education Passport (HEP) included gender identity inclusive options (i.e., transgender, transman, transwoman, gender fluid, gender queer), while most FCPHNs reported that SOGIE information was not included in the HEP. It will be difficult for FCPHNs to have accurate information if there are no systematic means of data collection. However, efforts can be made to provide all pertinent SOGIE information to support and access appropriate care and provide better interventions.

Most of the FCPHNs had no training or continuing education in lesbian, gay, bisexual health issues. And training on transgender health issues was especially lacking. Half of the FCPHNs stated they did not know of special needs of LGB children/youth in their caseload. This gap in training underscores the need for FCPHNs and all practicing nurses to become aware of the social, physical, and mental health needs of LGBT children.

One third of FCPHNs stated LGB foster children/youth need appropriate and safe placement. Others stated LGB children/youth needed competent medical and mental health providers. There is a significant advocacy and health education role for FCPHN in this area. Disparities in access to appropriate care for LGBT youth can be exacerbated while in foster care. There needs to be protections for LGBT youth in care and care that is affirming of their sexual orientation and gender identity (Baams et al., 2019).

Foster care public health nurses are in frontline positions to collect data and learn about the unique needs of LGBT youth and can play a major role in advocacy. They are critical child welfare team members who can help care providers, social workers, court appointed special advocates, and group home providers understand LGBT youth health issues and advocate on their behalf.

They can also educate other health and education professionals in pediatric clinics, school settings, child advocacy organizations, community groups and in public forums about these inequities. Nurses working in every practice setting such as school nursing, outpatient clinics, pediatric units, and emergency departments should be aware of the inequities, discrimination, stigma, and bullying LGBT foster children and youth experience. FCPHNs can advocate to promote respect for diversity, reduce stigma, and provide non-judgmental health services for LGBT foster children and youth in a safe environment.

The intensity of foster care caseloads can be appreciated as most FCPHN reported concentrated case management for children and youth who take psychotropic medications, have experienced sexual trauma, and/or have experienced commercial sexual-exploitation. FCPHNs identified self-esteem, self-worth, mental health care, and emotional health as important needs that should be addressed. Foster care placement is associated with high-risk sexual behaviors including earlier sexual debut, earlier age of first pregnancy, and greater number of sexual partner (Deutsch & Fortin, 2015). FCPHNs felt they had a positive effect in finding appropriate resources and supporting LGBT children and youth.

It is should be emphasized the recommendation for FCPHN caseload be 200 children or less. In spite of this recommendation and the known high acuity and complexity of medical and mental health issues, many FCPHNs report caseloads between 201 and 400 children (California State Auditor, 2016; Carabez & Kim, 2019).

4 | LIMITATIONS

There are a few limitations of this study that need to be considered. The current data were collected by cross-sectional surveys which involved the collection of data at a single point in time from a sample. Although cross-sectional surveys are commonly used to assess the frequency of the number of FCPHNs who hold particular attitudes or beliefs, this may not have been captured.

There may be limitations in generalizing the findings and the study may not fully describe FCPHNs working in other counties, since key informant were drawn from one urban area in the San Francisco bay area. Views of the participants may not be representative of all PHNs working in foster care since the size of the sample was small and with participation from 9 out of 58 counties in California. FCPHNs were not asked about assessment tools used to determine risk in children, even though the literature emphasizes the complex health needs of this group of children.

A larger number of PHNs working in foster care is needed as 54 nurses were sent the survey link. Even with a 72% response rate, 26 FCPHN answered all questions in the survey and this may be related to the 42-item multiple choice questionnaire and length of time to complete the survey. Thus, there may be limit the ability to generalize our findings.

5 | IMPLICATIONS FOR NURSING

Foster care public health nurses addressing the health and educational disparities in foster children is understudied. Despite the serious public health issues for LGBT youth and 25+ years of foster care public health nursing in California, there is very little research that describes and measures the FCPHN work or child health outcomes. This preliminary study is original and unique in that it is one of the only studies describing the role of public health nurses working in foster care.

