

# LGBTQ Youth Homelessness and Discrimination in the Foster Care System

Julia Alberth  
MPH Expected 2021; MD expected 2023

## Part I: An Analysis of System Interactions

### Abstract

LGBTQ youth struggling with homelessness are disproportionately represented in the foster care system. Despite disproportionate LGBTQ representation, 21 U.S. states do not have any policies in place to protect LGBTQ youth from discrimination in the foster care system. Additionally, 11 states allow state-licensed child welfare agencies to deny services to LGBTQ youth if it conflicts with their religious convictions. State governments often fail to strike a balance between protecting the religious beliefs of one organization, and defending the rights and freedoms of minority groups making up the LGBTQ youth population. LGBTQ youth are put at risk for experiencing harassment and physical, sexual, and emotional abuse as a result of these discrimination policies. LGBTQ youth experience the intersections of the foster care system and homelessness, as well as contact in the juvenile justice system, unsafe school environments, and an ill equipped and undereducated healthcare system. Failure to address the limitations in these systems will allow for LGBTQ youth to continue to fall through the cracks of society by perpetuating a cycle of hateful discrimination and trauma.

### History, Purpose, and Function of the Foster Care System

The U.S. federal government defines foster care as “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

pre-adoptive homes.”<sup>1</sup> Currently, there are approximately 440,000 youths in the foster care system. The number of youths in foster care has continued to increase with the demand of foster parents far exceeding the supply.<sup>2</sup> The majority of foster youths (77%) are placed with relatives or other caregivers, however, the rest of the youths are placed in group homes (defined as any home accommodating six or more children, including family households), institutions, or supervised independent living. Foster care youth spend two years on average in the system before they exit by reunification with their parent or guardian, are adopted, or age out of the system.<sup>3</sup>

The narratives for LGBTQ youth entry into the foster care system are often the same as non-LGBTQ youth, these include experiencing abuse and neglect, or parental substance abuse. However, in addition to the typical narrative, LGBTQ youth also experience trauma from the physical and emotional abuse of being discriminated against for their sexual orientation or gender identity.<sup>4</sup>

### “License to Discriminate” Laws and Stakeholders Involved

Only 24 states have policies that prohibit discrimination in the foster care system based on sexual orientation *and* gender identity. Five states have policies that prohibit discrimination in the foster care based on sexual orientation *only*, with no protections for gender identity. Tragically, 11 states *allow* state-licensed child welfare agencies to deny services to LGBTQ youth and same-sex couples, if doing so conflicts with their religious values. Further, 21 states have *no* policies protecting foster care youth from sexual orientation or gender identity discrimination. It should be noted that the 12 of these states that have no policies in place to protect LGBTQ youth in the

foster care system are essentially supporting their right to discriminate by not standing up against the issue.<sup>5</sup> The *All We Want is Equality* publication cleverly termed these outright and implied discrimination policies as “license to discriminate” laws.<sup>6</sup> For LGBTQ homeless youth, being thrust into a state foster care system that does not have policies in place to safeguard their protection from discrimination can cause detriment to their wellbeing and development. While 8% of LGBTQ youth live in states that *only* provide discrimination protections based on sexual orientation, 40% of LGBTQ youth live in states that have *no* discrimination protections for sexual orientation or identity. Further, 20% of LGBTQ people live in states that *allow* state-licensed child welfare agencies to openly discriminate against LGBTQ people and same-sex couples if providing services to them is against their religious values.<sup>5</sup>

