

ABSTRACT

A PHENOMENOLOGICAL LOOK AT THE LIVED EXPERIENCES OF LESBIAN, GAY, BISEXUAL, TRANSGENDER, AND QUESTIONING FOSTER YOUTH IN THE FRESNO, CA AREA

Lesbian, gay, bisexual, transgender, and questioning (LGBTQ) foster youth have remained largely unrecognized and disenfranchised in out-of-home care. The paucity of research conducted on the population's experiences in the foster care system has indicated that LGBTQ youth typically have more adverse experiences in care compared to non-LGBTQ youth, including harassment from peers as well as adults involved with the system, higher placement instability, and greater overreliance on group home placements. This thesis explored the experiences of four LGBTQ individuals who were either currently or previously part of foster care in the Fresno area. This study found that LGBTQ foster youth endure verbal harassment from non-LGBTQ peers, foster parents, and group home staff. They are also confronted with a high placement rate and dependence on group homes, or other congregate care facilities, due to behavioral concerns that stem from LGBTQ-related bullying and a lack of accepting foster families. This study also found that social workers, LGBTQ-specific placements, and other LGBTQ individuals act as sources of support; however, there is a need for increased education among child welfare social workers to promote LGBTQ-affirming practice and improve the recruitment of LGBTQ-affirming foster parents. There is also a need for further research to elucidate the number of LGBTQ foster youth in the Central Valley and examine foster parent perceptions of LGBTQ youth.

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TRANSGENDER, AND QUESTIONING
FOSTER YOUTH IN THE
FRESNO, CA AREA

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CHAPTER 1: INTRODUCTION

Lesbian, gay, bisexual, transgender, and questioning (LGBTQ) individuals face many challenges including harassment and discrimination by the general population. Heteronormative, homophobic, and transphobic mentalities pervade many societies at both institutional and interpersonal levels. The institution of the child welfare system, or out-of-home care, is susceptible to such prejudicial proclivities. Administrators, social workers, foster parents, and group home staff—whether through complicit action or direct engagement in discrimination—frequently contribute to the disparate experiences of LGBTQ youth in the foster care system. To further explore the treatment of sexual orientation and gender identity minorities in out-of-home care, this qualitative study examined the lived experiences of LGBTQ individuals currently or formerly involved with the child welfare system in the Fresno area. In addition to discussing the scope of the problem pertaining to LGBTQ individuals in care at the international, national, state, and local level, this chapter will present the study's purpose, research questions, and significance.

Problem

International

There exists a paucity of research on lesbian, gay, bisexual, transgender, and questioning youth in out-of-home care internationally. However, the population's prevalence and experiences can be surmised by examining its intersectional components—foster care, homosexuality, and other sexual orientation or gender identity minorities. According to a survey conducted in 39 countries by the Pew Research Center (2013), 17 countries view that society

should be accepting of homosexuality. Seven of those were more affluent European countries consisting of Spain, Germany, Czech Republic, France, Britain, Italy, and Greece—Spain ranking highest for percentage of societal acceptance (88%) and Greece ranking lowest (53%). Latin America comprised 5 of the accepting countries with Argentina, Chile, Mexico, Brazil, and Venezuela. Argentina ranked highest for acceptance of homosexuality at 79% and Venezuela ranked lowest at 51%. Canada and the United States also ranked as accepting of homosexuality with 80% and 60% respectively. Of the surveyed Asian and Pacific Island countries, Australia (79%) Philippines (73%), and Japan (54%) were accepting of homosexuality (Pew Research Center, 2013). Countries in Africa, the Middle East, and Asia were significantly unaccepting of homosexuality.

A survey of the United Nations (UN) found that 22 UN states throughout the world recognize same-sex marriage and 72 have laws protecting the population from workplace discrimination. Moreover, sexual acts between same-sex individuals is not criminalized in 63% of UN states. However, there are 71 countries in which same-sex sexual activity is criminalized—8 of which enforce the death penalty. Ten percent of UN states, predominantly Asian and African countries, maintain morality laws that prohibit public discussion or expression related to sexual orientation (Carroll & Mendos, 2017).

Like international data on LGBTQ individuals in the general population, there is limited data on international child welfare systems. However, examining available statistics from varied countries can provide insight on the systems' workings. In 2016, there were 46,500 Australian children living in out-of-home care. The number of children in care increased by 17% from 2012 to 2016. Like other children in foster care, Australian foster youth face the challenge of placement instability. A study on the placement experiences of 77 foster youth in

Victoria and Western Australia found that 40% of participants have experienced 2 to 5 placements, 14% experienced 6 to 10, and 32% had more than 11 placements (Smart & Walton, 2017).

Similarly, in 2014 there were 19,119 children residing in out-of-home care in Spain, 4,651 in Austria, 9,697 in Belgium, and 56,986 in Poland (Opening Doors, n.d.). In 2013 there were approximately 62,428 children in out-of-home care in Canada and 69,540 children in England's out-of-home care system in 2015. Abuse or neglect was reported to be the primary reason for entering care in England, comprising 61% of cases. The percentage of children entering care due to family dysfunction has also increased from 14% in 2011 to 16% in 2015 (Zayed & Harker, 2015).

Twenty-four percent of homeless young people in England identify as LGBT, and 77% believe that coming out to their parents was the main contributing factor to their homelessness (Albert Kennedy Trust, n.d.). In Canada, sexual orientation and gender identity minority youth make up 20 to 40% of the homeless population. Moreover, in Australia, 13.4% of heterosexuals have experienced homelessness compared to 20.8% of bisexual individuals and 33.7% of homosexuals. Further, 45% of Australian homeless LGBT individuals have been placed in foster care—more than double than that of their heterosexual peers (McNair, Andrews, Parkinson, & Dempsey, 2017).

Based on the separate data concerning foster care and the experiences of LGBTQ individuals in foreign countries, the status of the population under study in this paper can be inferred. More affluent European countries typically hold progressive LGBTQ societal perspectives and laws. According to the Pew Research Center (2013) poll, Britain, Canada, and Australia are largely accepting of homosexuality. However, their LGBTQ foster youth population still

experiences disproportionate homelessness, likely indicative of disparate experiences for the population in care. It follows that countries in which society is less accepting of sexual orientation and gender identity minorities, LGBTQ individuals in care are at greater risk of disenfranchisement.

National

Of the surveyed countries considered accepting of homosexuality, the United States ranked the 4th least accepting—tied with Brazil at 60% (Pew Research Center, 2013). America's LGBTQ youth in out-of-home care are vulnerable to the consequences of this prevailing mentality. There are over 400,000 children in foster care in the United States (Human Rights Campaign, n.d-a). Further, there are 175,000 youth (10 to 18 years old) in foster care, and it is estimated that LGBTQ youth comprise 5 to 10% of that population (Child Welfare Information Gateway, 2013b). However, according to the Williams Institute (2016), LGBTQ individuals make up only 3.8% of the general population in America—indicating that the population is overrepresented in the child welfare system.

Only 20 states have laws and policies enacted to protect LGBTQ foster youth. There are currently only 13 states with explicit laws and policies protecting youth from discrimination based on both sexual orientation and gender identity. Seven states have laws and policies that protect foster youth from discrimination based on sexual orientation, but not gender identity. Without anti-discrimination laws in place, LGBTQ foster youth are susceptible to continued maltreatment and rejection within the child welfare system. A survey of foster youth in New York found that 78% of youth were removed or ran away from their foster placements because of hostility toward their gender identity or sexual orientation. Moreover,

100% of the youth reported experiencing verbal harassment in their group home placements, and 70% reported experienced physical violence in their group home (Human Rights Campaign, n.d.-b).

State

There are approximately 40,000 youth in California's foster care system. It is purported that 19% of foster youth in California are LGBTQ (Los Angeles LGBT Center, n.d.). California has enacted two significant legislations to better protect LGBTQ foster youth. On September 6, 2003, the Foster Care Non-Discrimination Act (AB 458) was signed into law and enacted on January 1, 2004. The legislation prohibits discrimination based on a variety of identifications including race, national origin, ancestry, physical or mental disability, sex, gender identity, and sexual orientation (National Center for Lesbian Rights, 2006). AB 458 also requires group home workers and foster parents to take initial and ongoing training on related nondiscriminatory policies. Over a decade after AB 458, on October 11, 2015, California enacted Senate Bill 731. The legislation specifically protects transgender children and youth in the foster care system. It states that foster youth have the right to be placed based on their self-identified gender, rather than the sex listed in court or child welfare records (National Center for Lesbian Rights, 2015). Despite California's legislative efforts, LGBTQ foster youth are two times more likely to be placed in an institutional setting such as group homes or other congregate care facilities than a familial setting and two times more likely to be treated poorly while in care (Los Angeles LGBT Center, n.d.)

Local

While California can be seen as paving the way for the protection of LGBTQ foster youth, segments of the state are less accepting of the population. A statewide poll of California found that residents in San Francisco (65%), Los Angeles (54%), and San Diego (51%) counties have the highest percentage of support for same-sex marriage. Conversely, the Inland Empire and Central Valley had the greatest majorities opposed to same-sex marriage with 56% and 53%, respectively (Baldassare, Bonner, Petek, & Shrestha, 2013). Further, as the sixth largest county in California, Fresno County of the Central Valley has approximately 1,884 children in care (California Child Welfare Indicators Project, 2016).

Of that nearly 2,000 children and youth in care, it is unknown how many identify as LGBTQ. Based on national and state statistics, the group's disproportionate representation likely occurs at the local level. Considering the role of prospective social workers who will serve the minority population, Martinez (2006) studied the heterosexist and homophobic attitudes of master of social work (MSW) students at California State University, Fresno. The study found that the university's MSW students presented with a higher level of homophobic attitudes compared to previous national surveys of social work professionals. The participant's religiosity was found to be correlated with significantly more homophobic and heterosexist attitudes than those who did not report having a religious affiliation. Of the identified religious affiliations, Christianity and Catholicism, participants who identified as Christian indicated greater alignment with homophobic attitudes (Martinez, 2006). Further, participants who reported attending church over 4 times per month reported having the highest propensity toward homophobic and heterosexist ideations.

Completed surveys indicated that 20.7% of participants would engage in heterosexist practice when working with homosexual couples, 18.8% when working with foster parents, and 9.4% when working with adolescents (Martinez, 2006).

Purpose

Sexual orientation and gender identity minorities have historically faced greater barriers to the same rights enjoyed by heterosexual and gender-conforming majorities. Although California has implemented bills to protect the population's right from discrimination in the child welfare system, LGBTQ foster youth are still subject to unfavorable treatment in care. This study sought to examine the placement experiences of LGBTQ foster youth in the Fresno area, including their perceptions of the reasons for their placement experiences and the impact it has had on them, if at all.

Research Questions

The researcher conducted a phenomenological qualitative study and interviewed LGBTQ individuals involved in the Fresno area child welfare system. This study's research questions are as follows:

Research Question #1: What are the experiences of LGBTQ youth in the foster care system?

Research Question #2: To what extent does placement impact their experiences in foster care, if at all?

Significance of Study

In many respects, societies throughout the world have made significant progress in achieving equal rights and treatment for lesbian, gay, bisexual,

transgender, and questioning individuals. The nature of such progress typically rests on the progressive values of the society creating the laws to protect the LGBTQ community. In attaining their rights, the voices of LGBTQ community members are more readily heard compared to previous years; however, greater efforts are needed in many countries, states, and local governments.

In contrast to the state of California, the local Central Valley and the counties that comprise it maintain primarily conservative views on many issues—including the rights of same-sex and gender non-conforming individuals. Compared to other regions of the state such as San Francisco and Los Angeles, LGBTQ members of the general population in the Central Valley are less likely to encounter individuals who affirm and accept their identities (Baldassare et al., 2013). This issue is further compounded for LGBTQ members of the foster care system. Children in foster care are already subjected to unspeakable traumas that result in them being removed from their family of origin. The act of being removed from their homes and then placed in out-of-home is also traumatic for all children entering foster care. LGBTQ youth have the added traumatic layer of being rejected on the basis of their sexual orientation or gender identity by their biological parents, foster parents, group home staff, and social workers. Unlike their non-LGBTQ counterparts who enter care to escape maltreatment, LGBTQ youth are likely to continue to experience it in out-of-home care.

Heterosexist and homophobic convictions not only pervade at the interpersonal level, but also systemically throughout the child welfare system. The Child Welfare Services Case Management System used by child welfare workers throughout California does not collect or retain administrative data on the status of LGBTQ foster children and youth. The lack of procedural documentation of the population contributes to the group's invisibility, marginalization, and

mistreatment in out-of-home care. Social workers in California must take it upon themselves to document and recognize the needs of LGBTQ foster youth. In the largely conservative Central Valley it is all the more imperative for current and future social workers to break away from heteronormative, or potentially homophobic, paradigms in order to serve the marginalized population. This study will help promote the visibility of LGBTQ foster youth in the Fresno area by gathering first-hand accounts of LGBTQ individuals currently or formerly involved with the child welfare system. Conducting the in-depth interviews will shed light on the experiences of other sexual orientation and gender identity minority youth in out-of-home care, elucidate systemic and interpersonal challenges they encounter, and provide a foundation in which the profession can better ensure the protection of future LGBTQ foster youth.

Summary

Although limited, there is growing evidence of the inequitable treatment of LGBTQ youth in out-of-home care. This chapter discussed the relative scope of the population's disenfranchisement at the international, national, state, and local level. Based on local evidence of the foster youth precedence and arguably anti-LGBTQ perceptions in the Central Valley, this study will examine the placement experiences of LGBTQ individuals in the Fresno area foster care system. The following chapter will discuss the theoretical frameworks through which the study will be conducted, extant empirical literature regarding LGBTQ in foster care, and current gaps in the literature.

CHAPTER 2: LITERATURE REVIEW

The child welfare system is a continuum of services that seeks to ensure the safety of children and the preservation of families (Child Welfare Information Gateway, 2013a). Families that become involved with child welfare are suspected of child maltreatment and may be provided services to ensure the child remains with the family in a safe and nurturing environment. If it is determined that the child cannot remain with the family, or cannot be reunified through provided services, child welfare strives to provide the child with permanency through means of adoption or guardianship. If neither permanency outcomes can be attained with either relatives or non-relatives, children may be placed in a foster home or group home and provided services to promote their self-sufficiency until they leave the foster care system between the ages of 18 and 21 (Child Welfare Information Gateway, 2013a).

This chapter explores the experiences of LGBTQ youth involved with the child welfare system. Theoretical literature will be used to provide the lens through which this graduate study will be conducted and extant literature will be reviewed. Existing quantitative and qualitative empirical literature will also be used to examine the group's experiences prior to entering the foster care system or out-of-home care and disparities they often face upon entering the system. Explicit areas to be examined include the group's maltreatment in their family of origin, disparate experiences in out-of-home care, placement instability and its subsequent consequences, disproportionality, and treatment by child welfare caregivers and social workers. Finally, this literature review will note several gaps in the previous research conducted on the placement experiences of LGBTQ foster youth and use such gaps to propose this graduate study.