Considerations for further research in the area of LGBT youth in foster care should include documenting and tracking health inequalities, exploring their multidimensional causes, monitor progress and increase accountability, developing and evaluating educational strategies to address disparities. FCPHNs are important advocates for LGBT children in accessing appropriate education and physical and mental health services. Foster care public health nurses can address disparities by ensuring timely and appropriate referrals, engaging in educational efforts to other professionals, participating in policy development and recommendations, and addressing structural institutional barriers.

Foster care public health nurses and all practicing nurses can lead in advocating for gender inclusive agency forms, finding or developing resources for LGBT children and youth, engage in educational efforts with other nurses and health professionals and training foster care providers on SOGIE issues. The advocacy and education among health care providers will highlight the need for LGBT-competent care. Foster care public health nurses are a voice for LGBT children in foster care.

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How to cite this article: CarabezR, Kim JE. LGBT youth in foster care and the critical advocacy role of Public Health Nurses. *Public Health Nurs*. 2020;37:750–756. https://doi.org/10.1111/phn.12757

Child Welfare Systems and LGBTQ Youth Homelessness: Gender Segregation, Instability, and Intersectionality

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This study documents the child welfare experiences of youth who are LGBTQ and their perspectives on how these experiences influenced their housing instability and homelessness. Youth detailed incidents of gender segregation, stigmatization, isolation, and institutionalization in child welfare systems that they linked to their gender expression and sexuality, which often intersected with being a youth of color. The youth described these incidents as contributing to multiple placements and shaping why they experienced homelessness.

Annually, around 1.6 to 2 million youth, aged 12 to 24 years old, experience homelessness each year in the United States (Gibson, 2011; Karabanow, 2004; Witkin et al., 2005). Youth who are lesbian, gay, bisexual, transgender, and queer (LGBTQ) are estimated to make up at least 40% of this population of youth experiencing homelessness, despite being about 5–8% of the general U.S. youth population (Durso and Gates, 2012; Ray, 2006). A main pathway into youth homelessness is aging out of government programs (Gibson, 2011; Thompson, Bender, Windsor, Cook, & Williams, 2010), and youth who are LGBTQ may also be over-represented within child welfare systems (Van Leeuwen et al., 2006). A 2014 report found that almost 20% of youth in Los Angeles child welfare systems identified as LGBTQ (Wilson, Cooper, Kastanis, & Nezhad, 2014).

Given these findings, I ask: *How do youth who are LGBTQ and are experiencing homelessness perceive how child welfare systems shaped their pathways into homelessness?* To address this question, this study presents qualitative findings from youth who are LGBTQ and experiencing homelessness to document their accounts of being in child welfare systems. I specifically attend to the ways in which the youth discussed how their gender expression and its intersections with sexuality and race shaped experiences of gender segregation and instability within child welfare systems and how these experiences may contribute to experiencing homelessness.

Background

Youth who are LGBTQ are likely to experience multiple placements while in child welfare systems and to be placed in congregate care settings (Elze, 2014; Mallon, Aledort, & Ferrera, 2002). Congregate care settings are often unsafe for youth who are LGBTQ, whereby they are susceptible to victimization (Elze, 2014; Marksamer, 2011). Youth in congregate care are also less likely to achieve placement permanency (Elze, 2014; Jacobs & Freundlich, 2006). In effect, multiple placements and experiences of instability may contribute to some youth who are

LGBTQ to run away from child welfare systems or to not have a place to stay when they age out of care.

Notably, youth who are transgender and/or gender-expansive often have a difficult time in child welfare systems. Violence enacted upon people who are LGBTQ is often not because they are "out" as LGBTQ, but because service providers, caretakers, and peers are policing the youth's gender behaviors (Keuroghlian, Shtasel, & Bassuk, 2014; Saewyc et al., 2006). Mental health treatments and other behavior modifications may be used against youth who are transgender and gender-expansive as a way to try to modify their gender expression (Mallon & DeCrescenzo, 2006; Marksamer, 2011). Youth of color who are transgender and gender-expansive face compounding stressors and experiences of discrimination within child welfare systems, whereby racism and racial profiling can shape how some youth's behaviors, including their gender behaviors, are monitored and disciplined (Mallon & DeCrescenzo, 2006).