There are three main stakeholders involved in these discrimination policies—the state legislatures, child welfare agencies, and LGBTQ youth. Lawmakers in state legislatures face significant pressures from constituents, their political parties, and political action committees when casting their votes for new policies. They must also reconcile these pressures with their own values and may sometimes be forced into compromising and political bartering to achieve their goals. Child welfare agencies also grapple with their own priorities in terms of managing funding in an overburdened system. Some states have child welfare agencies that are religious-based, and in these cases the agencies must balance their child welfare functions with their mission as a religious organization. The stakeholders with the most to gain, the most to lose, and the least amount of power in this equation is the LGBTQ homeless youth. As a result, in some states LGBTQ homeless youth may be denied child welfare services entirely if a religious organization refuses to help them. Other agencies place LGBTQ youth into the foster care system but fail to provide them with necessary services, protect them from discrimination, or acknowledge their preferred gender identity. The federal government must be careful to protect the right of practicing religion, especially minority religions that are often dismissed and overlooked by the majority. However, major issues develop when the federal government chooses to protect the religious beliefs of one organization at the expense of the rights and freedoms of minority groups making up the LGBTQ youth population. It is the responsibility of the state legislatures to not pass policies that allow for the

prejudices of religious organizations against the LGBTQ population to cause injury to the health and wellbeing of the LGBTQ homeless youth.

In 2017, the Child Welfare Inclusion Act was introduced to congress. It asserts that state child welfare services that receive funding from the federal government would no longer be eligible for that funding if they continue to engage in discriminatory practices based on religious beliefs. This bill has not yet been passed.<sup>6</sup> Although the bill appears to have the potential to persuade discriminatory organizations to reform their policies to be LGBTQ inclusive, it may not be able to accomplish this goal and instead might amplify the problem. If discriminatory organizations hold true to their religious convictions and refuse to reform, thereby losing funding from the federal government, it could overburden the foster care system even further and augment the youth homelessness issue by struggling to care for the thousands of non-LGBTQ youth in the system. The nation has a long way to go in developing innovative solutions to combat LGBTQ youth discrimination in the foster care system while simultaneously working to compromise with faith based organizations that provide essential services to the thousands of non-LGBTQ homeless youth.

Despite the introduction of pro-LGBTQ legislation, such as the 2017 Child Welfare Inclusion Act, conservative policymakers have been simultaneously issuing a number of “license to discriminate” legislations. Conservatives in the Department of Housing and Urban Development have proposed a federal regulation that would roll back an Obama-era policy by allowing single-sex homeless shelters to deny transgender and non-conforming (TGNC) youth access to the shelter that aligns with their gender identity.<sup>7</sup> Although conservatives claim that this policy aims to reduce sexual voyeurism and assault in shelter bathrooms and locker rooms by men masquerading as women, previous studies have found this claim to be baseless. Studies have shown that in the twelve states that protect TGNC rights there has not been a single instance of this kind of sexual voyeurism or assault reported. Additionally, similar studies have shown that in seventeen school districts that protect TGNC students’ rights have also not shown a single report of harassment or assault in bathrooms or locker rooms since the policies were enacted.<sup>8</sup> Conservative supporters of this policy aim to appease the religious organizations that support them at the expense of the vulnerable LGBTQ youth

population experiencing the trauma of homelessness.

### **Effects of the “License to Discriminate” Laws Cause Public Health Crises and Medical Professionals are Ill Equipped to Address These Health Inequalities**

States that legalize discrimination of LGBTQ youth in the foster care system can pose health and safety risks to the defenseless foster youth. Prior to entry into the foster care system, 30% of LGBTQ youth experience physical abuse by their parents in the coming out process. When LGBTQ youth enter the foster system, their case workers may advise them not to disclose their sexual orientation or gender identity as a safety precaution to prevent discriminatory acts of violence by foster parents or other foster care children. In these situations, when LGBTQ foster youth are forced to choose between safety from abuse and self-identity validation both choices actually present serious safety issues. LGBTQ youth that instead decide to come out to their foster parents may be subjected to conversion therapies or face verbal and physical abuse. Foster parents and child welfare workers may also levy blame on LGBTQ youth for the physical and verbal abuse perpetuated on them by other foster youth.<sup>9</sup>

LGBTQ youth that face a lack of support and validation in the foster care system can also experience lasting effects on their mental health. Transgender youth may experience frustrations if they are unable to be placed in a group home that aligns with their gender identity or a gender-neutral home. They will also likely experience lack of access to gender-affirming clothing, hygiene products, and healthcare to safely access hormone medications. These stressors can take a toll on their mental health and cause depression, self-harming, or incentivize risky behaviors to obtain these necessities. The commonness of mental health issues in the LGBTQ population is associated with disproportionate representation in psychiatric hospitals.<sup>10</sup>