Theoretical Frameworks

Developmental Theory

Eriksonian developmental theory and empowerment theory will be used to guide this graduate study. Erik Erikson's theory of human development is characterized by eight stages that span the lifetime of the individual. The stages are as follows: trust versus mistrust, autonomy versus shame and doubt, initiative versus guilt, industry versus inferiority, identity versus role confusion, intimacy versus isolation, generativity versus stagnation, and ego-integrity versus despair (Bennett & Douglass, 2013). At each stage, the individual faces a psychosocial crisis—failure to overcome the crisis can result in impeded development while success can allow for normal development through to the subsequent stages.

From birth to 18 months old, infants in the trust versus mistrust stage form a loving bond with their caregiver who, if reliably provides nurturance and sustenance, encourages a sense of trust in not only the caregiver but other individuals. From 18 months to 3 years old, children explore their external environment with greater independence as they undergo the stage of autonomy versus shame and doubt. Hindered independence results in an underlying sense of doubt regarding oneself and one's abilities. Between 3 and 6 years old, children begin to develop a sense of assertiveness and confidence concerning interactions with persons in their environment as they complete the stage of initiative versus guilt. At primary school age, successful completion of industry versus inferiority entails that children gain a greater sense of their capacity to engage in appropriate social, emotional, and occupational functioning (Bennett & Douglass, 2013). During adolescence, individuals undergo the crisis of identity versus role confusion, developing an identity that is conducive to their own sense of self as well as their social inclusion in other groups. From early to mid-adulthood,

individuals contend with the stage of intimacy versus isolation as they attempt to form intimate and meaningful relationships. By mid-adulthood, the stage of generativity versus stagnation requires individuals to contemplate what they have contributed or left behind for future generations (e.g., legacy in the form of children and grandchildren). Finally, upon mature adulthood, individuals face the crisis of ego-integrity versus despair where they reflect on and accept their life, including what they have contributed to society as a whole (Bennett & Douglass, 2013).

LGBTQ youth are impacted at all stages of psychosocial development but particularly during the fifth stage of identity versus role confusion. As adolescents, they may be fearful of disclosing or acting upon their sexual orientation or gender identity, which can in turn discourage them from coming-out. LGBTQ youth are often reluctant to acknowledge their identity as they are frequently confronted with rejection from peers and heteronormative ideations that pervade their interactions (Bennett & Douglass, 2013). Further, these homophobic and heteronormative experiences can cause internalized shame regarding their sexual orientation or gender identity. Unresolved internalized shame at this stage can consequently cause developmental regression into prior stages or disruptions in later stages of development (Bennett & Douglass, 2013). Consider, for example, an LGBTQ foster youth who fails to overcome role confusion when confronted with explicit or implicit rejection from peers, caretakers, and social workers in the child welfare system. This not only negatively impacts their ability to form a healthy identity, but it may also exacerbate or cause their sense of internalized shame and doubt experienced earlier in life to resurface. Further, it may hinder their perceptions into young adulthood (i.e., intimacy versus isolation) as they see themselves as unworthy of love because of their sexual orientation or gender

identity. Therefore, it is imperative to conduct this study through the lens of developmental theory—considering the numerous barriers LGBTQ foster youth face in overcoming these psychosocial crises and the corresponding consequences such failure may have on their development.

Empowerment Theory

The additional use of empowerment theory to frame this graduate study helps to assess the manner in which LGBTQ foster youth are disempowered. As adolescents, they are amidst the stage of identity versus role confusion, but this is further compounded by being a sexual orientation or gender identity minority individual who is *also* placed in out-of-home care. Therefore, LGBTQ foster youth are particularly susceptible to marginalization by the child welfare system. Empowerment theory helps to provide insight on the intrapersonal, interpersonal, and community facets that maintain the population's disenfranchisement (Wagaman, 2016). Concomitantly, empowerment theory is essential in reducing the internalized stigma that may hinder healthy identity development at the intrapersonal level, diminishing heterosexist and homophobic mentalities among foster youth peers at the interpersonal level, and increasing gay-affirming practice at the community and institutional level (Mayberry, 2013).

Empirical Research

LGBTQ Family of Origin Experiences

Youth who identify as LGBTQ are not always affectionately accepted by their families. D'Augelli, Grossman, Starks, and Sinclair (2010) conducted a longitudinal study on the parental awareness of lesbian, gay, and bisexual children's sexual orientation. The researchers interviewed 528 self-identified LGB

youths, all of whom were between the ages of 15 and 19. The researchers recruited youth from three community-based organizations in the New York City area. Participants were interviewed three times over the course of 2 years, with interviews lasting approximately two hours. Participants were clustered into three subgroups based on their parents' knowledge of their sexual orientation—*out* if the parents were aware of the youth's sexual orientation at the onset of the study; *came out* if the parents were made aware during the study; and *closeted* if the parents were yet aware at the study's closure. Over the 2-year duration, participant numbers dwindled with 528 participants completing the first round of interviews, 358 completing the second, and 225 completing the third round (D'Augelli et al., 2010).

The final sample taken for analysis consisted of 196 participants. Though 225 completed the third interview, 29 participants reported that one parent was aware of their sexual orientation while the other was not. The researchers excluded these participants from their analysis in order to contrast between youths whose mother and father (or single parent) were aware of their LGB identity and those whose parents were unaware (D'Augelli et al., 2010). The researchers used several scaling instruments. To identify the sexual orientation of participants, the researchers used a Kinsley Scale which asked youth to rate their sexual orientation on a scale of 0 to 6—0 being *totally straight* and 6 being *totally gay or lesbian*. Youth also completed a scaling questionnaire regarding their parents' knowledge of their LGB identity—1 indicating their parents *definitely know* and 4 indicating their parents *definitely did not know*. Researchers distributed additional scaling instruments inquiring about the quality of the participants' relationships with their parents, their histories of victimization by their parents, perceived support

provided by their families, and experiences of verbal harassment (inflicted by their parents) surrounding their sexual orientation (D'Augelli et al., 2010).

Using multivariate analyses of variance, the study examined the significance of the coming-out process and its implications for the parent-child relationship. The researchers found that the closeted group reported having stronger relationships with both their mother and father. However, the closeted participants also maintained the highest level of fear of parental rejection, harassment, and abuse. Identified consequences of remaining closeted due to fear of parental rejection included a greater sense of internalized homophobia, lower self-esteem, higher reports of shame, and a significant lack of positive role models (D'Augelli et al., 2010).

Though it is known that even being fearful of potential parent rejection can cause serious damage to an individual's well-being, experiencing rejection can have devastating effects on the mental and physical health of an LGBTQ youth. A quantitative study by Irvine and Canfield (2016) examined the cross-system relationship between child welfare services and the juvenile justice system. The researchers distributed one-page survey instruments to 200 LGBTQ youth at seven juvenile detention centers throughout the United States. The survey asked youth about their previous child welfare involvement, their sexual orientation or gender identity, and the reasons for their current juvenile justice involvement (Irvine & Canfield, 2016).

Concerning participant demographics, 77% self-identified as male, 22.4% self-identified as female, and 0.6% self-identified as a different gender identity. Regarding race or ethnicity, 37.9% of participants were African American, 1.7% were Asian, 32.6% were Latino, 2.3% were Native American, and 13.1% were Caucasian. Moreover, 7.7% of participants identified as LGB and gender

conforming, and 4.8% identified as LGB and gender non-conforming or transgender. Finally, 7.5% of participants identified as straight and gender nonconforming or transgender (Irvine & Canfield, 2016).

Using analysis of variance tests, the researchers found that LGB youth are two times more likely than heterosexual youth to be removed from their home due to physical abuse allegations (Irvine & Canfield, 2016). Further, compared to gender conforming youth, transgender individuals are four times as likely to be removed from their family of origin due to physical abuse. Transgender youth are also more likely than gender conforming youth to run away or be kicked out of their home due to conflict related to their gender identity. Based on participant self-reports, 66% of transgender youth reported running away or being kicked out compared to 42% of gender conforming youth (Irvine & Canfield, 2016).

A mixed methods study conducted by Cochran, Stewart, Ginzler, and Cauce (2002) found that LGBTQ youth are also two times more likely to run away from their homes and experience homelessness than heterosexual youth. The mixed methods study used a sample of 375 participants between the ages of 13 and 21. Measures of the study consisted of structured, face-to-face interviews and a seven-point scaling instrument to assess substance use, sexual, and mental health factors (Cochran et al., 2002). Regarding substance use, participants were asked how often they used any form of drugs or alcohol over the previous 6 months (0 being *not at all* and 6 being *every day*). Regarding sexual factors, participants were asked about their number of sexual partners, the gender of their partners, and the frequency with which they practiced safe-sex. While the researchers did not provide extensive information on the measures used to assess mental health factors, they did note that they measured depressive symptoms through the Center

of Epidemiologic Studies Depression Scale and measured behavioral concerns with the Achenbach's Youth Self-Report (Cochran et al., 2002).

Although heterosexual and non-heterosexual youth share certain commonalities pertaining to their reasons for running away, such as intrafamilial conflict and a yearning for independence, LGBTQ youth are more likely to leave their home due to parental dissent and physical abuse specifically stemming from their sexual orientation (Cochran et al., 2002). Confronted with parental rejection and physical abuse, homosexual and transgender youth would often rather take their chances living on the streets than remain in their home—leaving them vulnerable to homelessness and its associated risks. Cochran et al. (2002) found that, in addition to being more likely to experience homelessness at some point in their lives, LGBTQ youth are more likely than their heterosexual peers to be physically and sexually victimized while homeless. On average, the study's LGBTQ participants experienced 7.4 more incidents of sexual victimization than their heterosexual counterparts. Additionally, LGBTQ youth are more likely to engage in substance use and unprotected sex, with a greater number of partners, than heterosexual youth.

Further, a national analysis by Lee, Gamarel, Bryant, Zaller, and Operario (2016) found that discrimination based on membership of a sexual minority group is highly associated with the development of substance use and mental health disorders into adulthood. In addition to analyzing deidentified data from the National Epidemiologic Survey on Alcohol and Related Conditions, the researchers used closed-ended questionnaires. To measure sexual orientation, participants were asked to indicate their identification on a preprinted response card. To measure discrimination, the researchers utilized the Experiences of Discrimination Scale which inquired about the frequency with which participants

experienced discrimination because of their sexual orientation in the past year (Lee et al., 2016). Discussed in less depth, the researchers also used the reliable and valid Alcohol Use Disorder and Associated Disabilities Interview Schedule to assess psychiatric disorders and substance use. Using weighted multivariable logistic regression models for the sample of 577 male and female adults, the study found that 41.5% of sexual minority men who reported having experienced discrimination developed a lifetime drug use disorder. Similarly, 56.9% of women who reported having experienced discrimination due to their sexual minority identification were diagnosed with major depressive disorder (Lee et al., 2016).

LGBTQ Out-of-Home Care Disparities

Once LGBTQ youth enter out-of-home care, the abuse, harassment, and rejection they endured in their family of origin does not always improve. LGBTQ youth can continue to experience discrimination at the hands of their peers, social workers, foster parents, and group home workers. Wilson and Kastanis (2015) conducted a quantitative study in which a sample of 865 young adults (18 to 24 years old) from the Los Angeles area were asked a series of closed-ended questions regarding whether they identified as gay, bisexual, lesbian, or transgender. The researchers conducted computer-assisted telephone interviews “designed to assess demographic characteristics, experiences with various forms of discrimination, and rates of exposure to risks associated with challenges to permanency and wellbeing” (Wilson & Kastanis, 2015, p. 13). Participants, whether LGBTQ or heterosexual, were then asked additional closed-ended questions regarding their placement rates and experiences while in care. The study’s findings indicated that LGBTQ youth were, overall, treated less well by the foster care system than their non-LGBTQ peers. Of the heterosexual

participants, 60% reported that they were treated “very well” by the foster care system compared to a lesser 51% of LGBTQ participants. Similarly, 12% of LGBTQ youth reported they were treated “not very well” in out-of-home care while only 5% of heterosexual participants reported the same (Wilson & Kastanis, 2015).

Accounts from heterosexual youth residing in out-of-home care also corroborates the discriminatory environment LGBTQ youth are often subjected to. For their qualitative study, Gallegos et al. (2011) interviewed 188 LGBTQ and non-LGBTQ foster youth between 14 and 17 years old. The researchers used approximately 20 open-ended, exploratory questions and Likert-scale questions to interview all participants; however, different sets of instruments were used between the sample’s two subgroups. One set asked all participants, regardless of their sexual orientation or gender identity, about the perceived foster care environment for LGBTQ youth. The instrument not only explored the perceived discrimination of the group but also asked participants about their own acceptance or tolerance of the population. The second set was given only to LGBTQ participants, and it directly inquired about their treatment in care. For example, this subset of the instrument asked participants “how often they had experienced certain treatment such as rejection from someone in their foster family on a scale of *never* to *always*” (Gallegos et al., 2011, p. 229). While the majority of questions asked youth to rate the intensity or frequency of their feelings concerning such experiences, open-ended questions were also used to elicit more in-depth responses (e.g., why youth felt they needed to hide their sexual orientation while in care).

According to the study’s findings, 80% of heterosexual foster youth observed or heard of an LGBTQ youth being verbally harassed by another peer or

adult. Conversely, the same study found that non-LGBTQ foster youth are comfortable being around youth who identify as LGBTQ and are even likely to befriend them. However, fewer non-LGBTQ youth felt comfortable having the same placement as an LGBTQ youth (Gallegos et al., 2011). This finding suggests that while there is a growing understanding of sexual minority foster youth, there remains a lack of acceptance as well.

In addition to disparities explicitly concerning the population's treatment while in out-of-home care, the literature also indicates that LGBTQ foster youth face greater permanency disparities (Wilson & Kastanis, 2015). Risk factors connected to a lack of permanency include youth who have experienced psychological and physical distress. To assess the prevalence of this risk factor, Wilson and Kastanis (2015) examined the hospitalization rates of LGBTQ and non-LGBTQ foster youth and discovered that LGBTQ youth are more likely than heterosexual youth to be hospitalized at some point while in foster care—approximately 39% and 31%, respectively. Further, LGBTQ participants are over three times more likely than their non-LGBTQ peers to be hospitalized for emotional reasons (Wilson & Kastanis, 2015).

Existing literature also reveals disparities concerning the types of child welfare placements often relied upon for sexual minority foster youth. LGBTQ youth are overwhelmingly placed in group homes and other congregate care facilities rather than in the familial setting of a foster home. According to Wilson and Kastanis (2015), non-heterosexual foster youth are two times more likely than their heterosexual peers to be placed in a group home. Of the study's participants, 25.7% of LGBTQ youth were currently residing in a group home while only 10.1% were placed with a foster family.

An article on efforts to promote placement stability for LGBTQ foster youth by Jacobs and Freundlich (2006) attributed this traditional overreliance on group home placements to a lack of LGBTQ accepting and affirming foster families in the community. Of the LGBTQ group, transgender individuals are particularly more likely to be placed in a group home setting because of a prevailing lack of acceptance among foster parents. Once placed in a group home, however, transgender individuals continue to be subjected to abuse and discrimination. Jacobs and Freundlich (2006) maintained that repeated abuse and dejection by birth and foster families causes LGBTQ foster youth to internalize that they do not deserve placement (or acceptance) in a familial setting. A qualitative study by Woronoff and Estrada (2006) also reinforces the theme of group home overreliance. The researchers held forums in 13 different cities throughout the United States to evaluate the needs of LGBTQ youth in care. The forums consisted of over 500 current and former foster youth as well as child welfare professionals. First-hand accounts from participants revealed that child welfare professionals lack LGBTQ competency and unquestionably turn to group home placements that are not only inappropriately restrictive for the LGBTQ individual's needs but likely harmful to their psychological and physical health (Woronoff & Estrada, 2006).