Furthermore, life in foster homes may be unsafe for youth who are LGBTQ. In a focus group study conducted with 25 foster parents, the foster parent participants feared that an LGB-identifying foster child could make the other children in the house non-heterosexual and/or would molest other children (Clements & Rosenwald, 2007). Some foster parents held heterosexist beliefs, and almost every foster parent in the study had the child removed once they found out that the child was non-heterosexual. Heterosexism and other biases against children who are LGBTQ and are in foster homes can lead to youth experiencing multiple placements and being placed in group homes or residential facilities (Clements & Rosenwald, 2007; Wilson & Kastanis, 2015). Youth who are LGBTQ may choose the "safety" of the streets over foster homes and other placements (Forge & Ream, 2014).

Many of the ideas about and treatment toward youth who are LGBTQ and are in child welfare systems can be situated within the larger U.S. social context, wherein stereotypes about and discrimination against people who are LGBTQ influence experiences and outcomes (Mallon & Woronoff, 2006; Nolan, 2006). "Heteronormativity"

describes how social norms, discourses, and practices construct heterosexuality as superior to all other expressions of sexuality (Warner, 1993). Within a heteronormative society, the gender expressions of men as masculine and women as feminine are naturalized and given preference. Many everyday experiences of discrimination among people who are non-heterosexual are because of their gender presentation and behaviors, whereby biases toward certain forms of gender expression are associated with anti-gay biases (Gordon & Meyer, 2008). Cisgenderism, the practice that systematically discriminates against and denies the existence of people whose gender identities and expressions do not align with the gender they were assigned at birth (Ansara & Hegarty, 2012), also shapes differential treatment against youth whose lives challenge the gender binary.

Significantly, "intersectionality" was coined to document how social categories intersect and shape people's experiences differently (Crenshaw, 1991). People of color and/or people of low income or who are poor experience heterosexism and anti-trans biases differently, as discrimination based on gender and sexuality intersects with racial and class inequality. Furthermore, youth of color, especially children and youth from families that are financially strained, are disproportionately represented within child welfare systems (Roberts, 2003; Wilson, Cooper, Kastanis, & Nezhad, 2014). Given these disparities, attending to the ways in which race and class intersect with gender and sexuality is crucial to understanding how youth who are LGBTQ and are experiencing homelessness perceive their experiences within child welfare systems.

Methods

This project is a multi-site ethnography on homelessness among youth who are LGBTQ, conducted primarily at two organizations that provide services to youth experiencing homelessness in central Texas. From January 2015 to June 2016, the researcher volunteered weekly at a drop-in center for youth experiencing homelessness and at a shelter for youth who are LGBTQ and are experiencing homelessness. The researcher

conducted 40 in-depth, semi-structured interviews with youth who are LGBTQ and are experiencing homelessness. All interviews were digitally audio-recorded, lasted around an hour, and took place in person. The interviews were conducted where the youth chose to be interviewed, mainly in private settings. The youth who were interviewed voluntarily agreed and were informed about all processes of consent. All names have been changed for confidentiality.

The majority of the youth were recruited through the two field sites, though four youth came from a transitional living program associated with the drop-in center and two youth came from a Child Protective Services (CPS) licensed shelter. The interviews covered four main topics: the youth's perceived pathways into homelessness, the present needs of the youth, their resiliency, and their everyday experiences. At the end of each interview, the youth stated their demographic characteristics. To the best of the researcher's knowledge, only one youth declined to be interviewed, possibly because of a lack of rapport, as the researcher only met the youth once.