As a result of the relentless discriminatory and violent acts, as many as 78% of LGBTQ youth will run away from foster care. Homeless LGBTQ youth admit to being physically harmed by others at higher rates than homeless non-LGBTQ youth (62% and 47%, respectively). In addition, homeless LGBTQ youth also report having been exposed to discrimination or stigma within the family at higher rates compared to non-LGBTQ homeless youth

(64% and 37%, respectively), as well as exposure to discrimination outside of the family (60% and 37%, respectively).<sup>11</sup>

Homeless LGBTQ youth often engage in higher rates dangerous survival behaviors in comparison to non-LGBTQ homeless youth. For example, LGBTQ youth that face family rejection are 1.5 to 3.5 times more likely to engage in illegal substance abuse than non-LGBTQ youth.<sup>9</sup> LGBTQ homeless youth are 25% more likely to harm themselves compared to non-LGBTQ homeless youth (15%), they are also six times more likely to have attempted suicide compared to non-LGBTQ youth.<sup>9, 11</sup> Transgender adults, specifically, have a lifetime suicide-attempt prevalence of 40% with the majority of those attempts occurring before 25 years of age.<sup>12</sup> Rates of rape are much higher among homeless LGBTQ youth (38%) compared to homeless non-LGBTQ youth (15%), as well as engagement in survival sex (27% and 9%, respectively). As a result high-risk sexual behaviors, LGBTQ youth have demonstrated an increased incidence of sexually transmitted infections. LGBTQ youth present with rates of gonorrhea, chlamydia, and HIV that are twice as high as compared to heterosexual men. Specifically, HIV diagnoses among males ages 13 years and older are disproportionately high among gay and bisexual men as they account for 83% of all new diagnoses.<sup>13</sup>

In addition to being placed at a disproportionate risk for bullying, physical and emotional abuse, substance abuse, sexually transmitted infections, depression, and suicide, LGBTQ youth are also at a higher risk for cancers as adults, cardiovascular diseases, and obesity as compared to the general population.<sup>13</sup> Studies have shown that gay men are at increased risk for developing prostate, testicular, anal, and colon cancers, likely as a result of screening stigmas. Lesbian and bisexual women are at increased risk for developing cancers of the breast, ovaries, and endometrium “due to fewer full-term pregnancies, fewer mammograms, and obesity.”<sup>13</sup> The Centers for Disease Control and Prevention also found 49% of bisexual women and 37% of lesbians were obese as compared to 30% of heterosexual people in a 2015 report. The study also found bisexual men at greater risk of obesity than heterosexual men (37% compared to 32%). It should be noted that gay men had the lowest rates of obesity at 22%.<sup>14</sup>

Despite the gross health inequalities present in the LGBTQ youth population there is a lack of well-equipped health professionals that are educated in

the specific needs of the LGBTQ population. Tragically, conservative policymakers are also introducing a number of bills to Congress with the goal of making it more difficult for the LGBTQ youth population to access quality healthcare. In January 2020, Republicans proposed a bills that would make it a felony to provide certain TGNC healthcare to minors, including the prescription of puberty blockers. Medical professionals that violated this provision could face up to ten years in prison. Supports of the bill purport that it would “protect children from rushing into a life-changing decision.”<sup>12</sup> However, supports of this bill are overlooking the many dangerous consequences of this bill, including the severe mental health issues that may result from gender dysmorphia. Further, the Trump Administration added the “conscious and religious freedom” division to the Department of Health and Human Services which would protect the religious freedoms of healthcare professionals to deny services to LGBTQ patients.<sup>15</sup> This further restricts LGBTQ youth access to culturally sensitive healthcare amidst the disproportionate health inequalities that plague the LGBTQ community.