The literature also reveals that LGBTQ youth have, on average, a higher number of foster care placements. That is, they are more likely to be moved from foster home to foster home, or group home to group home. An exploratory study by Mallon, Aledort, and Ferrera (2002) examined the experiences of LGBTQ foster youth in New York and Los Angeles. The study's sample consisted of 45 participants who completed in-depth qualitative interviews, questionnaires comprised of open-ended questions, and five-point Likert scale questionnaires

about their perceptions of permanency. Mallon et al. (2002) found that LGBTQ foster youth have nearly double the placement rate of heterosexual foster youth. Eighty percent of participants experienced multiple foster care placements with an average of 6.35—some participants reported being moved as many as 40 times during their time in foster care. Aside from higher rates of placement instability, Mallon et al. (2002) also noted that the majority of LGBTQ participants spent an average of 4.2 years in out-of-home care, contrary to child welfare's permanency endeavor which dictates children and youth should spend 15 to 22 months in care.

The Effects of Placement Instability

While there is limited research on the consequences of placement instability for LGBTQ foster youth specifically, other research indicates that, in general, foster youth with high placement instability are more likely to experience emotional and behavioral concerns. A quantitative study by Koh, Rolock, Cross, and Eblen-Manning (2014) compared the outcomes of foster children who experienced relatively little changes in their out-of-home placement (stable group) to children with a higher rate of placement changes (multiple-move group). The multiple-move group was defined as children who had experienced at least three or more foster placements. The data included case records collected from the Illinois Department of Children and Family Services and spanned an 18-month period, consisting of 3483 children placed in relative and non-relative foster care. Additionally, the researchers utilized bi-variate analysis, descriptive analysis, and the logistic regression model in their study (Koh et al., 2014). Factors included in the researchers' analysis are as follows: participant's type of caregiver, caregiver willingness to commit to permanency, placement with at least one sibling, proportion of time spent in relative foster placement, and diagnostic statistical

manual diagnosis. At the onset of the study, 19.7% of children in the multiple-move group and 11.7% of children in the stable group had a psychiatric disorder. By the end of the 18-month study period, 31.2% of children in the multiple-move group were newly diagnosed compared to only 5.0% of children from the stable group (Koh et al., 2014).

Stott (2012) conducted a similar mixed methods study on the foster care placement experiences and outcomes of 114 young adults between the ages of 18 and 21. Participants completed interviews consisting of quantitative and qualitative questions relating to substance use and sexual behavior. Participants were asked whether they used certain substances such as marijuana, methamphetamine, inhalants, heroin, etc. If participants responded that they had ever used the substance, they were asked additional questions concerning frequency and last time of use. Sexual behavior questions included whether they had ever engaged in consensual intercourse, their age at the first time of intercourse, their total number of sexual partners, and their number of partners over the previous 3 months. Participants who responded that they engaged in sexual intercourse in the past 3 months were also asked about safe-sex practices (i.e., use of birth control pills, condoms, and other contraceptives).

The study also extracted the participants' placement history in the child welfare system and used linear regression for analysis. Stott (2012) found a statistically significant relationship between placement instability and substance use with 32.3% of participants reporting they used drugs, were intoxicated, or indulged in a combination of the two at least once or more during the previous 6 months. Additionally, 21% reported using drugs, being intoxicated, or both on a weekly basis or more. Aside from risky behavior in the form of substance use, the study found that foster youth who experienced greater placement instability were

more likely to engage in risky sexual behavior. Only 27% of sexually active women in the study were currently taking birth control, and only 29% of sexually active men were using condoms (Stott, 2012).

LGBTQ Disproportionality in Out-of-Home Care

Extant research on the child welfare system has repeatedly exposed the overrepresentation or disproportionality of certain racial groups. Native American and African American children are two such groups that enter out-of-home care at higher rates relative to their representation in the general population (Clark, Buchanan, & Legters, 2008; Cross, 2008; Magruder & Shaw, 2008). Unlike other groups, such as Caucasians and Hispanics, African American and Native American families are more frequently referred to the child welfare system for maltreatment investigations. Moreover, the precedence of child welfare involvement is associated with higher rates of children from the two minority groups being removed from their homes (Magruder & Shaw, 2008) and remaining in out-of-home care for a longer duration than other groups (Clark et al., 2008).

Cross (2008) touched upon cultural competencies, or lack thereof, as being the root of African American and Native American disproportionate representation in care. A theme of possessing a stereotypical fear of the groups is present among social workers who place children into out-of-home care. Child welfare workers succumb to biases about the group and maintain that removing the child from their family of origin is the best means to ensure their safety and well-being (Clark et al., 2008; Cross, 2008). In addition to bias-based removal, the literature posits that disproportionality is caused by child welfare workers' failure to recognize cultural strengths and functioning. Namely, workers may forgo kinship placement with

extended family because their cultural values do not place the same weight on extended family relationships as African American families (Cross, 2008).

Like Native American and African American children, sexual minority youth are highly overrepresented in the child welfare system (Wilson & Kastanis, 2015). The literature has attributed this disproportionality to a similar lack of cultural competence and the prevalence of biases inherent in the child welfare system and the social workers employed by it. Social workers, whether consciously or unconsciously, create barriers to services due to a lack of understanding of the LGBTQ culture, misconceptions about the population, and implicit biases (Mallon et al., 2002). These systemic barriers and the role of child welfare professionals will be further discussed later in this chapter.

According to Wilson and Kastanis (2015), 8.3% of young adults in the general population self-identify as lesbian, gay, bisexual, or transgender. An analysis of the respective foster care population indicates that 19.1% of foster youth, between 12 and 21 years old, self-identify as LGBTQ. Further examined at the subgroup level, 13.4% of the surveyed foster youth identify as LGBQ, 13.2% identify as possessing a same-sex attraction, and 5.6% identify as transgender (Wilson & Kastanis, 2015). The researchers calculated a Disproportionality Representative Index (DRI), traditionally used to identify racial disproportionality in the child welfare system. The DRI acts as an odds ratio with 1.00 values indicative of equal representation between populations, values below 1.00 indicative of underrepresentation, and values above 1.00 indicative of overrepresentation. Wilson and Kastanis (2015) discovered a DRI for LGBTQ foster youth of 2.3. The value indicates the group is highly overrepresented in out-of-home care.

The disproportionality of LGBTQ youth in the child welfare system pervades other corresponding systems, particularly the juvenile justice system. Irvine and Canfield (2016) found that LGBQ and gender nonconforming (GNC) youth are three times more likely to be removed from their family of origin by child welfare workers than heterosexual youth. Moreover, Irvine and Canfield (2016) distinguished between the removal of the youth or child from their family of origin and their placement in out-of-home care—maintaining that detained children are often reunified with their families following child welfare involvement. However, the researchers found that reunification is primarily seen with heterosexual and gender-conforming youth. LGB and GNC youth are seven times more likely to remain in the child welfare system after removal (Irvine & Canfield, 2016).

LGBTQ Experiences and Role of Caretakers

McCormick, Schmidt, and Terrazas (2016) conducted a qualitative study on the role of foster family acceptance and interviewed 26 self-identified gay and lesbian participants, formerly part of the foster care system. The participants, between 18 and 25 years old, completed semi-structured interviews on their experiences in a foster family setting. Areas explored in the semi-structured interviews are as follows: “Foster caretaker willingness and comfort in discussing and acknowledging issues related to sexual orientation”; “Foster caretaker responses to mistreatment, harassment, and bullying of gay and lesbian youth”; “Double standards that were experienced by gay and lesbian youth as compared to straight youth”; and “Youth descriptions of the ideal foster family for gay and lesbian youth in foster care” (McCormick et al., 2016, p. 71). Based on the researchers’ thematic analysis, foster youth who reside in LGBTQ-rejecting rather

than affirming homes unequivocally expressed that their foster parents were indifferent about the bullying and harassment they experienced by others, or even blamed the youth for incurring the harassment because of their sexual orientation. Other youth noted seemingly covert rejection such as foster parents avoiding any discussion of the youth's sexual orientation. This lack of acknowledgement by the parent discourages youth from discussing any other issue deemed personal or sensitive. Further, the dejecting experience of having foster parents unwilling to discuss something so inherently part of their identity resulted in youth feeling equally reticent about reaching out to other adults and professionals (McCormick et al., 2016).

The literature also suggests that sexual minority and heterosexual youth experience double standards in their foster care placements. Be it platonic or romantic, McCormick et al. (2016) found that foster parents discouraged and even proscribed LGBTQ youth from entering relationships that affirm their sexual identity. Additionally, participants reported that their foster parents kept a closer eye on their relationships while their heterosexual peers had more liberty with their social engagements. Residing in LGBTQ-rejecting placements ultimately caused the youth to develop an internalized sense of shame and guilt concerning their sexual orientation (McCormick et al., 2016).

The previously discussed qualitative study by Gallegos et al. (2011) also reinforced the theme of LGBTQ-rejecting foster families. The study found that 40% of youth reported being made to feel ashamed of their sexual orientation and 30% experienced verbal harassment. Additionally, 20.4% of the study's heterosexual participants reported observing or hearing of an LGBTQ youth experiencing rejection by their foster family, and 13.6% reported observing or hearing violence against an LGBTQ member in their foster home (Gallegos et al.,

2011). This type of abuse and rejection is also complicity encouraged and directly engaged in by group home workers. Based on the literature, foster youth in group home placements repeatedly experience workers who ignore peer-to-peer harassment, fault the youth for warranting the abuse given their appearance and mannerisms, or participate in the beratement themselves (Mallon et al., 2002; Woronoff & Estrada, 2006). The failure of group home staff to ensure a safe and affirming environment for LGBTQ youth is also evident in the study by Mallon et al. (2002) which found that 78% of youth and 88% of child welfare professionals felt group home or congregate care facilities were not safe for gay or lesbian youth.

Clements and Rosenwald's (2007) qualitative study elucidated foster parents' perceptions of LGBTQ youth. The exploratory study consisted of 25 foster parents and an 11-question interview guide. Examples of questions used in the interview guide include "Why did you become a foster parent?"; "What types of foster children would you feel comfortable taking into your home?"; "Are there types of foster children that you don't feel comfortable taking into your home?"; and "If so, what are the reasons for your answer to the last question?" (Clements & Rosenwald, 2007, p. 69). Thematic analysis of the transcribed responses identified prevailing foster parent misconceptions of LGBTQ youth. Many of the foster parents discussed being fearful of gay youth molesting other children in the home. Other foster parents expressed possessing staunchly different perceptions of lesbian and bisexual youth in comparison to gay youth. The participants remarked that youth who identified as bisexual were simply confused given the (sexual) abuse and maltreatment they previously endured. Parents also expressed a lack of fear regarding lesbian youth—noting their unlikelihood of hurting others, as opposed to gay youth (Clements & Rosenwald, 2007). The final emerging theme

of the study concerned the foster parents' religiosity. Participants reported that taking in LGBTQ youth goes against their beliefs. Moreover, one parent expressed that she would take in a gay child and use her faith to help him "find the right path" (Clements & Rosenwald, 2007, p. 64).

LGBTQ Experiences and Role of Social Workers

Akin to the previously discussed research on contributing factors to ethnic minority disproportionality, child welfare workers succumb to similar patterns with sexual and gender orientation minorities. While the Council on Social Work Education and the child welfare system prides itself on upholding non-discriminatory policies toward all groups including LGBTQ youth, the efficacy of such policies is wanting. Crisp (2007) conducted a quantitative study to analyze the relationship between certain characteristics of social workers (i.e. political party, religious affiliation, educational degree, primary practice and practice role, race or ethnicity, and sexual orientation) and their attitudes toward LGBTQ individuals. The researcher distributed 1,500 Likert-scale surveys to social workers throughout the United States and used one-way analysis of variance to determine findings. The surveys included the Heterosexual Attitudes Toward Homosexuals Scale (HATH), Attitudes Towards Lesbian and Gay Men Scale (ATLG), and Gay Affirmative Practice Scale (GAP). While not discussed extensively, the researcher explained that HATH uses a 5-point Likert-scale response to assess cognitive beliefs about gays and lesbians. Similarly, ATLG examines affective responses toward homosexuals and uses two five-point Likert-scale response sets to determine responses toward gay men and lesbians, separately (Crisp, 2007). GAP assesses the extent to which social workers possess

beliefs and exercise behaviors associated with gay-affirmative practice. All three instruments have been tested for reliability and validity (Crisp, 2007).

Based on the study, Crisp (2007) differentiated between upholding nondiscriminatory practice and implementing gay affirming practice—the latter being essential for LGBTQ foster youth social, emotional, and mental functioning. The researcher found no significant relationship between age, race, and sex on all three instruments utilized. Conversely, political party affiliation was found to significantly impact participants' scores on all three measurements with individuals of the Democratic party scoring more positively. Similarly, the study identified an association between religious affiliation on the HATH and ATLG instruments but not the GAP. Individuals with no religious affiliation held more positive attitudes toward gays and lesbians. However, the GAP finding suggests that though the attitudes of religious individuals may be influenced by their affiliation, they are able to engage in affirmative practice regardless of their religiosity. Additionally, workers who attended workshops with *focus* on the LGBTQ population scored more positively on the three surveys compared to workers who simply attended workshops with mere *content* on the population. This finding suggests that minimal educational endeavors proposed by the Council on Social Work Education fail to adequately prepare students and workers for gay-affirmative practice and more concentrated efforts need to be implemented (Crisp, 2007).

Due to attitudinal deficiencies, child welfare professionals often fail to provide the same standard of care for LGBTQ youth as that afforded heterosexual foster youth. Social workers tend to assume reunification is unattainable for LGBTQ youth because they frequently conclude that the parents' initial rejection of the youth's sexual minority identification will remain unwavering. However,

child welfare social workers should see the parents' perceptions as fluid—something to be processed with the assistance of the worker and other referred services (Mallon et al., 2002). Child welfare workers are also prone to similar assumptions when planning services and placements for youth when reunification is not an option. Mallon et al. (2002) posited that social workers serving LGBTQ foster youth frequently fail to practice from a gay-affirming perspective. They assume that foster parents who appear firmly unaccepting of LGBTQ youth cannot be persuaded otherwise and therefore place youth in inappropriate settings such as group homes.

Additionally, the literature suggests that while social workers may be supportive of the LGBTQ youth's general needs, they are not supportive of needs specific to their sexual orientation or gender identity. Gallegos et al. (2011) found that less than half of LGBTQ youth reported that their social worker was aware of their sexual orientation. LGBTQ foster youth are often reticent to disclose their sexual orientation or gender identity while in care given past experiences of rejection by peers and their family of origin. Of those who make their sexual orientation or gender identity known, social workers and staff do not always respond in affirming manners. Gallegos et al. (2011) found that half of the participants who reported coming-out while in care strongly felt their social worker was not supportive during their coming-out process.