The reseacher transcribed each interview and then uploaded all field notes and interview transcriptions into MAXQDA, a qualitative data analysis software. The transcriptions and field notes were coded following a grounded theory approach. The researcher coded the data by first attaching labels to segments of the data, describing what each segment is about. Eighty-one initial themes were developed. The researcher also wrote memos to interpret themes within the data. Focused coding was then implemented to move the analysis to a more conceptual level, which included the over-arching themes: gender expression, sexuality, child welfare systems, segregation, violence and abuse, and instability. These themes came through an inductive approach of analyzing the data. Finally, the researcher did axial coding to identify the relationship between the focused codes (Charmaz, 2006). The validity of the findings were confirmed through prolonged engagement in the field and through member checking (Creswell & Miller, 2000), whereby the researcher discussed the emerging findings with the youth and with the service providers at the field sites to confirm their credibility.

Findings

In this study, one youth was 17, two were 25, and the rest were 18 to 24 years old. Ten youth identified as non-Hispanic white, ten identified as black, 14 identified as Hispanic and/or Latina/o, three identified as white Hispanic, one identified as black Hispanic, one identified as black, Mexican, and white, and one identified as mixed. Six youth identified as lesbians, eight (youth who identified as transgender) identified as heterosexual, ten identified as gay, 12 identified as bisexual, two identified as pansexual, one identified as "kind of everything," and one identified as "attracted to transgender women." One youth identified as a non-binary transguy, one identified as a trans man, two identified as gender-fluid, seven identified as transgender women, 14 identified as men, and 15 identified as women. Many youth were from Texas, though some were from other parts of the South, and some came from other places such as California.

Twenty-one of the 40 youth mentioned being in child welfare systems at some point during their childhood; the findings presented are based on these 21 youth's accounts. Some youth entered the child welfare system during childhood, while other youth entered during their teenage years. Almost all of the youth discussed having multiple placements. Many youth aged out, some left before aging out, and a couple youth were adopted, though reported familial conflict within their new family. Several themes connected many of the youth's narratives, even though there was a variety of involvement within child welfare systems.

Many youth detailed child welfare system experiences of gender segregation, stigmatization, isolation, and institutionalization that they often linked to their gender expression and sexuality, which often intersected with being a youth of color. The youth described these incidents as contributing to multiple placements within child welfare systems. Some of the youth reported that these experiences of instability led to their running away from placements and/or not having a place to go upon aging out, potentially influencing the reasons they were experiencing homelessness. Overall, many youth discussed how the gender segregation of child welfare placements negatively influenced their experiences

in child welfare systems. This gender segregation was specifically linked to issues of stigmatization, isolation, and institutionalization.

Stigmatization

Gender segregation was reported as contributing to a sense of stigmatization as well as denying some youth respect and acceptance for their identity. For example, Trinity, a 20-year-old white gender-expansive lesbian, talked about why she ran away from a CPS-licensed emergency shelter. She stated, "The shelter was divided—girl-side, boy-side. […] I was like going on 16 years old, and the staff said I could not talk to any of the little girls like 13 and under." Trinity continued, "And the reason being is because I was gay. Because they thought I would do something to them, which made no fucking sense 'cause I never showed any history of that kind of crap." Trinity concluded, "But it made it seem like I was a pedo[phile], and it made me feel very disgusted with the place."

Justice, an 18-year-old black heterosexual transgender woman, also told me:

> Basically, I was in foster care, and the placement where I was at, they weren't providing me some of the things that I needed being transgender. Placing me in the wrong dorm. Misgendering me a lot of times. They would deny me a lot of basic rights.

For Trinity, the gender segregation and further stigmatization of feeling like being seen as a pedophile led her to run away from the CPS shelter and begin experiencing homelessness on the streets at 16 years of age. Being denied proper placements, being misgendered, and being denied basic rights, Justice left CPS for the streets when she turned 18 years old.

Isolation

Gender segregation was discussed as a form of isolation that also contributed to being marked as different. Furthermore, gender segregation does not account for people's intersecting identities and needs. Xander,

a 19-year-old black, gender-expansive, gay youth, who was residing at a CPS-licensed shelter, told me about a previous shelter where he once stayed. He stated, "I was gay. They didn't want anyone around me. I wasn't allowed to be with the boys, and obviously, I wasn't allowed to be with the girls." Eventually, he got put on a 30-day notice, and staff members at the shelter evicted him. When I inquired why, Xander said another guy "was throwing caramel in my hair. My hair is one of my trigger points." Xander said he stabbed the boy "in the balls with my [hair] pick."