### **System Interactions – Juvenile Justice and Unsafe School Environments**

LGBTQ youth experiencing homelessness are at high risk to coming into contact with the juvenile justice system. For example, in some states homeless youth can be arrested for loitering or panhandling. LGBTQ youth are also at higher risk for engaging in substance abuse and survival sex compared to non-LGBTQ youth. These illegal activities increase the chance that LGBTQ youth will come into contact with juvenile justice. LGBTQ youth are disproportionately represented in juvenile justice systems. While LGBTQ youth represent 40% of all homeless youth, 30% of homeless LGBTQ youth have also experienced contact with the juvenile justice system. Additionally, although only 4.2-5.6% of the general youth population identify as LGBQ, LGBQ persons make up 12.5% of youth in detention halls. Further, although only 6% of the population identifies as TGNC, they make up 13.3% of youth in the justice system.<sup>10</sup> A policy enacted by the Trump Administration places TGNC youth particularly vulnerable in incarceration by rolling back an Obama-era policy that housed TGNC prisoners consistent with their gender identity. “With transgender people experiencing sexual assault at higher rates than average, this decision only puts them at further risk of assault.”<sup>15</sup>

Unsafe school environments can also lead to LGBTQ youth deciding to run away or skip school resulting in interactions with the juvenile justice system. Eight out of ten LGBTQ students report having experienced physical violence or harassment and four out of ten LGBTQ students reported feeling unsafe in expressing their gender identity. 50% of LGBTQ students reported receiving homophobic slurs and remarks. Tragically, LGBTQ students are also three times more likely to be injured or threatened with a weapon while at school.<sup>10</sup> Additionally, the roll back of another Obama-era policy now encourages school officials to deny TGNC students access to facilities consistent with their gender identity and allows schools to deny use of TGNC students’ preferred pronouns.<sup>15</sup> This policy allows for the legal discrimination of TGNC youth in the educational system, contaminating another system that should be built with the goal of youth safety.