A qualitative study by Ragg, Patrick, and Zeifert (2006) suggests that many LGBTQ foster youth encounter social workers whose attitudes are heterocentric, if not homophobic. The study's sample consisted of 21 sexual minority youth who were asked a series of 16 semi-structured open-ended questions. The researchers then conducted content analysis of the transcribed interviews. An identified theme of the youth-worker relationship included youth having social workers who often

engaged in stereotyping behavior (e.g. excluding a gay youth from engaging in a basketball event) or entirely avoided the subject of their sexual orientation or gender identity. Additionally, the participants recounted having workers who lacked an empathic understanding of their vulnerability as part of a sexual minority group and the types of issues they faced as transgender or homosexual individuals. Further, workers inconsiderately noted the youth's sexual orientation or gender identity in their reports, essentially outing them to other professionals without their permission (Ragg et al., 2006).

Gaps in Literature

Existing literature on LGBTQ youth in the foster care system has been beneficial in shedding some light on the disproportionality and disparities experienced by the population. However, the research has largely focused on lesbian and gay individuals, with less research on bisexual foster youth, and little to none on transgender youth. The research that has been conducted primarily on gay and lesbian foster youth has also been largely collected from highly populated and urban cities in the United States, such as Los Angeles and New York, where LGBTQ individuals typically fare better compared to more rural settings. Additionally, the few studies not conducted in highly populated cities have been predominantly quantitative, arguably providing less in-depth insight than qualitative studies. Further, no research appears to specifically examine the reasons for LGBTQ youth's high placement instability and its consequences. Therefore, this graduate study used a qualitative approach to learn more about the first-hand placement experiences of LGBTQ foster youth in the relatively rural and conservative Fresno area—including their perceptions of the reasons for their placement experiences and the impact it has had on them, if at all.

Summary

This chapter explored the scope of the problem concerning disparities of LGBTQ youth in the child welfare system by providing an overview of both quantitative and qualitative studies. The extant literature examined LGBTQ disparate treatment in their family of origin, marginalized experience when part of the foster care system, and unpropitious outcomes upon exiting the system. This research aims to address gaps in the literature by conducting a qualitative study to explore the placement rates and experiences of LGBTQ foster youth residing in the Fresno area and how their experiences have impacted them, if at all. The following chapter, chapter 3, will propose the purpose, research methodology, and theoretical frameworks of this graduate study.

CHAPTER 3: METHODOLOGY

LGBTQ foster youth experience several disparities while in out-of-home care. Compared to their non-LGBTQ peers, they are more likely to be placed in a group home rather than in the familial setting of a foster home. Further, they are more likely to face higher rates of placement instability as they are moved from home to home within the child welfare system (Mallon et al., 2002). High placement rates have been correlated with numerous adverse consequences for foster youth including mental health, emotional, and behavioral concerns (Koh et al., 2014; Stott, 2012). Social work practitioners and other policy-makers have the responsibility to identify and rectify systemic causes of disparate experiences for LGBTQ foster youth, including their placement instability and group home placement disproportionality. Based on current research regarding this population, the researcher is interested in looking at the placement experiences of LGBTQ foster youth in the Fresno area and the potential implications of their placement rates and types. This chapter will provide the methodological framework of this study and discuss key components including procedures and measures for conducting the research.

Purpose of the Study

The purpose of this study is to examine the placement experiences of LGBTQ foster youth in the Fresno area, including their perceptions of the reasons for their placement experiences and the impact it has had on them, if at all.

Research Questions

Research Question #1: What are the experiences of LGBTQ youth in the foster care system?

Research Question #2: To what extent does placement impact their experiences in foster care, if at all?

Research Design

This exploratory qualitative study examined the lived experiences of LGBTQ foster youth. The researcher used the transcendental phenomenological approach to gain a better understanding of the population's experiences in the child welfare system. As discussed by Creswell (2007), phenomenological studies capture the essence of a phenomenon or lived experience. The phenomenological researcher gathers data from several individuals who have experienced the same occurrence and then reduces the participants' significant statements into common themes. Additionally, the transcendental approach of phenomenology requires the researcher to synthesize the "textual and structural description of the experiences" (Creswell, 2007, p. 81). Upon gathering holistic and rich description of the core concept, the researcher then engages in the interpretive process and reflects on the nature of the phenomenon. While interpreting the shared lived experiences of participants, it is also imperative that the researcher practice bracketing and set aside any previous personal experiences of the phenomenon (Moustakas, as cited by Creswell, 2007).

Definitions

The following terms are defined, and all operational definitions are taken from the provided conceptual definitions.

Conceptual/Operational:

Caregiver: One who provides for the physical, emotional, and social needs of a dependent person (Child Welfare Information Gateway, n.d.).

Foster Care: A 24-hour substitute care for children placed away from their parents or guardians, and for whom the State agency has placement and care responsibility. This includes, but is not limited to, placements in foster family homes, foster homes of relatives, group homes, emergency shelters, residential facilities, child care institutions, and preadoptive homes (Child Welfare Information Gateway, n.d.).

Foster Parent: Adults who provide a temporary home and everyday nurturing and support for children who have been removed from their homes. The individual(s) may be relatives or nonrelatives and are required to be licensed in order to provide care for foster children (Child Welfare Information Gateway, n.d.).

Group Home: A residence intended to serve as an alternative to a family foster home. Homes normally house 4 to 12 children in a setting that offers the potential for the full use of community resources, including employment, health care, education, and recreational opportunities. Desired outcomes of group home programs include full incorporation of the child into the community, return of the child to his or her family or other permanent family, and/or acquisition by the child of the skills necessary for independent living (Child Welfare Information Gateway, n.d.).

Placement Stability: Ensuring that children remain in stable out-of-home care, avoiding disruption, removal, and repeated placements that harmfully effect the child's development and well-being (Child Welfare Information Gateway, n.d.).

Bisexual: A person emotionally, romantically or sexually attracted to more than one sex, gender or gender identity though not necessarily simultaneously, in the same way or to the same degree (Human Rights Campaign, n.d.-a).

Gay: A person who is emotionally, romantically or sexually attracted to members of the same gender (Human Rights Campaign, n.d.-a).

Gender Expression: External appearance of one's gender identity, usually expressed through behavior, clothing, haircut or voice, and which may or may not conform to socially defined behaviors and characteristics typically associated with being either masculine or feminine (Human Rights Campaign, n.d.-a).

Gender Identity: One's innermost concept of self as male, female, a blend of both or neither – how individuals perceive themselves and what they call themselves. One's gender identity can be the same or different from their sex assigned at birth (Human Rights Campaign, n.d.-a).

Gender Non-conforming: A broad term referring to people who do not behave in a way that conforms to the traditional expectations of their gender, or whose gender expression does not fit neatly into a category (Human Rights Campaign, n.d.-a).

Homophobia: The fear and hatred of or discomfort with people who are attracted to members of the same sex (Human Rights Campaign, n.d.-a).

Lesbian: A woman who is emotionally, romantically or sexually attracted to other women (Human Rights Campaign, n.d.-a).

Questioning: A term used to describe people who are in the process of exploring their sexual orientation or gender identity (Human Rights Campaign, n.d.-a).

Sexual Orientation: An inherent or immutable enduring emotional, romantic or sexual attraction to other people (Human Rights Campaign, n.d.-a).

Transgender: An umbrella term for people whose gender identity and/or expression is different from cultural expectations based on the sex they were assigned at birth. Being transgender does not imply any specific sexual orientation. Therefore, transgender people may identify as straight, gay, lesbian, bisexual, etc. (Human Rights Campaign, n.d.-a).

Queer: An umbrella term that encompasses many people as it intersects with sexual orientation and gender identity. It includes anyone who does not associate

with heteronormativity, rather they have non-binary or gender expansive identities (Human Rights Campaign, n.d.-a).

Participants

The researcher used snowball sampling to recruit nonminor dependent and former LGBTQ foster youth, residing in the Fresno area, who are 18 years old and over. Nonminor dependent participants are considered “dependents” of the foster care system in that they are adults receiving transitional services until they age-out of the system at 22 years old. The researcher has contacted Social Work Supervisor Danielle Nieto at the Fresno County Independent Living Program (ILP) office to recruit nonminor dependent LGBTQ individuals. Through telephone and email correspondence, Ms. Nieto has given the researcher permission to gather participants from her agency. To recruit participants, a flyer was distributed throughout the Fresno County ILP office in hard copy form as well as through email (see Appendix A). The flyer provides a brief description of the study’s purpose, participant criteria (i.e., LGBTQ identification), compensation for participating, and means to contact the researcher for additional information regarding the study. Aside from direct recruitment at the Fresno County ILP office, snowball sampling was used to recruit additional LGBTQ individuals who may have been placed in out-of-home care but are no longer considered dependents as they have emancipated or aged-out of the system. As compensation and a token of appreciation for their time and involvement, the participants were provided a \$5 gift card to Starbucks.

Data Collection Methodology

Face-to-face in-depth interviews were conducted to collect data. Prior to conducting the interviews, the researcher and participants discussed preferred

locations for the interviews to take place. Participants were informed that their participation in the study is voluntary and that they can terminate the interview at any point. Additionally, participants were provided consent forms and advised that their interviews will be recorded using the researcher's cell phone, with their permission, for transcription purposes; the recordings will be kept on the locked and secure device to ensure confidentiality. The cell phone can only be accessed by the researcher—requiring either pin or thumbprint access to unlock the device. Further, they were informed that the transcription process will be conducted on the researcher's personal laptop. The laptop also requires pin access which is known only to the researcher. Upon completion of the study, the data will be deleted from both electronic devices. After reviewing, signing, and retaining a copy of the consent form, participants were provided a copy of the instrument and questions to be asked during the interview.

Instrumentation

The semi-structured interview guide has been developed by the researcher and was utilized to gather data through in-depth face-to-face interviews with self-identified LGBTQ individuals. The questionnaire contained open-ended questions to elicit a better understanding of the participants' experiences in the child welfare system (see Appendix B). Research Question #1 was addressed by instrument questions #5 (How did other youth in your placement respond to your LGBTQ identity?), #6 (How did your caretakers respond to your LGBTQ identity?), #7 (How did your social worker(s) respond to your LGBTQ identity?), and #9 (Are there any additional comments you would like to share about your experiences in foster care as an LGBTQ individual?). Research Question #2 was addressed by instrument questions #3 (Describe your type(s) of placement while in care.), #4

(What is your understanding of the reason for your placement changes?), and #8 (How do you feel your experience as an LGBTQ youth in foster care has impacted you, if at all?).

Pilot Study

The researcher conducted a preliminary pilot study to improve instrumentation. The semi-structured interview guide was tested on several graduate social work students who are also in their second year of the graduate program. The feedback from the pilot study served to confirm question formation and readability. A statement was added to the interview prompt to clarify the meaning of “LGBTQ” as used by the researcher. Specifically, for the purpose of this study, the participants will be informed that the “Q” will stand for “questioning” prior to being asked subsequent questions about their LGBTQ identity.

Data Analysis

To analyze the collected data, the researcher used NVivo. NVivo is a computer software designed to assist with qualitative and mixed methods research. The software analyzes and organizes unstructured or qualitative data (QSR International, n.d.). After conducting the interviews, the researcher listened to each audio recording and transcribed the participants’ answers. Once transcribed, the research imported the text into NVivo to assist with organization and analysis. The software was used to conduct thematic analysis and coding queries between the shared experiences of the participants (QSR International, n.d.).

Human Subjects Considerations

Potential Benefits, Risks, and Precautions

Participants may benefit from the study in that they had the opportunity to share their accounts of the foster care system. Apart from arguably meager and superficial surveys assessing the participant's satisfaction with certain aspects of child welfare, the in-depth interview may be one of the few chances for the individuals to fully express their challenges, highlights, and other experiences in out-of-home care. Sharing their lived experiences and stories may not only provide cathartic beneficial elements, but it can also provide the participant a sense of empowerment. The gesture of sharing their stories with a graduate student may inspire them to openly share their experiences with others—potentially even child welfare professionals. Further, by participating in the study, the individuals can help improve the experiences of future LGBTQ foster youth. They can help promote the population's visibility within the child welfare system, expose systemic inadequacies pertaining to the care of the population, and provide the foundation for improved services for countless other LGBTQ foster youth.

Conversely, the population may also face several risks by participating in the study. The researcher is sensitive to the participants' intersectionality—their LGBTQ identity and membership in the foster care system—and how that lends to their vulnerability; the interview may bring up painful memories of harassment or discrimination experienced both within and outside the child welfare system. Throughout the interview, the researcher created a safe and supportive environment in which active listening and empathic responses were utilized. Further, participants were provided the consent form prior to the interview which advises them of the risks and benefits associated with the study (see Appendix C).

The researcher also informed participants that, as stated in the consent form, they can be referred to a licensed clinical social worker (LCSW) for counseling services and can choose to terminate the interview at any point. As other means of minimizing potential risks, the participants' names were changed during the interview transcription process and, as previously discussed, audio recordings were kept on a secure electronic device in order to ensure confidentiality.

Academic Background and Investigator Experience

The student investigator, Laurel Barnett, received a certificate of completion from the National Institutes of Health (NIH) Office of Extramural Research signifying that she has completed the course and will uphold 'Protecting Human Research Participants' (see Appendix D). The student investigator's thesis committee members include Dr. Debra Harris, Dr. Kris Clarke, and Daniel Espinoza. Dr. Harris received her Doctor of Philosophy in Social Work from the University of Texas, Arlington. Dr. Clarke received her Doctor of Philosophy in Social Work from the University of Tampere, Finland. Daniel Espinoza received his Master of Social Work degree from California State University, Fresno.

Consent Form

The provided consent form states the purpose of the research study and the reason or criteria for the participant's selection. The document informs the participant of potential benefits and risks associated with the study. It also explains that the participant can be referred to counseling services offered at a private practice setting should they need it. The document provides the address of the private practice as well as the email and phone number of the recommended LCSW. It also informs the participant of measures taken by the researcher to

protect the participant's confidentiality prior to, during, and at the study's completion. Participants are also assured that their decision to participate, or not participate, in the study will not influence their standing with the Fresno County ILP office or related agencies. Lastly, the consent form informs the reader that if they have additional questions they are free to contact the researcher's chair, Dr. Debra Harris.

Summary

This chapter provided an overview of the methodology used to conduct this phenomenological qualitative study. The chapter discussed the study's purpose, research questions, research design, participant selection, data collection, interview instrumentation, pilot study, data analysis, considerations for human subjects, and consent form. The information gathered in this study may provide insight on the experiences of LGBTQ foster youth and the manner in which their placement experiences in child welfare impact them, if at all. The following chapter will look at the results from the findings of this study.

CHAPTER 4: FINDINGS

Introduction

Chapter 4 is the result of the planning completed and presented in chapter 3. This chapter will first examine the demographics of the study's participants. In addition to the use of a table, a descriptive demographic section will elaborate on the more fluid aspects of the individuals such as their self-identified gender or sexual orientation. Following sample demographics, the two research questions that were developed in chapter 3 will be restated. The seven questions from the interview tool will be organized below these research questions. Major themes derived from the participants' responses to the seven interview questions will then be identified and discussed. Finally, this chapter will close with a discussion of the researcher's motivation for studying the lived experiences of LGBTQ individuals in the foster care system.