Talking about the loneliness of being in child welfare systems, Xander told me, "I felt like I really had no one. I didn't even have my fellow CPS children. […] When you're LGBTQ in CPS, even then to the kids, you're an anomaly. You're weird." Giving a specific example, Xander detailed,

> I felt like a zoo animal put on stage around those kids, just 'cause I was the only gay dude. 'What's it like being gay? Are you a male or female?' To this day, I don't even say I have anyone on my side. Creole community, black community, LGBTQ—I never feel like I fit in, because even amidst them, I have to deal with the fact that I'm a CPS child. Oh 'cause you're black, you're one of us. 'Cause you're gay, you belong in this LGBTQ group. I don't feel like I truly belong. I don't. There are times I question my humanity because of that. It has gotten to the point where I have no self-esteem.

Being gay and black may have made Xander uniquely targeted in being bullied, as Xander linked his experiences of bullying to his hair. In fighting back, Xander experienced instability and further placements, as staff removed Xander from this shelter and sent him to another one. Likewise, for Xander, the intersections of his identities as black, LGBTQ, and a CPS child were never fully embraced and accepted in child welfare systems or in society.

Institutionalization

Other youth detailed experiencing gender segregation and institutionalization in residential treatment centers (RTCs) and psychiatric

hospitals. Adelpha, an 18-year-old heterosexual transgender woman, who identified as black, Mexican, and white, detailed:

> They locked me up in a RTC for six months in the middle of nowhere, and it's basically this boot camp for CPS kids. And they treat—literally, it is worse than prison. […] I started wearing makeup and dressing really feminine [at the RTC]. And they were like—they would come up to me, and they were like, "You need to stop that. This isn't Dallas." They would make me take off my makeup. And then I was trying to grow out my hair there. And somebody would be there everyday, well not everyday, but I think it was every month to cut hair, 'cause everybody had like a buzz cut. I was like, "No, I'm not cutting my hair."

Perhaps paradoxically, the gender segregation of child welfare systems is how Adelpha met someone who was transgender. Adelpha told me, "I met this trans woman, and she was in CPS too. I didn't know she was transgender, 'cause I didn't know nothing about that." Adelpha went on:

> I was like, who are you living with 'cause there was a whole bunch of different CPS kids in different foster homes. She was like, "Oh, those guys over there." And I was like, "Oh, I didn't know girls and guys could be in the same foster homes together."

When the other person told Adelpha they were transgender, Adelpha said she replied by stating, "I kind of feel that way too."

The six youth in this study who discussed spending time in RTCs all described them as institutionalized prison-like facilities. Adelpha's gender expression was regulated at this boot camp. Adelpha, though, met a youth who identified as transgender, which Adelpha said allowed her to explore her gender identity more after Adelpha's caseworker dropped Adelpha off at homeless shelter for 18–21 year olds when Adelpha aged out of CPS.

Lastly, Alaina, a 19-year-old white Hispanic woman who identified as a gender-expansive lesbian, discussed how her gender expression and sexuality shaped her experiences in child welfare systems. Alaina said one foster family she was with "would get mad, 'cause I liked boy stuff.

I just liked a lot of boy stuff, and they would force me to wear girl stuff—Barbies and all that. And I just didn't want to—that just wasn't me." Alaina went to a new placement where the family "let me kind of explore, I guess, what I wanted to be or something like that. I ended up dressing like a boy, going to school, doing all that. I ended up feeling a certain way towards a female." Alaina thought liking females "was so wrong," but the foster parent told Alaina that "it's something you can't control. She pretty much taught me how to be the way I am, and to feel better about myself." At some point though, Alaina had to leave that placement and go to another foster home. At this new home, Alaina said:

> [the foster mom] did not agree with the tomboy lifestyle. She just did not. And it was hard for me there because she always locked me in a room, 'cause I was gay. And I would always say that. And then eventually, I just took off and ran away.