### **Vicious Feedback Loops**

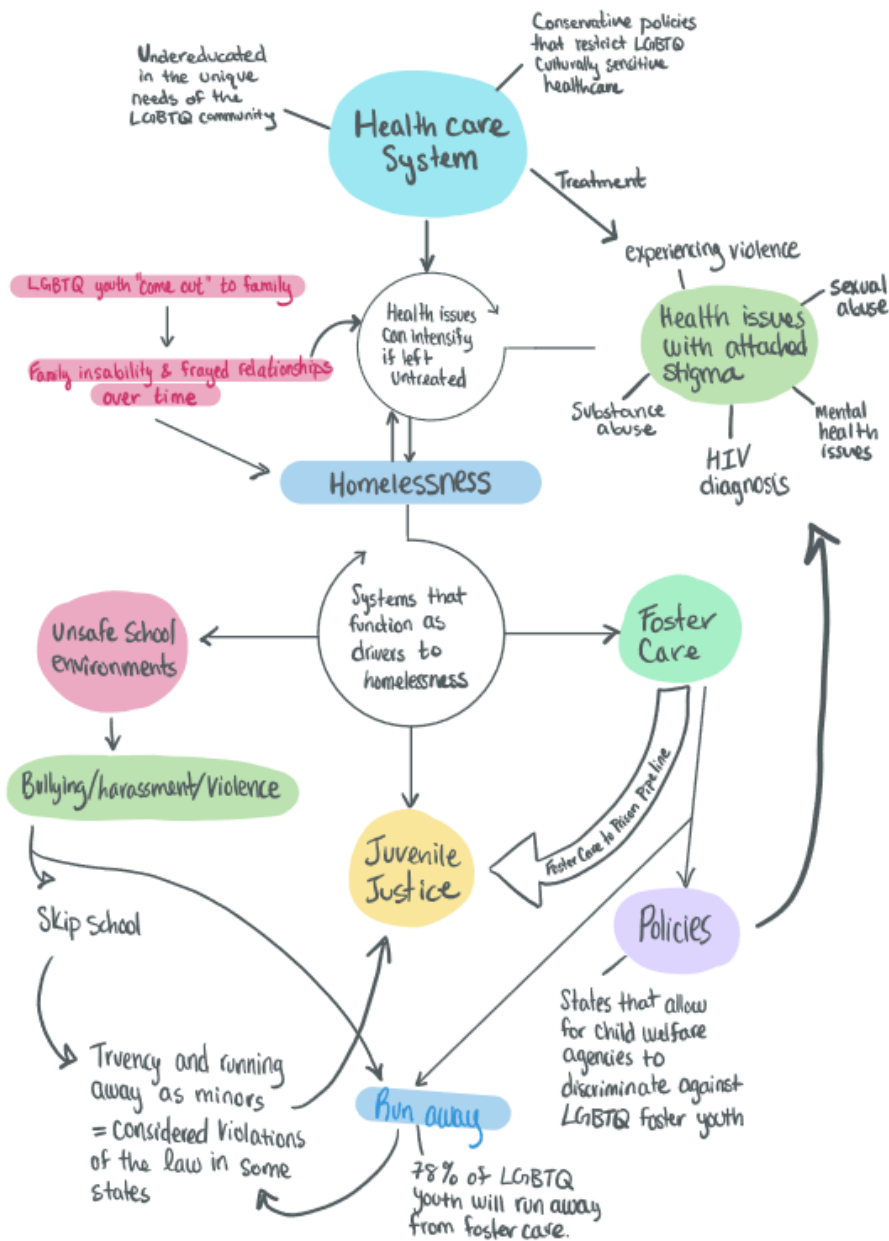
There are four main systems that function as drivers to homelessness experienced by the LGBTQ population— (1) the foster care system, (2) juvenile justice, (3) unsafe school environments, and (4) the ill equipped and undereducated healthcare system (**see Figure 1**). Each of these systems are interconnected and negatively influence each other. Unsafe school conditions lead to skipping school or running away which may result in homelessness or contact with the juvenile justice system. The foster care to prison pipeline is well documented. 80% of inmates have spent time in the foster care system and 25% of foster youth will be incarcerated within two years of emancipation. Also, within 18 months of emancipation 40-50% of foster alumni will be homeless. Stigmatized health issues, such as HIV diagnosis, mental health issues, or substance abuse can intensify if left untreated and possibly lead to homelessness. Unfortunately, this is often the case due to the political barriers that prevent LGBTQ youth from receiving culturally sensitive and gender confirming healthcare. With all of the mess and dysfunction of these viscous feedback loops, the greatest failure may be not supporting vulnerable foster care youth from reaching their full potential—only 1-3% of former foster youth will successfully graduate from college.<sup>16</sup>

### **Conclusion**

This analysis of system dysfunction involving legislative powers, child welfare agencies, and peripheral systems, such as juvenile justice,

schools, and healthcare, reveal a distinct misalignment in shared values. The homeless LGBTQ youth population are the stakeholders with the most to gain, the most to lose, and the least amount of power in this equation. Generations of LGBTQ foster youth will continue to experience

trauma from acts of harassment, violence, and discrimination if these systems are unable to address the failings that are inherent in their design.



**Figure 1:** LGBTQ youth system navigation amongst homelessness, foster care, juvenile justice, unsafe school environments, and ill equipped and undereducated healthcare systems, in the face of severe health inequalities and discriminatory legislation and policies.

## **Part II: LGBTQ Youth Homelessness and Discrimination in the Foster Care System—Recommended System Changes**

### **Promising Efforts**

On May 17, 2019 history was made when the Equality Act passed in the House of Representatives. This landmark bill aims to amend Titles II and VI of the Civil Rights Act of 1964 by explicitly including sex, sexual orientation, and gender identity to the list of protected categories from discrimination.<sup>17</sup> Although the Supreme Court recently ruled that LGBTQ people are protected from workplace discrimination (June 2020), the Equality Act ensures that LGBTQ people are also guaranteed protection from discrimination on other grounds including, housing, education, jury duty, and other public services and accommodations.<sup>17, 18</sup> The Equality Act was first introduced in 2015 but died in both the House and the Senate. Later the bill was re-introduced in 2017 but despite garnering more support it died a second time.<sup>17</sup> The Equality Act of 2019 will still have to pass the republican-controlled senate and ultimately be signed into law by the president, however, this small victory demonstrates the strides that society is making in terms of supporting LGBTQ rights.<sup>19</sup>