Sample Demographics

Four LGBTQ individuals with previous or current experience in the foster care system participated in one-on-one interviews for this study. The location of the interviews varied as each participant selected where they would like the interview to take place. Interview locations included a tea shop, a participant's residence, a Fresno State courtyard, and the researcher's car. Of the four participants, three were no longer in foster care and one was currently receiving services as a nonminor dependent. Two of the participants formerly part of foster care were 22 years old; the third was 28 years old. Finally, the nonminor dependent foster youth was 20 years old. All four individuals involved with the study reported different ethnic or racial identities which are as follows: Latin, White, Hispanic, and African American. It should be noted that, although

frequently used interchangeably, the researcher sought to respect each participants' self-reported identifying information and therefore intentionally differentiated between "Latin" and "Hispanic."

With regard to gender identity, one participant stated that she is an intersex individual with both male and female genitalia. The participant added that her birth certificate states she is female, and she identifies as female. Two participants were gender-conforming in that their biological sex aligned with their self-identified gender—one being male and the other being female. Another participant reported that she is transgender. She is biologically a male and self-identifies as a woman. Regarding sexual orientation, two participants identified as bisexual, one identified as gay, and another identified as heterosexual. The gay individual also used the terms "queer" and "homosexual" to describe his sexual orientation (Table 1).

To protect the confidentiality of the participants, names will not be used; each participant will be referred to as *Participant #1*, *Participant #2*, *Participant #3*, and *Participant #4* for the remainder of this thesis.

Research Question Results

Introductory Statement

This qualitative study entailed two research questions: 1) What are the experiences of LGBTQ youth in the foster care system? 2) To what extent does placement impact their experiences in foster care, if at all? Seven open-ended questions, previously introduced in chapter 3, were used in the researcher's interview guide during the four face-to-face interviews. The subsequent section outlines shared experiences or common themes evident in participant responses as they relate to each interview guide question.

Table 1

Participant Demographics

Variable	N	%
Gender:		
Male	1	25
Female	1	25
Intersex (female-identified)	1	25
Transgender (female-identified)	1	25
Sexual Orientation		
Homosexual	1	25
Heterosexual	1	25
Bisexual	2	50
Ethnicity:		
White	1	25
Latin	1	25
Hispanic	1	25
African American	1	25
Age:		
22 years old	2	50
20 years old	1	25
28 years old	1	25
Care Status:		
Currently In Care (Nonminor Dependent)	1	25
Formerly In Care	3	75

Research Question #1: What are the experiences of LGBTQ youth in the foster care system?

The following interview questions were used to answer this research question: “How did other youth in your placement respond to your LGBTQ identity?” (#5), “How did your caretakers respond to your LGBTQ identity?” (#6), “How did your social worker(s) respond to your LGBTQ identity?” (#7), and “Are there any additional comments you would like to share about your experiences in foster care as an LGBTQ individual?” (#9). This section is organized using these interview questions.

Interview Question #5: How did other youth in your placement respond to your LGBTQ identity?

All four participants reported experiencing verbal harassment or bullying from their non-LGBTQ peers in foster care. Be it name-calling, social ostracism, or persecution for nothing more than stereotypical assumptions concerning the population, all individuals unanimously described an inimical response from their peers in care.

Verbal harassment. Participant #1 shared her experience with verbal harassment and bullying by peers while in out-of-home care—stressing how the brunt of verbal harassment took place in her group home setting. She stated, “I’ve been called a variety of things. I’ve been called both lesbian and gay... And, it was worse in a group home.”

Participant #2 had similar experiences with name-calling and shared the extent those words affected her.

Like I said, I would be called a “lesbo” or you know, they’d be like “oh, you’re bi” or “you’re a dike” or something like that...or they’ll be like “oh”

you know “vagina eater” or something like that...you know, they’ll be rude about it...that was hurtful things...When you’re a little bit older it’s like, “Oh, okay well you know words can’t really hurt me.” But in the end, they still hurt. You know, and as much as people can say, “Oh, those words aren’t going to hurt me; they’re not going to hurt me.” In all reality they will, eventually.

In addition to bullying through means of name-calling, Participant #2 noted a subtler manifestation of peer harassment. Being bisexual, Participant #2 recognized that both male and female peers alike assumed that because she was attracted to both sexes, she was more inclined to engage in nefarious sexual behaviors or “mess with [the] affairs” of her friends’ romantic relationships.

It was hard at first for a lot of my peers to accept me for who I was because, like, a lot of my guy friends they thought that maybe I’d try to get at they girlfriends or something like that. I was always judged based off of my sexuality and what I could have done or what I could do instead of, like, what I am doing or what I’m not doing, you know?

Participants #3 and #4, conversely, appeared to dismiss the verbal harassment of their heterosexual and gender-conforming peers—alluding that they were either used to it or had experienced far worse bullying by comparison. Participant #3 stated, “Of course, you know, every now and then you’d have a foster brother that would say stupid stuff and things like that, which I’m pretty used to... like ‘fag’ or ‘he’s gay’ type of thing, you know ‘you’re gay’ type of thing.”

Participant #4 similarly minimized the verbal abuse she endured at the hands of her peers in the following example of being essentially ostracized by her peers because of gender identity.

They didn't really um accept it. They were rude, made like rude comments... "he/she," "faggot," "gay" ... They felt like, "ew, don't get close to me" type of thing. Like they wouldn't want me close to them—physically. They felt like it was gross or something. But I didn't care at the time. No, it bothered me; it did bother me, actually. It bothered me a lot. But, like I said, I liked the foster mom enough to want to stay there. And I had my own room as well. So, I didn't have to share it. And the kids had their own rooms. You know? And they were just like teenage boys, and I was so used to bullying prior. Um, it was more hardcore than that... I just didn't take that as being really hardcore.

Interview Question #6: How did your caretakers (i.e., foster parent or group home worker) respond to your LGBTQ identity?

All four participants reported experiencing antagonistic responses from either group home workers or foster parents with the following themes: 1) caretakers engaged in implicit (and complicit) discriminatory responses 2) caretakers directly engaged in harassment or discrimination against the LGBTQ youth placed under their care and protection.

Implicit responses. The majority of participants commented on encountering arguably indirect discriminatory responses from either their group home staff or foster parents. Some caretakers acted complicitly as they ignored the harassment and bullying the participants endured at the hands of peers. Other caretakers implicitly discriminated by subtly reinforcing stereotypes such as that of LGBTQ promiscuity or acting in manners that caused youth to feel, but not overtly know, they were treated inequitably.

Participant #1 shared that her group home workers were more likely to “turn a blind eye” toward her victimization with the following statement:

My first group home, I was there for four months, and...they didn't care...there's really no protection in an environment where someone doesn't care about you. From all my experiences in a group home, I definitely felt like I was just a paycheck.

Further, both Participant #1 and Participant #2 recounted times they felt treated unequivocally, yet indescribably “different” by their caretakers. Participant #1 noted,

I felt different. I would walk through the hallways, or go to my room, or interact with them and I just felt like I didn't belong. I felt like I was less than, you know, less than normal. I felt different.

Participant # 2 described a similar underlying feeling she had in one of her group homes. She understood she was being treated differently by the group home workers; it was unclear, however, whether the treatment was sufficiently overt to warrant her suspicions.

They would act a little different, like you know...if we were like...all the girls were sitting down watching a movie, they'll be like “Oh, it's study time.” ...They'd tell me “stay in the living room and do your homework” and then they [other heterosexual girls] can go to the table. So, like they would basically try to like separate me from the other clients, you know? Just so that there wasn't any issues and stuff like that, because there was quite a couple, you know, that was in our home that was also LGBTQ. Um, so it was a little bit difficult. They just tried to keep me separated. And I'd seen that they were like that with the other [LGBTQ] clients too.

In this example, Participant #2 is referring to the “issue” and common misconception that LGBTQ individuals are promiscuous and more hypersexual than their heterosexual and gender-conforming peers. This misconception resulted in Participant #2 being separated from other youth in the home and even excluded from recreational activities. This same mentality among her group home staff also shaped her living arrangements. Participant #2 described her group home staffs’ reluctance to provide her a roommate with the following line of thought: “‘We don’t know if she should have her own room.’ You know? ‘Because we don’t know what she’s capable of—what she can do...’ things like that.”

Participant #1 posited experiencing analogous accusations of promiscuity by her group home staff.

There was a couple of concerns, upon, like when I first met them. They were, they had their own preconceived notions about what I was and what I was going to do, you know? The stereotypical like prejudices—like the sexually active type aspect. Yeah, that part. Promiscuous or just inappropriate amongst other foster youth or group home... It was just a really poor understanding of everything. Like I’m young... back then I didn’t even know. I wasn’t interested in exploring my own sexual ideas. So why would I enact them, especially in a place where I don’t feel comfortable—first off. So yeah, it was just it definitely expanded my mind to the misunderstandings that most people have.

Participant #2 provided yet another example of seemingly covert discrimination toward herself and other LGBTQ individuals in her group home:

...they [the group home staff] would ask the ones that were more like straight or, you know... that wasn’t LGBTQ...they’ll ask them if they wanted to go to the gym and pretty much all the LGBTQ kids would have

to stay at, like back at the group home or stuff like that. So, they pretty much just discriminated against us a little bit. You know? And we didn't really have, like, everything that the other kids had. You know? We were always treated different. And, I mean, it was hurtful, but we learned to just deal with it and accept that, you know, everybody's not going to accept us for who we are...

Like Participant #2, Participant #3 reported a similar sense of separation from non-LGBTQ minors in his foster home placement. He noted that his foster parents of 11 years gave him a 7-day notice, requesting that he be removed from their home, not only because of the manner in which he expressed his identity, but because they feared his mannerisms and style would "influence" younger children in the home. Participant #3 clarified:

They had younger grandchildren around and they felt, me being such a strong influence in their life already, that it would have a negative effect on their...how they perceive sexuality...I remember they had mentioned in a therapy session once that, you know, my influences on the kids around me...and them seeing me wear pink and makeup and do my hair a certain way...things like that.... And um, they just felt, they're reason behind, you know, some of the issues that arose in their eyes...was they just felt like I was influential. That, you know, that you could "catch the gay." I mean, they never said anything along those lines, but they didn't know that's what they basically were thinking.

Participant #3 underscored this unspoken "catch the gay" stereotype his foster parents maintained adding,

That's ignorant to think that because I'm gay and I dress a certain way, that whoever sees me in the household that I live in is going to copy what I do.

So, that was their reasoning behind it...It's fine that I was gay; I just couldn't show it.

Direct engagement. The majority of participants also mentioned times their caretakers, in addition to their peers, bullied the youth because of their identity. As seen with the previous theme regarding bullying inflicted by peers, the participants reported solely experiencing verbal harassment from caretakers. Moreover, some participants described their unfavorable encounters with staff or foster parents as irksome comments while others viewed the haranguing as bordering on emotional abuse.

Participant #3's experience parallels both themes of implicit and direct discriminatory responses effectuated by caretakers. His foster parents' "acceptance" of his gay identity, yet resistance toward any manifestation of it, could denote implicit discrimination. Aside from the explicit 7-day notice requested because of Participant #3's expression of his LGBTQ identity, Participant #3 remarked upon times during which his foster parents would engage in direct microaggressions. Participant #3 recalled,

They'd make comments, now that I'm thinking about it, about my pants and stuff because they were really, really tight and she hated that. My foster mom at the time, she'd always say, "God, your pants are so tight—like a woman."

Had Participant #3's peers made similar frequent comments about his attire, their comments may have more readily been seen as verbal harassment. In the alternative setting of a group home, Participant #1 also reported a caretaker acting belittling toward her for an item she wore.

There was times where the staff members themselves would bully me. Yeah, I've had one, a male staff member, actually laughed at me—to my face...It was really weird. I said something, and I don't...he just laughed at me for some reason. And he saw my bracelets and stuff and he asked me a couple questions about them. He was like “so what are those?” and I'm like “these are the LGBT bracelets.” You know, those little rubber rainbow ones? And yeah, he just laughed at me—to my face.

Participant #4 experienced relatively more overt incidences of direct harassment from her foster parents because of her transgender identity. She described periods in which her foster mother would attempt to exert control over her gender expression—or rather, she attempted to force Participant #4 to adhere to male gender-conformity.

She had told me one day, and I got really upset...because I was there during the summer time and we were going to start going back to school, she was like, “You know when you start going back to school you're going to have to cut off your hair.” And I said, “I will not do that.” And she got really pissed at me and told me, “Don't ever tell me what you will not do.” You know what I mean? And I'm like “This is my hair. I'm not going to get rid of my hair.”

Participant #4 recounted the same foster mother's seemingly tiered system of acceptance with regard to identifying as homosexual versus identifying as transgender.

Yeah she said, “Why do you have to put makeup on? Why do you have to have long hair? What can't you just be gay? We had another foster son just like you and he was gay and he was really happy and we accepted him?”

And I'm just like, "Why are you telling me all this?" You know? Like...

She was...they were both just too much. It's not like I was wanted there.

In addition to stifling and shaming her about her physical expression of her gender identity, Participant #4 commented on other more feminine behaviors her foster parents disapproved of such as listening to "girl music." She shared, "They didn't like it at all. They would tell me to shut it off...I guess they just didn't like it because I was listening to female artists." In addition to proscribing Participant #4 from listening to the music she wished to listen to, something other non-LGBTQ peers can likely do without question, her foster mother would demean Participant #4's cleanliness because it did not conform to her perceptions of appropriate gender roles. Being placed by her biological sex rather than her gender identity, Participant #4 described conflicts that arose while sharing a room with a male youth.

I always wanted to keep the room clean and he would always dirty it. So, she would get really upset because I would like um put carpet freshener...you know...and making the room smell good and she would get really mad...She would say—well, when I was cleaning the room she told me—and she was like "oh um, he doesn't like all this girl smell that you have on the ground..." You know, coming from the carpet. She's like, "You can smell it all throughout the house."

Finally, Participant #4 shared an incident involving the foster father of the same home which, amassed with the other discriminatory actions in the home, compelled her to call her social worker and request a placement change.

...my foster dad in that home got on me because I had an accident. I accidentally stepped into a tire that had oil in it and it left marks on the

cement. And then he got really upset at me and told me, “You’re nothing but a lie. Everything that you are is a lie; that’s the core of who you are.”

Interview Question #7: How did your social worker(s) respond to your LGBTQ identity?

All participants described their social workers’ responses to their LGBTQ identities in a predominantly positive manner. Based on their experiences, they surmised that their social workers were accepting of their identities and, for the most part, affirming as well. However, all four individuals intimated that their social workers still struggled to be completely affirming because of educational, personal, or policy barriers surrounding the LGBTQ population. Stated otherwise, two primary themes were evident throughout all responses: 1) their social workers endeavored to support the youth’s needs to the best of their abilities and 2) their social workers struggled to respond completely affirmingly due to personal issues, and more often, educational or policy barriers regarding the group.