At another point, Alaina went back to this foster parent. However, Alaina noted that, "She didn't want me there, 'cause I was with a girl still. So she didn't want me there, so she ended up putting me in a hospital in Dallas."

Some youth noted how child welfare systems were a contradictory space. For example, Alaina said she experienced discrimination because of her gender expression and sexuality from many foster parents, though one foster home helped her to accept herself. Nonetheless, Alaina left when she was not accepted and was sent to a psychiatric hospital because of her sexuality. Some youth reported that if a foster parent(s) does not want a child anymore, the foster parent(s) must give a 30-day notice to the Department of Family and Protective Services; however, to bypass keeping the child for 30 days, the foster parent(s) can send the youth to a mental hospital. Alaina ran away from many of her placements while growing up, and she was currently residing at the LGBTQ shelter until her caseworker could get her into a transitional living program for youth formerly involved in CPS.

Discussion and Implications

Similar to Shelton's (2015) study on the programmatic barriers that youth who are transgender and gender-expansive and are experiencing homelessness encounter, this study shows how child welfare systems are often shaped around and uphold cisgenderism. Cisgenderism in child welfare systems can take many forms. This cisgenderism includes, for example, segregating youth based on gender in shelters and other placements, isolating youth who are transgender and gender-expansive, misgendering youth, trying to suppress their gender expressions, and labeling and stereotyping youth who are or are perceived to be LGBTQ. Cigenderism may also result in evicting youth who are transgender, non-heterosexual, and/or gender-expansive or sending them to mental hospitals, RTCs, and other institutions, and acting in ways that limit permanency for the youth.

A main way in which cisgenderism impacted many of the youth in this study was through the gender segregation of CPS placements. Gender segregation is a form of systemic oppression that can also be experienced as a microagression through being misgendered. The wrong housing placement can potentially expose youth who are transgender and gender-expansive to other forms of violence that they could encounter within gender segregated spaces. Negative stereotypes about people who are LGBTQ, such as being "sexual predators," could stigmatize youth who are LGBTQ and prevent them from being allowed to interact with other youth. Making a person who identifies as LGBTQ room by themselves could be a way to protect them, but this isolation can further notions that they are different.

The discrimination toward expansive expressions of gender marked the lives of youth in this study more than necessarily being "out" as LGBTQ. In U.S. society, there has often been a conflation of gender expression with sexuality, for if a person does not enact and embody gender expressions that are in line with stereotypical expectations for the gender they were assigned at birth, one is seen as challenging both heteronormativity and the gender binary. As child welfare systems

often uphold the gender binary, they also uphold heteronormativity, whereby people who are non-heterosexual are also stereotyped, isolated, targeted, and kicked out of shelters and foster homes.

Furthermore, the youth of color in this study may have their gender expression and behaviors monitored in specific ways. Youth of color may be more likely to be in congregate care settings, in RTCs, and in other public settings such as mental hospitals and emergency shelters. The institutionalized prison-like experience of RTCs can tell youth that they are criminals, which can be further exacerbated if one is a youth of color, who may already be stereotyped, seen, and treated as a criminal. Violence, heterosexism, and transbias are potentially more frequent in public settings (Meyer, 2015), and placement permanency is often harder to achieve when youth are in out-of-home care (Freundlich & Avery, 2005). Stereotypes about people of color as criminals and/or hypersexual, along with racial profiling, can shape the monitoring and disciplining of youth of color who are LGBTQ (Mallon & DeCrescenzo, 2006; Ritchie, Mogul, & Whitlock, 2011). Systems are often not built to accommodate intersecting identities and experiences, and youth of color who are LGBTQ may be detrimentally impacted, especially in achieving placement permanency, by these systemic shortcomings.