Additionally, the Equality Act would prohibit federally assisted programs from discriminating against people based on sexual identity or sexual orientation. Consequently, it would be illegal for child welfare agencies to discriminate against LGBTQ foster youth. Discrimination can include bullying, harassment, and denial of services. Further, child welfare agencies would be prohibited from discriminating against LGBTQ foster parents or adoptive families when making placement decisions.<sup>20</sup> Therefore, the Equality Act is a truly promising effort that may dramatically increase the protections of LGBTQ youth in the foster care system, especially if they live in one of the twenty-six states that currently denies discrimination protections of foster youth on the basis of sexual identity, sexual orientation, or both.

### **Recommended System Reforms**

#### *Transgender-Competent Healthcare Access for Foster Youth*

Although the passage of the Equality Act would protect LGBTQ foster youth from discrimination it would not increase access to transgender-competent healthcare, specifically hormone therapy or reassignment surgery. In fact, California is the

only state that passed a law in 2018 guaranteeing LGBTQ foster youth medical coverage (through Medi-Cal) of hormone therapy and reassignment surgery.<sup>21</sup> For the transgender and non-conforming foster youth living in other states, it is nearly impossible to access hormone therapy or surgery for gender dysmorphia. In New York, foster youth can only access hormone medication if they had started using it previously to entering foster care. If a New York youth requests access to start hormone therapy during foster care they must first be diagnosed with gender dysmorphia by a medical professional and then obtain parental consent before potentially accessing coverage under the non-Medicaid reimbursement policy. Thus, this New York system is designed to remove power from TGNC youth by requiring that they obtain parental consent before accessing hormone therapy, an order that may be nearly impossible for LGBTQ youth experiencing family strains or in foster care.<sup>22</sup> In Texas, it is nearly impossible for TGNC youth to access hormone therapy or reassignment surgery because those procedures are considered “elective” and are therefore not covered by Medicaid. Even if the youth could raise enough money to pay for the medical services it is highly unlikely that the courts would rule in favor of having a minor access these elective medical services until they age out of the system.<sup>23</sup>

Withholding access to medical treatments for gender dysmorphia from TGNC foster youth may cause shame, anguish, and serious mental health issues, especially during puberty. Therefore, it is essential to provide TGNC youth the access to hormone therapy and reassignment surgery by following California’s example. A bill should be submitted to congress that requires all states to provide all TGNC foster youth access to hormone therapy and reassignment surgery fully covered by Medicaid. This reform would create equitable access to essential medical services for TGNC foster youth suffering from gender dysmorphia. However, such a bill would be highly controversial, because besides requiring substantial funding, it does not address the deeply held religious convictions that certain state leaders may hold causing them to oppose such legislation. The bill could instead be introduced as an amendment to Medicaid expansion but this would only have the potential to influence the TGNC foster youth access to essential medical services in the thirty-seven participating states, if passed. However, such a bill may still face tremendous opposition in regards to the funding required and the polarizing debate on the morality

of undergoing sexual transition, especially as a youth. If passed, the successfulness of the reform would be measured by (1) increasing numbers of documented hormone therapy and reassignment surgeries among foster youth and (2) a decrease in the reported cases of foster youth that claim to have obtained hormones on the streets. Additionally, (3) if the bill was only passed as part of Medicaid expansion then success could also be measured by comparing these factors, (1) and (2), to states that are not participating in Medicaid expansion.