Endeavored to support. All four participants referred to their relationships with the social workers as largely supportive. Participant #1 expressed the most difficulty with her social worker but stated that she did “try her best.” Participant #1 elaborated, “She did her best to be supportive...I do give her some points, because she did try. She did try to understand. She did try to educate herself.” In that same vein, Participant #2 discussed how her social workers would still take the time to personally inquire about her LGBTQ identity. Further, she expressed how their inquiry always appeared rooted in assurance stating,

Current [social workers], like I said, they pretty much just read our files and just know, you know like pretty much like, what we went through, things that we’re currently going through, and things like that. So, like, really

those aren't questions they really have to ask. I mean they obviously do ask, "Are you an L? Are you a B? Are you a Q? T?" You know, like, "What are you?" But they're more of like reassuring questions. It wasn't really like...oh okay...doubtful questions...like if you say that you're...you know...questioning it—[they're] going to talk to you and make you feel like, "Oh, you shouldn't be questioning yourself."

Participant #3 also expressed how he considered his social worker to be a "strong ally." He added that his social worker of 5 years had a gay son herself; and, therefore, her response to his identity "was personal." Participant #3 described how his social worker stood by his side when his foster parents complained about his feminine style—informing them that he had the right to express himself as he saw fit. His social worker was also honest with him as she searched for a new placement when the same foster parents provided the 7-day notice.

Finally, Participant #4 reported that her social workers "responded well" to her gender identity and that they "were all pretty understanding, actually." She added that "they were really supportive. They were kind and patient." She discussed how her social workers "understood where [she] was coming from" with regard to her gender expression, and they supported her when her foster mother tried to force her to cut her hair. Overall, she described her relationship with them as "trusting." She also noted that her trusting relationship was directly based on how her social workers treated her. Unlike her parents, her social workers treated her "better...like a child" and above all, not "like an outsider."

Personal, institutional, and educational barriers to affirmation. Just as all four individuals collectively shared that their social workers were accepting of

their LGBTQ identities, all participants noted areas in which their interactions with their social workers could have improved. In some cases, the social worker candidly expressed personal reservations regarding the LGBTQ population; in others, the participants felt that their social workers attributed any lack of sensitivity to agency policies and procedures to which they must adhere. Finally, participants also maintained that their social workers were simply uneducated or unaware about matters concerning LGBTQ individuals and, therefore, acted in manners that may have done the youth a disservice—whether well-intentioned or otherwise.

Although she described her relationship with her social workers as “trusting,” Participant #4 acknowledged that they could have been more affirming with matters surrounding her self-identified name and pronoun use. She stated, “...when it came to having meetings and things like that, it was by gender; you know, it wasn’t by transgender...they would call me by my original name and it was ‘he’ during the whole meetings...” Participant #4 remarked that she “felt like [she] wasn’t being heard or listened to all the way” given her social workers’ continued misuse of identifying information. Moreover, regardless of Participant #4’s feelings, she described how her social workers dismissed her wishes and responded with something to the effect of: ‘I get it, you know; but, we have to go by the papers.’

Unlike the policy-attributed barriers to LGBTQ-affirming social work practice encountered by Participant #4, Participant #1 reflected on her social worker’s lack of education regarding the population. She expressed how “in her [social worker’s] attempts” to educate herself and serve her as an intersex bisexual youth, her social worker made decisions with the intent of protecting her;

however, these “protective” measures ultimately limited her opportunities as a young adult.

Like, there was a chance where I had SILP living which is a Supervised Independent Living Program...um yeah, there was a time, a couple times, where I had the opportunity to do so, but she intervened because of my identity. She thought that it was statistically harder for me to survive on my own because of my orientation or whatever. Um, I think that’s just a huge misconception. So, there’s part of me that kind of feels like had she given me that chance, my life would be different, you know? But then, I think everything happens for a reason, so I’m not going to stress over it or hold myself back because of it, you know? But yeah, I think that it was definitely her viewpoint...she definitely got tunnel-visioned on that, and it was really unfortunate for me...she just kept coming down to, “Oh well, I don’t want anything happening.” And that to me...like I’m grown...I’m about to be out-of-care; I’m about to be an adult. Let me do it, and then if I fail I can just come back. And, I found out later than she had just put two other people on SILP. They were straight and normal-identified.

Participant #2 also alluded to times her social workers made assumptions about her identity—assumptions she believed were inconsequential to an extent.

And even within the county, you know, I’ve had a lot of social workers and workers tell me like “I thought you were a lesbian.” You know? And I was like, “Well, I mean, does it really matter if I’m lesbian or if I’m gay? You know? Or I’m transgender? Does it really matter what I am? Like, I’m still a human. I still have feelings.”

Participant #3 similarly expressed that although he considered his social worker to be an ally, she was not without her faults. Despite intimately disclosing

to Participant #3 and his foster parents that her son was gay, his social worker confessed that “she, herself, had struggles with it.” Further, Participant #3 described how other social workers “tippy-toed around [him] a little bit” because he would not allow anyone to so much as hint that they had a “negative view” about his sexual orientation and self-expression of it.

Interview Question #9: Are there any additional comments you would like to share about your experiences in foster care as an LGBTQ individual?

The researcher concluded each interview with a broad inquiry about any additional comments the participant may have. Although wide-reaching in nature, the final interview question resulted in one rather definite theme concerning improved awareness of, and greater empathic listening to, individuals in foster care who identify as LGBTQ.

Need for awareness and listening. Three of the four participants shared a need for further education and awareness about LGBTQ youth within the context of the foster care system. Participant #1 framed the need for education as means to avoid future misconceptions like the one she experienced that hindered her opportunity to receive independent living services. She elaborated,

My advice would be just to educate people and encourage them to listen—to understand—rather than to input their own biases or personal opinions or personal misunderstandings, you know? Because I have been denied a few opportunities because of someone’s misunderstanding about me or my life, you know? So, if we can curb that, or change that fact alone, I think foster care would be much or more beneficial for LGBT individuals.

Participant #2 discussed a need for social workers and other child welfare professionals to reach out to LGBTQ youth on their caseload and simply listen to them—make them feel heard. She shared her appreciation for the researcher and her attempt to listen to the experiences of LGBTQ individuals in foster care.

...I really appreciate you because, you know, you're actually out here. You know, you want to know what's going on...they can actually be like, "At least somebody asked me..." you know, "Are you okay with your sexuality?" You know? "How do you feel?" Because you know, honestly, a lot of LGBTQ kids, they don't get asked, "How are you feeling?" "How's it affecting you?"

Participant #3 echoed a similar sentiment aimed at not just increasing awareness for child welfare professionals themselves, and the system in which they work, but the children and youth they serve. He aptly described out-of-home care as "systematic" adding that "a lot of youth can slip through the cracks because they're struggling with self-identity, but they're also struggling with life and, you know, some of them are bouncing home-to-home." Further, children in care are not always afforded an environment where they can discuss gender identity or sexual orientation; and, therefore, "they don't talk about orientation" even though "it's something that needs to be talked about." Applied to child welfare professionals specifically, Participant #3 conceded that,

They do, maybe, a quick seminar here with social workers. They talk about AIDS and the AIDS crisis and trans rights and what it means to be trans and pronouns. All that stuff is great, but there's a lot of things; there's deeper things than that—finding oneself and one's orientation and being comfortable with who you are... So just more awareness I guess, more things like this.

Research Question #2: To what extent does placement impact their experiences in foster care, if at all?

The following interview questions addressed this research question: “Describe your type(s) of placement while in care.” (#3), “What is your understanding of the reason for your placement changes?” (#4), and “How do you feel your experience as an LGBTQ youth in foster care has impacted you, if at all?” (#8).

Interview Question #3: Describe your type(s) of placement while in care

Responses to the above interview question revealed four elemental themes: 1) the social workers had difficulty finding and securing placements 2) the youth experienced placement instability, or moved from foster home to foster home and group home to group home at a relatively high rate 3) a sense of solidarity and acceptance amongst other LGBTQ individuals in their placement, whether LGBTQ-specific homes or not, profoundly impacted the youth 4) the youth spent time in juvenile detention facilities for reasons associated with their sexual orientation or gender identity.

Difficulty securing placements. Three of the four participants reported having trouble finding placement. Participant #1 reflected on her last placement, a group home, before turning 21 and aging out of care. She was placed in the group home for about a year because her social workers simply needed a placement and communicated, ‘let’s just find somewhere to put you’ to the youth. Similarly, Participant #3 recalled his social worker struggling to find him a new placement after he came out to his foster parents and was provided the 7-day notice in response.

...it was hard for my social workers to find me a home. You know? At the time, uh, she didn't find me a home until like the 7th day and that's what they have; that's the deadline. Because nobody wanted a makeup...a preteen that wore makeup and dressed a certain way, and a lot of homes said "no." And she was honest about it. She was honest with me and how she was having a difficult time finding a family or a home that would be willing to accommodate me and my needs. So, she found one last minute and it was kind of just a quick thing, you know?

Participant #4 recounted how her social workers "couldn't find a home for [her] around the Central Valley" and, therefore, moved her out-of-county to a congregate care facility in Los Angeles specifically designed to serve the needs of LGBTQ foster youth. Participant #4 added that the facility was called Gay, Lesbian, Adolescent, Social Services (GLASS).

And um, they finally found a home for me, which was in Los Angeles.

Well, it was an organization, right? GLASS. They told me that a lot of the homes that were around were religious, you know what I mean? And um, I told them also about my identity—the social worker—so she didn't want to put me into a home that was like religious and it's just going to be counteracting with everything.

Participant #4 clarified that her family of origin was very religious. She stated, "They were Jehovah's Witnesses, so they like really kept me sheltered a lot, and there was physical abuse and emotional abuse." Therefore, to avoid retraumatizing Participant #4 by exposing her to an environment similar to the one in which she was removed, the worker ventured outside of the Central Valley for placement.

Placement instability. All four participants experienced a high rate of placement changes relative to their time in care or alluded to their dismay when presented with the prospect of changing placements yet again. Participant #1 reported having “12 foster placements and two group homes” after entering out-of-home care at approximately 8 years old. Participant #1 summed up her placement instability: “I think it was like 14. It was a lot. Let’s just say that. It was a lot.” Participant #4 discussed her experience with placement instability in relation to her length of stay at each foster placement. Upon entering care at 16 years old, Participant #4 had a total of six placements before aging out of the system at 18 years old. Her initial placement in the Los Angeles LGBTQ congregate care facility served as her longest placement, lasting approximately 10 months. Upon returning to the Central Valley, she had her first experience in a foster family setting. She resided with five families, stating that she remained in each foster family placement for “not more than a month” and that “they kept moving [her].”

Moreover, although Participant #3 reported having only four placement changes since entering care at six, he stated he remained with his first foster family for approximately 11 years before coming-out and subsequently being kicked-out of the home. Therefore, it can be concluded that Participant #3 was in his late teens—soon to enter extended foster care or age-out of care—where he experienced three additional changes over a brief period.

Finally, Participant #2 recalled her reaction when her social worker discussed potentially moving her from her current group home placement, yet again.

I don’t want to have to start all over again because this will be the third time that I had started over, and this will be one of a million...or many

times that I had to come out to a group of people even though I wasn't comfortable doing it...it made me uncomfortable to try and say it ["I'm LGBTQ"] because I would always pretty much doubt myself—like basically try to dictate what they would say before they would say it...what if they were like, "I don't want to be your friend because your LGBTQ" Like, you know? And then I would be like an outcast. And that's one thing I didn't want to be—I didn't want to be an outcast.

Solidarity and acceptance with LGBTQ. Three of the four participants conveyed the integral role their fellow LGTBQ foster youth or LGBTQ-specific placements had on their identity and well-being.

Participant #4 shared the profound impact the GLASS (LGBTQ-specific) congregate care facility had on her.

That program saved me. Um, when it comes to the whole gender thing because, um, you know, I suffered a lot prior to that. I thought about suicide, things like that, because I just didn't think that something was right—the bible was saying that it was wrong, directing me somewhere else—especially with my family being so strict...

Participant #4 expressed her disappointment upon hearing that GLASS had closed and was no longer providing a safe environment for LGBTQ foster youth. She noted how "a lot of kids need that," and how she "was fortunate enough to have that [experience at GLASS] and learn more about [her]self." In describing her relationship with her GLASS caretakers, Participant #4 iterated how "they were just more open—just a lot more open-minded and accepting. The GLASS workers were really good workers...they did call me by my pronouns; they did accept everything."

Participant #3 described his similar experience residing with gay foster parents. After his initial foster parents provided the 7-day notice, he was placed in two different homes before finding an LGBTQ placement that helped to shape and reaffirm his sense of self.

And I was placed in an LGBTQ home where the parents are gay. And that's where a lot of my, my self-change happened. I stopped wearing pink and I stopped wearing the makeup because gay was the norm in my home. So, you know, I changed. And, you know, and a lot of things about me changed at the time too. So, I grew a lot with them. I graduated high school, and I was struggling with school for a number of years because of my personal life...the whole gender thing and the whole sexuality... So, when I got all that in order, you know, I was able to succeed...

Although not placed in an LGBTQ-specific foster home or congregate care facility, Participant #2 expressed the solidarity she found with her LGBTQ peers in her group home stating,

So, you know, even though we wasn't accepted and we were treated different, like, we kind of stuck together. You know, we encouraged each other to move forward...we learned to deal with it because we know that we're going to have to deal with it out here in the bigger world—rather than just in-care. So, we kind of just have to encourage each other to move forward. That's all we could have done.

Juvenile detention facilities. Half of the participants shared about time spent in juvenile detention. Participant #4's social worker struggled to find placement after removing her from her family of origin—so much so that the worker resorted to placing her in such a facility stating, “They removed me from

the home and put me into juvenile hall for a day just to keep me, because they couldn't find a home for me." Conversely, Participant #2 indicated how her recurrent behavioral concerns impacted her type of placement stating, "I did go to juvenile hall a couple times, like I said, for fighting..." Further elaborated in the theme of the subsequent interview question, Participant #2 reported that her fighting stemmed from peer bullying and harassment she experienced due to her sexual orientation.

Interview Question #4: What is your understanding of the reason for your placement changes?

Responses to the above question elicited two primary themes: 1) discrimination or harassment endured in placement explicitly resulted in placement change and 2) behavioral concerns stemming from discrimination and harassment related to the individual's sexual orientation or gender identity resulted in placement change.

Discrimination and explicit change. Two of the four participants experienced blatant discrimination in placement and were removed as a direct result. As previously discussed, Participant #3 resided with the same foster family for 11 years upon entering out-of-home care at the age of six. Given his length of time in the home, Participant #3 "didn't think about them as foster parents any longer; this was [his] family." Further, after coming out to his foster parents, he was disillusioned to an extent by their initial reaction. He explained that when he "just drew up the courage to tell [his] parents" they simply stated 'okay.' Their nonplussed reaction led him to believe his sexual orientation "wouldn't be a problem." However, it "started to be a problem when [he] started to flower, in a way." Participant #3 added that his foster parents,

...didn't really have a problem with me being gay; they just didn't want me to express it publicly... They said that they just didn't like me wearing makeup and, you know, wearing pink shirts. And you know, really expressing myself because, I'm very flamboyant. So, they decided to put in a 7-day notice.