One way to respond to systemic shortcomings is through implementing policies that are LGBTQ-affirming. In Texas, there are no policies in place to treat people according to their self-identified gender while in CPS. Likewise, nothing in the Texas residential childcare contracts addresses children who are LGBTQ. However, youth in state custody legally have the right to safety, protection from abuse, prevention of harm, and equal protection (Estrada & Marksamer, 2006; Mallon & Woronoff, 2006). Therefore, specific policies that are LGBTQ-affirming need to be implemented to protect and treat people equitably based on their self-identified gender, to house youth where they want to be housed, and to provide safety and specialized care for youth who are LGBTQ.

Furthermore, gender segregation of housing needs to be reexamined, as gender segregation can uphold cisgenderism and heteronormativity,

marginalizing youth who are LGBTQ and are in care. In upholding the gender binary, gender segregation erases people who do not identify and/or are not within this binary. In turn, shelters and housing specifically for youth who are LGBTQ may be ideal for some youth, though other youth who are LGBTQ may prefer being integrated into and part of programs that are for all youth in care. Youth need to be able to be housed safely where they want and to have their voices be centered in designing and implementing CPS housing and placement policies. Asking the youth who are LGBTQ and in care how to improve child welfare systems, services, and housing could be a best approach for respecting and affirming youth who are LGBTQ and in working to house them safely and permanently.

Likewise, finding supportive homes that can allow youth who are LGBTQ to flourish is needed, along with trying to achieve placement permanency within these homes. Youth-driven, individualized approaches that focus on permanency for youth who are LGBTQ could be an effective approach in trying to find stability for the youth. Finding ways to connect youth who are LGBTQ and are in care with each other, especially youth of color who are LGBTQ, may also help them to not feel alone and to build communities, friendships, and relationships. Equity for youth of color who are LGBTQ and are in care also means prioritizing efforts to ensure they are not disproportionately in congregate care settings, RTCs, and mental health institutions. Indeed, the role of congregate care settings, RTCs, and mental health institutions as part of child welfare systems may need to be assessed to better understand if they help youth to achieve placement permanency.

Limitations

Several limitations must be noted when interpreting this study's findings. This study is mainly retrospective data from youth already experiencing homelessness reflecting on their experiences within child welfare systems. Retrospective data is the youth reflecting back on their experiences in CPS in order to make sense of their current lives,

whereby they may have viewed their lives and needs differently while they were in child welfare systems. Future studies need to continue studying youth who are LGBTQ and are currently within child welfare systems, especially gaining their voices and perspectives on the services they are receiving. Longitudinal studies that can follow youth who are LGBTQ through CPS and what happens after they age out or leave care could be essential in understanding more concretely the potential links between child welfare systems and LGBTQ youth homelessness.

This was a qualitative study that took place in central Texas. As such, the results may not be generalizable to other urban or rural areas. Texas is a conservative state, which may influence experiences of youth who are LGBTQ in ways that may differ in other states and locales. The youth were also accessed through organizations. Youth who are in contact with organizations may have different past experiences than youth who may be experiencing homelessness but not accessing services and/or shelter through organizations. The majority of the data was also accessed through gaining rapport with the youth before conducting interviews. Some youth knew the researcher for months before interviews were conducted. This rapport can shape not only access to interviewees but also how much and what youth may disclose. The interviews may not have been possible without building this rapport, but nonetheless, this rapport can also shape the type of data gathered. Despite these limitations, this study makes an important contribution to the literature regarding how youth who are LGBTQ and are experiencing homelessness perceive how child welfare systems and gender segregation within these systems contributed to their experiences into homelessness.

Conclusion

For some youth who are LGBTQ, are experiencing homelessness, and were involved in child welfare systems, gender segregation of placements negatively impacted their experiences while in care. Gender segregation of child welfare systems further stigmatizated some youth

who are LGBTQ, marking them as different and shaping feelings of isolation. Youth, especially youth of color, also experienced different forms of institutionalization. These experiences did not seem to help the youth to achieve placement permanency. Instead, the youth reported that these experiences created instability and led to multiple placements, leaving them often with no where to go when they left or aged out of care.

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