### **Improved LGBTQ Training for Child Welfare Employees**

The TGNC 2017 policy report stated that “best practice literature makes clear that staff working with youth should receive initial and ongoing coaching and training regarding healthy sexual and identity development.”<sup>24</sup> Despite this recommended best practice, thirty-nine states have zero policies in place for requiring child welfare employee training regarding sexual orientation, gender identity and expression, and specific issues to the LGBTQ youth community. Only six states (Massachusetts, Minnesota, New Mexico, Rhode Island, Washington, and West Virginia) require child welfare employees to receive training regarding sexual orientation and gender identity. Additionally, only three states (North Carolina, Ohio, and Wisconsin) mandate training regarding human sexuality and sexual development. Further, Nevada authorizes training related to working with LGBTQ youth, and California requires nondiscrimination training regarding sex (or gender), sexual orientation, and gender identity.<sup>24</sup>

It is essential that child welfare employees receive adequate training related to sexual orientation, gender identity and expression, and specific issues to the LGBTQ youth community, considering that the LGBTQ population is disproportionately represented in the foster care system. A national law needs to be passed that requires regular and adequate training for child welfare employees receiving funding from the federal government. It is unlikely that such a law would not be supported by the majority of states as it merely aims to expand LGBTQ education among child welfare employees (a system that disproportionately represents LGBTQ youth) and does not aim to directly challenge the religious convictions of the employees in any way. However, among the eleven states that allow state-licensed child welfare agencies to deny services to LGBTQ youth, it is possible that they may not be willing to receive educational training

about the LGBTQ community since this may conflict with their religious values. If passed, the successfulness of the reform would be measured by (1) an increase in nationally reported training hours (in order to receive federal funding), (2) an increase in activity on online LGBTQ training programs such as *All Children-All Families* (administered by the Human Rights Campaign)<sup>25</sup>, and (3) decreased cases of discrimination filed by LGBTQ youth.

### **References**

1. The Administration on Children, Youth and Families, Foster Care Maintenance Payments, Adoption Assistance, And Child and Family Services, 45 C.F.R. § 1355 (2012). Available at: <http://www.gpo.gov/fdsys/pkg/CFR-2012-title45-vol4/pdf/CFR-2012-title45-vol4-part1355.pdf>
2. 6 Quick statistics on the current state of foster care. iFoster. <https://www.ifoster.org/6-quick-statistics-on-the-current-state-of-foster-care/> Accessed April 13, 2020
3. How does the foster care system work? iFoster. <https://www.ifoster.org/how-does-the-foster-care-system-work/> Accessed April 13, 2020.
4. LGBTQ youth in the foster care system. Human rights campaign. [https://assets2.hrc.org/files/assets/resources/HRC-YouthFosterCare-IssueBrief-FINAL.pdf?\\_ga=2.78407636.1182162788.1586907167-1887557724.1586907167](https://assets2.hrc.org/files/assets/resources/HRC-YouthFosterCare-IssueBrief-FINAL.pdf?_ga=2.78407636.1182162788.1586907167-1887557724.1586907167) Accessed April 13, 2020.
5. Foster and Adoption Laws. Movement advancement project. [https://www.lgbtmap.org/equality-maps/foster\\_and\\_adoption\\_laws](https://www.lgbtmap.org/equality-maps/foster_and_adoption_laws) Updated April, 2020. Accessed April 13, 2020.
6. All we want is equality. Human rights watch. [https://www.hrw.org/sites/default/files/report\\_pdf/lgbt0218\\_web\\_1.pdf](https://www.hrw.org/sites/default/files/report_pdf/lgbt0218_web_1.pdf) Published 2018. Accessed April 13, 2020.
7. Cunningham P. W. HUD to change transgender rules for single-sex homeless shelters. [https://www.washingtonpost.com/politics/hud-to-change-transgender-rules-for-single-sex-homeless-shelters/2020/06/12/d47a5744-ad03-11ea-9063-e69bd6520940\\_story.html](https://www.washingtonpost.com/politics/hud-to-change-transgender-rules-for-single-sex-homeless-shelters/2020/06/12/d47a5744-ad03-11ea-9063-e69bd6520940_story.html) Published June 14, 2020. Accessed June 28, 2020.
8. Lopez G. Myth #3: Letting trans people use the bathroom or locker room matching their gender identity is dangerous. Vox. <https://www.vox.com/identities/2016/5/13/17938102/transgender-people-bathrooms-locker-rooms-schools> Published November 14, 2018. Accessed June 28, 2020.
9. Terrazas S. Is it time to rethink foster care for LGBTQ youth? Youth Today. <https://youthtoday.org/2020/03/is-it-time-to-rethink-foster-care-for-lgbtq-youth/> Published March 8, 2020. Accessed April 13, 2020.
10. At the Intersections: A collaborative resource on LGBTQ youth homelessness. True Colors United. <https://truecolorsunited.org/wp->