After 11 years of caring for him as a son, it was not until Participant #3 came out and consequently “flowered” that his parents plainly (and discriminately) expressed an issue with his LGBTQ identity, requesting that he be removed from the home. Participant #4 also changed placements due to overt discrimination and harassment within the home. However, unlike Participant #3 who was given a 7-day notice by the foster parents because of his sexual orientation, Participant #4 requested her placement change stating,

I requested to move from that home... I felt abused by the foster parents in that home... They were judgmental towards, you know, me, like putting makeup on and dressing feminine and, you know, they told me, ‘Why can't you just be gay?’

Participant #4 stressed that it was the incident of verbal harassment involving her foster father—elaborated earlier in Interview Question #6's thematic analysis—that prompted her placement change. Participant #4 considered her foster father's comment that she was ‘nothing but a lie’ to be “the last straw.” She immediately called her social worker and stated, “I need to get out of here; I feel abused.”

LGBTQ bullying-related behavioral concerns. The remaining participants indicated that their exhibited behavioral concerns, which arose in response to

sexual orientation or gender identity bullying, resulted in their placement changes.

Participant #1 reported:

I used to get into fights a lot, you know? Like I had a lot of anger, I guess, towards the world. And so, I don't take disrespect kindly... And so, when you get into a fight, you know, you can't really stay in a placement too long anymore after that... So, yeah, I was always myself, and sometimes I'd get ridiculed for it... I just knew I wasn't like everyone else... Well, you know discrimination even exists today... people don't like what they don't understand. And so, that would lead me to get bullied. And like I said, I don't take disrespect kindly. So, I would, you know, handle business of sorts...

Reminiscent of Participant #1's underlying defensive, albeit socially errant, response to bullying, Participant #2 mentioned similar placement changes because of her behaviors.

I knew that my placement changes were based off of my behavior... I tended to act out a lot, and I began to get into like a lot of fights and stuff like that... and that's when I ended up being removed and I was put on probation, and I went to a group home—my first group home. It didn't work out there. I ended up getting into a fight, and then they sent me back to my county...

Participant #2 also noted the role bullying had in regard to her explicit mental health, in addition to her behavioral health. She reported having “really bad anxiety” because of “everything that [she] had experienced—with being bullied about being bisexual and because [she] chose to dress like a boy because it was more comfortable for [her].” Not only did Participant #2 recognize the extent such

responses to her sexual orientation impacted her behavior, but she discussed its impact on other LGBTQ foster youth.

So, you know, because like a lot of them [LGBTQ foster youth] wasn't going to be accepted, you know, some would run away, some would relapse on drugs, or they'll go back to drinking and I think the [group home] staff there really didn't realize how big of a part, like how big of role, they played in that. You know, me fortunately, I didn't relapse like with me fighting and things like that. I just learned to stay to myself, write in my journal...

Interview Question #8: How do you feel your experience as an LGBTQ youth in foster care has impacted you, if at all?

Inquiring about the participants' perceptions of the overall impact their foster care experience had on them, a singular theme was evident throughout all responses: the adversity they faced as youth in care ultimately contributed to their unyielding strength as young adults.

Strength through adversity. All four participants surmised that their experiences as LGBTQ individuals in the foster care system contributed to their resiliency and felicitous outcomes as adults. Participant #2 reported that her experience as an LGBTQ individual in out-of-home care gave her strength by empowering her to "stick up for [her]self." Further, her trials in out-of-home care not only helped her find her voice, but it enabled her to use her voice to empower other youth in care. As a member of a foster youth advocacy organization, she stated she now "fight[s] for a lot of kids—not just for kids that are LGBTQ but

kids that are straight.” Overall, she reported that her experience in care has “encouraged [her] to try to want the best for other people as well as for [her]self.”

Participant #1 expressed a similar sentiment regarding the impact her experience has had on her.

I’ve gone through a lot of hardships being in foster care and being who I am. So, I’d say it really shaped my character for the better. It’s unfortunate to say that misery does turn people into good people. Well, either one of two ways—you either, like, grow from your hardship or you let it overcome you and you become someone you’re not proud of, you know? I chose to take a better route. I chose to grow from my experiences, and I feel it shaped me out to be an incredible person.

Moreover, Participant #4 referred to her experience in out-of-home care as a “lifeline”—giving her the strength to not only persevere but to live.

It has impacted my life in a positive way because, if it wasn’t for the service that I did get, I would have probably...I don’t know where I would be, actually. You know, in the home that I was growing up in, which was very abusive, things like that...I don’t know where I would be...Yeah, it was definitely a lifeline for me because I was suffering at home, you know, and there was times where I was by myself, and I would try to commit suicide...I’m pretty sure I probably would have been gone, you know, if I would have stayed there.

Participant #4 commented on the safety and affirmation she felt when entering out-of-home care—particularly, being placed in the LGBTQ congregate care facility in Los Angeles. She expressed feeling “acceptance” for the first time and a sense that “it’s going to be okay.” Moreover, she felt her social workers and

GLASS workers emanated predications akin to ‘we understand you; we’re going to help you’ and more importantly ‘you’re not alone.’

Finally, Participant #3 posited, “It’s one thing, you know, to be away from your biological family; but, it’s another thing to be doing it while struggling with your identity.” He elaborated upon his experience entering and remaining in out-of-home care stating, “I endured a lot in my first 5 years of life, things that children should never endure. And then...you know, it was one thing after another” He entered the foster care system where he had “a normal life for about 10 years” and then “a lot of things changed for [him].” He began working through “a lot of [his] issues” in therapy, including his sexual orientation which he stated he “always struggled with.” Participant #3 poignantly realized that in spite of enduring unpropitious circumstances that no child should ever endure (whether with one’s family of origin or in out-of-home care), his experience as an LGBTQ individual in foster care “made [him] stronger.”

Situating of Self

Prior to entering the Master of Social Work program at California State University, Fresno, the researcher’s volunteer work spurred her interest in social work and public child welfare, specifically. As an undergraduate student she had the opportunity to volunteer with an organization in which she and other volunteers took foster youth to do various activities every weekend. Ranging from educational nature walks to rock climbing, the weekend outings provided the researcher invaluable insight on what it meant to be in out-of-home care from the perspective of the youth.

Shortly after electing to major in social work for her undergraduate studies, the researcher was admitted to the Title IV-E Public Child Welfare program where

she attended weekly seminars in addition to her regular academic courses. The seminars covered a myriad of topics, but it was a guest speaker with first-hand experience of the hardships LGBTQ individuals are confronted with in foster care that particularly stirred the researcher. Coupled with the researcher's personal experience witnessing the struggles her LGBTQ family members and friends have encountered because of their identity, without having the compounding facet of being in out-of-home care, the researcher's previous volunteer and academic work prompted her to do further research on the population.

Summary

This chapter began with a description of the participants' demographics. The total sample population consisted of four individuals who identify as LGBTQ and have current or previous experience in the foster care system. The two research questions guiding this qualitative study were then restated, followed by the questions utilized throughout each face-to-face interview. Research Question #1 was answered by the participants' discussion of their experiences in care with respect to their fellow foster youth, caretakers (i.e., foster parents or group home staff), and social workers. The participants also responded to Research Question #1 by providing any additional comments about their experiences, to which the majority stated a need for greater awareness regarding the LGBTQ foster youth population. Research Question #2 was answered by the participants' discussion of their placement types—including not only whether they were placed in a group home, foster home, or LGBTQ-specific home, but their difficulty securing placement and corresponding placement instability. Further, the participants addressed Research Question #2 by closing with their perceptions of the impact their placement experiences had on them. Finally, the researcher then situated

herself in relation to the study by providing background on the events and factors that motivated her to better understand the experiences of LGBTQ individuals placed in out-of-home care within the Fresno area. The following and final chapter of this thesis will discuss the researcher's findings, the implications of those findings for social work practice, and conclusions.

CHAPTER 5: CONCLUSIONS

Introduction

Chapters 1 and 2 of this thesis introduced the issues faced by LGBTQ youth in out-of-home care at the international, national, state, and local level. The often overlooked and disenfranchised population is frequently confronted with heteronormative, homophobic, and transphobic mentalities that pervade the institutions put in place to protect them. Chapter 3, *Methodology*, outlined the research approach conducted to contribute to the past research findings from chapters 1 and 2, which entailed completing qualitative interviews with LGBTQ individuals currently and formerly part of the foster care system in the Fresno area. This chapter will outline significant findings from chapter 4 that support or oppose findings from chapters 1 and 2 as well as implications for social worker practice, strengths and limitations of this research study, and recommendations for future research on the topic of LGBTQ youth in foster care.

Significant Findings

Placement Instability

Mallon et al. (2002) found that LGBTQ foster youth have nearly double the placement rate of heterosexual youth with 80% having an average of 6.35 placements. Two participants of this research study reinforced this finding. Participant #1 had more than double the above average with 14 total placements since entering care. Although slightly short of the 6.35 average, Participant #4 had six placement changes which should be considered in relation to her brief time in out-of-home care. She entered care at 16 years old, spent 10 months in the LGBTQ congregate care facility where she turned 17, and then had five additional

foster home placements in the single year before she aged-out of care. Similarly, Participant #3 reported having only four total placement changes; however, three of those moves occurred in a relatively short period before turning 18 given that he entered care at 6 years old and remained in his initial placement for 11 years.

Previously discussed in chapter 2, Koh et al. (2014) studied the consequences of placement instability on general youth in out-of-home care. The authors found that 18 months after the onset of the study, 31.2% of youth who experienced three moves or more had been diagnosed with a psychiatric disorder compared to only 5% of youth who experienced more stability. In addition to mental health concerns, Stott (2012) found a correlation between placement instability and risky behaviors such as substance use and unprotected sex. While this thesis' findings did not specifically identify such consequences, it shed light on the related reasons behind placement instability. Without detracting from the significance of the past literature which espoused that behavioral and mental health concerns resulted from placement instability, this study found that—with specific regard to LGBTQ foster youth—behavioral and mental health challenges were one of the major causes of placement instability; and, more importantly, the youth's behavioral concerns (i.e., Participant #1 and Participant #2's fighting) were due to the verbal harassment inflicted by both peers and adults involved with the child welfare system. Coupled with the findings from chapter 2, this would suggest that LGBTQ are at even higher risk of developing behavioral and mental health concerns because they are confronted with verbal maltreatment in-care which, in turn, increases their likelihood of high placement instability and its compounding risk factors.

Group Home Overreliance and Juvenile Detention Facilities

Irvine and Canfield (2016) discussed the disproportionality of LGBTQ youth in the foster care system as well as the juvenile justice system. Two participants from this research study disclosed spending time in juvenile hall—for two very different reasons. Participant #2 spent time because of her self-reported fighting; Participant #4, however, was temporarily placed there due to a lack of available foster placements. Moreover, Irvine and Canfield (2016) found that of the foster youth interviewed in juvenile detention, transgender or gender non-conforming youth were four times more likely than gender conforming youth to initially enter care because of physical abuse. Participant #4 reinforces this statistic as she stated that she endured significant physical abuse in her family of origin.

Further, chapter 1 stated that LGBTQ youth are two times more likely to be placed in a group home or congregate care facility (Los Angeles LGBT Center, n.d.). Chapter 2 explained that this overreliance on group homes and similar facilities was due to a lack of foster family settings willing to take placement of LGBTQ youth (Jacobs & Freundlich, 2006). Three of the four participants in this research study were placed in such facilities. Participants #1 and #2 were placed in multiple group homes. Participant #2 also reported solely having group home placements throughout her time in care. Participant #4, conversely, was placed in an LGBTQ-specific facility—however, this does not negate the literature from chapter 2 as Participant #4's social worker had to place her in the facility because she could not find any placements in the Central Valley.

Peer Response

Gallegos et al. (2011) elucidated the complex line of acceptance between LGBTQ foster youth and their peers. Eighty percent of the heterosexual youth

interviewed in the study reported observing an LGBTQ youth being verbally harassed by a peer or caretaker. Correspondingly, all four participants recounted bullying they experienced from heterosexual youth in their placements, or as Participants #2 and #4 referred to them—“rude comments.” All participants recollected being called a variety of names such as “faggot,” “he/she,” “vagina eater,” and “lesbo.” Further, Gallegos et al. (2011) found that while a significant amount of youth felt comfortable being around or even be-friending LGBTQ individuals, fewer were willing to have the same placement as them. This is reminiscent of Participant #2 and Participant #4’s experiences. Participant #2 recalled having friends who accepted her and her bisexual identity. Yet, she was aware of their apprehensions with respect to her being bisexual and “naturally” inclined to seduce the romantic partners of both her male and female friends. Participant #4’s experience falls in the former significant finding from Gallegos et al. (2011) as the other males in her foster home placements frequently iterated that they were not comfortable being around her whatsoever, expressing their aversion to her physical nearness with comments like ‘ew.’

Social Worker Responses

This study’s findings concerning the role of social workers departed from the previous literature in certain regards. According to Gallegos et al. (2011), less than 50% of youth reported that their social worker was even aware of their LGBTQ identity. Other youth who did inform them felt their social workers did not respond affirmingly or felt like the social worker was not supportive in their coming out process. However, all four participants of this study reported that their social workers were at least aware of their identity or orientation. Further, the majority felt their social workers were very supportive. Participant #3 described

his social worker as a “strong ally;” Participant #4 described her relationship with her worker as “trusting;” and Participant #3 noted the efforts her social workers made to ask her about her sexual orientation in “reassuring” manners.

The participants’ responses also differed from the extant literature’s discussion of social worker heterocentric practice. Specifically, Ragg et al. (2006) reported that social workers engaged in stereotypical practice with their LGBTQ youth and excluded them from activities gender-conforming and heterosexual youth were afforded. Of this study’s four participants, only Participant #1 disclosed being denied the opportunity to participate in an independent living program (i.e., SILP)—to later discover that her social worker “had just put two other people on SILP [who] were straight and normal-identified.” Participant #1’s experience also aligns with Mallon et al.’s (2002) research which illustrated that social workers are more likely to make uninformed decisions regarding the population—specifically, automatically dismissing the possibility of reunifying LGBTQ youth with their family of origin. Participant #1 echoed this uninformed, bias-laden, reaction on behalf of social workers when she further described how she “was denied a few opportunities” because of her social worker’s “misunderstandings” about her identity and assumption that it was “statistically harder for [her] to survive on her own because of [her] orientation.”

Also discussed in chapter 2, Crisp (2007) differentiated between social workers who minimally uphold non-discriminatory LGBTQ practice and social workers who actively engage in gay-affirming practice. The author examined the role of education and found that social workers who attended workshops with thorough focus on the LGBTQ population, as opposed to basic content, were more affirming. Similarly, Participant #3 discussed the need for increased education amongst child welfare workers. He noted that child welfare services may do “a

quick seminar here with social workers” but that “there’s deeper things” of which child welfare social workers need to be informed.

Group Home Worker Response

While this study did not necessarily corroborate such heterocentric practices with social workers, two participants reported experiencing comparable treatment by their group home workers. Participant #2 recalled her group home workers asking her non-LGBTQ peers in the home “if they wanted to go to the gym and pretty much all the LGBTQ kids” would be required to remain in the home. Further, Participant #2’s group home staff would act upon stereotypes of bisexual promiscuity when “all the girls were sitting down watching a movie” the staff would tell her to ‘stay in the living room and do [her] homework.’ Participant #2 added that she observed this heterocentric and LGBTQ-exclusive behavior occur with other LGBTQ individuals in her home.

Chapter 2 also presented literature on maltreatment disparities experienced by LGBTQ youth residing in group homes. The youth encounter group home staff who simply ignore the peer-inflicted harassment or are even the source of the harassment themselves (Mallon et al., 2002; Woronoff & Estrada, 2006). The extent of the disparate experience between LGBTQ and non-LGBTQ youth in group homes was further supported by Mallon et al. (2002) who found that 78% of foster youth and 88% of child welfare professionals felt group homes were unsafe for gay or lesbian youth. Participant #1 attested to experiencing both the indirect ignoring and direct engagement by her group home staff. Regarding the former, she described how the staff disregarded her peer-to-peer bullying, which “was worse in a group home” compared to a foster family setting, because they plainly “didn’t care” and added that “there’s really no protection in an environment where

someone doesn't care about you." Regarding the latter finding from chapter 2, Participant #1 recounted "times where the staff members themselves would bully [her]." One of the incidents she described involved a staff member inquiring about LGBTQ rainbow bracelets she wore and then subsequently "laughed at [her]—to [her] face."

Foster Family Experience

Chapter 2 also examined foster parent perceptions of LGBTQ foster youth. Clements and Rosenwald (2007) found that the majority of foster parents in their study feared gay youth may molest the other children in their home. While not surrounding concerns of molestation, Participant #3 also echoed this unwarranted fear in that his foster parents felt his gay mannerisms may "influence" the younger children in the home and "have a negative effect on...how they perceive sexuality"—essentially turning the straight children gay. Moreover, Clements and Rosenwald (2007) identified a disparate range of acceptance concerning different members of the LGBTQ population. The study's foster parents were more inclined to accept and not fear lesbians in their home as opposed to gays. Participants #4 and #3 recounted having foster parents with similar dissonant levels of acceptance. Participant #4's foster mother stated, 'Why do you have to put makeup on? Why do you have to have long hair? What can't you just be gay?' Like Clements and Rosenwald (2007), Participant #4's experience reflects a more favorable response toward gay youth rather than transgender youth. Participant #3's foster parents also maintained a skewed acceptance of the LGBTQ population in that they felt "it was fine that [he] was gay; [he] just couldn't show it."

Further, McCormick et al. (2016) discussed the double-standards perpetuated in the foster family setting as LGBTQ youth were fervently

discouraged and even prohibited from engaging in behaviors non-LGBTQ youth could readily do (i.e., entering romantic relationships). Participant #4 experienced this first-hand when her foster mother disparaged her for something as menial as listening to “girl music.” She added that “they didn’t like it at all. They would tell [her] to shut it off.” Moreover, Participant #4’s accounts reinforce Gallegos et al.’s (2011) finding that foster parents caused 40% of LGBTQ youth to feel ashamed of their identity with another 30% of youth reporting being verbally harassed by their caretaker. Apart from the previously noted beratement, chapter 4 illustrated Participant #4’s experience with a foster mother who shamed her for her long hair and attempted to force her to cut her hair before returning to school.

The foster father of the same home verbally harassed Participant #4 after she did nothing more than accidentally step in a pool of oil. He did not reprimand her for the accident itself but, rather, directed his anger at her transgender identity telling her, ‘You’re nothing but a lie. Everything that you are is a lie; that’s the core of who you are.’ In a subtler manner, comparable to Gallegos et al.’s (2011) point regarding youth being made to feel ashamed, Participant #3 shared comments his foster parents “would always say” about his feminine attire: ‘God, your pants are so tight—like a woman.’ Persistent statements such as this could result in shame regarding how one prefers to dress and, more importantly, how one engages in essential identity-expression.

Implications for Social Work Practice

This research study has several implications for social work practice. First, the researcher would like to submit that placement instability be considered alongside the concept of placement *insecurity*. LGBTQ youth undoubtedly face instability concerns, but this researcher proposes that the population is uniquely

susceptible to having no available placements (i.e., placement insecurity) which contributes to their placement instability. With the Continuum of Care Reform (CCR) enacted in January of 2017, LGBTQ foster youth's overreliance on group home placements may be obsolete. CCR has the noble goal of substituting group homes with Short-Term Residential Therapeutic Programs (STRTPs). The programs, as suggested by their name, are meant to be short-term. According to California Department of Social Services (CDSS) (2018), youth 13 years and older who are placed in an STRTP shall not remain in the program for longer than 6 months, unless otherwise approved by the agency's deputy director. This 6-month limit may contribute to the population's already high placement rate. In the past when social workers have been unable to find a foster family willing to house an LGBTQ youth, group homes were a viable placement option; and although not ideal, group homes may have offered the population a semblance of stability. Therefore, the STRTPs may exacerbate the population's placement insecurity, as well as instability, and result in more unwarranted placements in juvenile detention facilities as seen with Participant #4—ultimately resulting in worsened experiences for LGBTQ individuals in out-of-home care.

Primary services offered by STRTPs are meant for children who meet “medical necessity criteria” and are assessed by a licensed mental health professional who determines whether the child “requires the level of services and supervision provided by the STRTP, in order to meet his or her behavioral or therapeutic needs” (CDSS, 2018, p. 2). The apparent behavioral issues presented by LGBTQ youth that may seem to necessitate their placement in a group home are actually based in the discriminatory environment they are subjected to in care. Therefore, the STRTPs' focus on mitigating such behavioral concerns is misplaced—individual treatment programs will not address the fighting, substance

use, and running away behaviors of LGBTQ youth, noted by Participant #2 in chapter 4, unless the child welfare system recognizes the larger context (i.e., foster youth, caretaker, and worker discrimination) that spurs them.

Moreover, CDSS states that “[a]n emergency placement into an STRTP may not be used as a temporary placement for a child not requiring the STRTP level of care due to lack of an identified home-based family setting for a child” (CDSS, 2018, p. 6). While likely beneficial to the majority of youth who have entered group homes in the past because of severe mental and behavioral health issues, this current research study and past literature suggests these services are not necessarily applicable to LGBTQ youth given that they are placed in group homes because, as Participant #1 expressed, social workers just need to “find somewhere” to put them. The population’s placement insecurity will likely exclude them from qualifying for STRTP placement given that historical group home placements have been due to a lack of family-based placement settings.

As a preemptive response to the potential challenge STRTPs may present for the population, social work professionals and educators should modify existing curricula and trainings to be LGBTQ-focused. In addition to providing brief seminars on the existence of the population, they should provide in-depth lectures on their experiences. LGBTQ-focused trainings can entail incorporating the first-hand testimonials of current and former-LGBTQ foster youth with emotive descriptions of the hardships associated with every placement change given that it necessitates the youth come out yet again to a group of strangers. Above all, trainings should emphasize empathic gay-affirming practice. Properly serving the needs of LGBTQ foster youth requires more than upholding non-discriminatory practice but an awareness of the intersectional challenges the population faces as

teenagers in out-of-home who are also of a minority sexual orientation or gender identity.

Regarding the implications for the child welfare system specifically, methods of recruiting LGBTQ foster parents need to be further explored or enhanced. LGBTQ-specific placements offer the youth a sense of solidarity, normalcy, and acceptance they may not have ever experienced. However, this is not to minimize the significant role heterosexual and gender-conforming foster parents play. The child welfare system should accordingly seek out LGBTQ-affirming placements and ensure that the homes are not merely “accepting” as seen in Participant #3 and #4’s experiences. Finally, child welfare workers should also pursue the same services and opportunities for LGBTQ youth as they would any other child on their caseload. For example, rather than assume that because the youth entered care due to physical abuse incurred because of their orientation or identity, they should actively attempt reunification with their family of origin by educating and helping the parents process their feelings with respect to having a child who is LGBTQ.

Strengths and Limitations of Study

A strength of this research study includes its ability to add to the existing knowledge-base on the topic by offering in-depth insight into the challenges LGBTQ foster youth encounter. The study’s qualitative approach provided a voice to LGBTQ individuals currently and formerly part of the child welfare system. It allowed them to vividly share their personal accounts and shed powerful light on the hardships they endured in out-of-home care. It also provided participants the opportunity to share what they felt could be done to improve the treatment and experiences of future LGBTQ foster youth. Additionally, it presented evidence of

disparities faced by the population in various aspects of the child welfare system and potential means to ameliorate such disparities, starting with improved awareness and education for social work professionals. However, the study's small sample size acts as a limitation. The researcher attempted to recruit participants through several community resources and word-of-mouth snowball sampling. The word-of-mouth recruitment proved to be the best means, but the target population itself was rather small and it eventually resulted in participants unknowingly referring acquaintances who had already participated in the study. Consisting of only four participants, the sample cannot be generalized to other LGBTQ foster youth in Fresno or the broader region.

Recommendations for Future Research

There is a need for quantitative research on LGBTQ foster youth in the Central Valley. The disenfranchised population is often considered invisible within the child welfare system because unlike other marginalized groups who are more readily observed (e.g., African Americans), LGBTQ youth can remain in care without disclosing their identity. To begin to address the population's disproportionate representation and related disparities, statistical evidence of the group's representation in care needs to be recognized first. The quantitative study by Wilson and Kastanis (2015) on LGBTQ foster youth in Los Angeles could be recreated in the Central Valley to elucidate the number of LGBTQ youth actually in out-of-home care, their placement rates, placement types, reasons for entering care, and reasons for placement changes. In addition to quantitative studies, qualitative research on foster parent perceptions of LGBTQ foster youth in the Central Valley could prove beneficial. Exploring foster parent readiness and willingness to take placement of LGBTQ youth, or issues surrounding taking

placement, could help shape methods of recruiting LGBTQ-affirming foster homes.

Summary and Conclusions

The experiences of LGBTQ youth in foster care has remained a largely unrecognized issue in child welfare; and therefore, this research study sought to explore the topic's prevalence with four LGBTQ individuals who were, or are currently, members of out-of-home care. The participants corroborated previous research which stated that LGBTQ youth face greater placement instability, overreliance on group homes, bullying from heterosexual and gender-confirming youth, and direct harassment or complicit encouragement of harassment from adult caretakers. However, the majority of participants did concede that their social workers were greater sources of support than posited in previous research findings. Nonetheless, this research study reinforces the need for improved education of child welfare professionals and services for LGBTQ foster youth in order to improve their overall experiences in care. Moreover, with the newly implemented CCR, the child welfare profession needs to consider the implications STRTPs may have on the population's existing high placement rate given their placement insecurity and lack of available home-based foster family settings.

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APPENDICES

APPENDIX A: RECRUITMENT FLYER

RECRUITMENT FLYER

YOUR VOICE IS IMPORTANT!



Do you identify as LGBTQ?
*Are you currently, or were you formerly,
in foster care?*

Participate in a study on your
experiences as an LGBTQ individual
in the foster care system & receive
a **\$5.00 gift card to Starbucks**

Share your story & provide essential
insight to help improve the experiences
of other LGBTQ foster youth



For more information contact Laurel Barnett at
Lbarnett510@mail.fresnostate.edu | (559) 797-2517

APPENDIX B: RESEARCH INSTRUMENT

RESEARCH INSTRUMENT

The instrumentation will be utilized to gather data during one-on-one interviews with the participants. The following questions will be asked:

What is your age? _____

What ethnicity or race do you identify with:

- White
- Hispanic or Latino
- Black or African American
- Native American or American Indian
- Asian / Pacific Islander
- Other: _____

1. Describe your sexual orientation.
2. Describe your gender identity.
3. Describe your type(s) of placement while in care.
4. What is your understanding of the reason for your placement changes?

Prompt: Before asking the following questions, I would like to note that for this study the “Q” in “LGBTQ” will stand for “questioning” rather than “queer” and refers to the process of exploring one’s sexual orientation or gender identity.

5. How did other youth in your placement respond to your LGBTQ identity?

6. How did your caretakers (i.e., foster parent or group home worker) respond to your LGBTQ identity?
 - a. Probe: Describe your relationship with your foster parent(s).
 - b. Probe: Describe your relationship with your group home worker(s).
7. How did your social worker(s) respond to your LGBTQ identity?
 - a. Probe: Describe your relationship with your social worker.
8. How do you feel your experience as an LGBTQ youth in foster care has impacted you, if at all?
9. Are there any additional comments you would like to share about your experiences in foster care as an LGBTQ individual?

APPENDIX C: CONSENT FORM

CONSENT FORM

You are invited to participate in a study conducted by Laurel Barnett. The purpose of this study is to learn about your experience as a lesbian, gay, bisexual, transgender, or questioning (LGBTQ) youth in the foster care system. You were selected as a possible participant in this study because you are a nonminor dependent, currently receiving services from the Fresno County Independent Living Program, or were previously part of the foster care system.

This research study is designed to examine the experiences of nonminor dependent LGBTQ individuals using open-ended questions constructed by the researcher. Participation in this study is strictly voluntary. The interview will consist of one session, lasting approximately one hour. The interview will be recorded using the researcher's secure (i.e., requiring pin and thumbprint access) cell phone for transcription purposes. If at any time you experience discomfort responding to the interview questions, you can choose to not participate in the study, and the interview will be terminated. Interview transcripts and other notes will be kept on the researcher's secure laptop which requires pin access. Apart from a five-dollar gift card to Starbucks, we cannot guarantee that you will receive any benefits from this study. However, you will help raise awareness and knowledge about the experiences of LGBTQ youth involved with the foster care system. You may also find the interview to be therapeutic as it allows you to express your thoughts, opinions, and experiences in a safe place.

Any information that is obtained in connection to this study and identified with you will remain confidential, disclosed only with your permission or as required by law. Audio recordings and notes will be kept on secure and locked electronic

devices that only the researcher will have access to. When the study is complete, the recordings along with any notes will be deleted from researcher's cell phone and laptop.

There are minimal risks or discomforts anticipated with your participation in the study.

Potential risks or discomforts include possible psychological and emotional distress when asked questions during the interview. If you should experience any distress, the interview can be stopped. In addition, you can also be referred to counseling services. Licensed clinical social worker Damien Terronez can provide therapy at his private practice located at 3114 Willow Ave, #102 in Clovis, California 93612. Mr. Terronez can be reached at dgterronezlcsw@gmail.com and (559) 495-5799.

Your decision whether or not to participate will not prejudice your future relations with the Fresno County Independent Living Program or associated service providers. If you decide to participate, you are free to withdraw your consent and discontinue participation at any time without penalty. The Committee on the Protection of Human Subjects at California State University, Fresno has reviewed and approved the present research.

If you have any additional questions regarding the study, you may contact the study's chair, Dr. Harris, at (559) 278-2966. Questions regarding the rights of research subjects may be directed to Kris Clarke, Chair, CSU Fresno Committee on the Protection of Human Subjects at (559) 278-4468.

You will be given a copy of this form to keep and can be provided a one-page executive summary of the study's findings upon request.

YOU ARE MAKING A DECISION WHETHER OR NOT TO PARTICIPATE.
YOUR SIGNATURE INDICATES THAT YOU HAVE DECIDED TO
PARTICIPATE, HAVING READ THE INFORMATION PROVIDED ABOVE.

Signature of Participant and Date

Participant Name

APPENDIX D: HUMAN SUBJECTS TRAINING CERTIFICATE

HUMAN SUBJECTS TRAINING CERTIFICATE