- [content/uploads/2019/04/2019-At-the-Intersections-True-Colors-United.pdf](#) Published 2019. Accessed April 13, 2020.
11. Morton, M. H., Samuels, G. M., Dworsky, A., & Patel, S. (2018). *Missed Opportunities: LGBTQ youth homelessness in America*. Chicago, IL: Chapin Hall at the University of Chicago.
  12. Moreau J. Dozens of anti-LGBTQ state bills already proposed in 2020, advocates warn. <https://www.nbcnews.com/feature/nbc-out/dozens-anti-lgbtq-state-bills-already-proposed-2020-advocates-warn-n1121256> Published January 23, 2020. Accessed June 28, 2020.
  13. Hafeez H, Zeshan M, Tahir M A, et al. (April 20, 2017) Health Care Disparities Among Lesbian, Gay, Bisexual, and Transgender Youth: A Literature Review. *Cureus* 9(4): e1184. DOI 10.7759/cureus.1184 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5478215/pdf/cureus-0009-00000001184.pdf>
  14. Kates J, et al. Health and access to care and coverage for lesbian, gay, bisexual, and transgender (LGBT) individuals in the U.S. <https://www.kff.org/report-section/health-and-access-to-care-and-coverage-lgbt-individuals-in-the-us-health-challenges/> Published May 3, 2018. Accessed June 28, 2020.
  15. Acosta L. The real list of Trump’s “Unprecedented steps” for the LGBTQ community.” Human Rights Campaign. <https://www.hrc.org/blog/the-list-of-trumps-unprecedented-steps-for-the-lgbtq-community> Published June 11, 2020. Accessed June 28, 2020.
  16. Unacceptable Facts and Stories. Foster Care 2.0. <http://www.fostercare2.org/ask-the-pros-2#> Accessed April 13, 2020.
  17. Lopez G. The House just passed a sweeping LGBTQ rights bill. *Vox*. <https://www.vox.com/policy-and-politics/2019/5/17/18627771/equality-act-house-congress-lgbtq-rights-discrimination> Published May 17, 2019. Accessed April 29, 2020.
  18. Liptak, A. Civil rights law protects gay and transgender workers, Supreme Court rules. <https://www.nytimes.com/2020/06/15/us/gay-transgender-workers-supreme-court.html> Published June 15, 2020. Accessed June 28, 2020.
  19. Bachman E. What is the Equality Act and what will happen if it becomes a law? *Forbes*. <https://www.forbes.com/sites/ericbachman/2019/05/30/what-is-the-equality-act-and-what-will-happen-if-it-becomes-a-law/#45b969745fe4> Published May 30, 2019. Accessed April 29, 2020.
  20. What does the Equality Act mean for child welfare providers. Human Rights Campaign. [https://assets2.hrc.org/files/assets/resources/EA\\_Fact\\_Sheet\\_Child\\_Welfare\\_Providers.pdf](https://assets2.hrc.org/files/assets/resources/EA_Fact_Sheet_Child_Welfare_Providers.pdf) Accessed April 29, 2020.
  21. Gov. Brown signs landmark bill ensuring medical care, counseling, surgery for transgender youth in foster care. CBS Local. <https://cbslocal.com/2018/09/15/ab-2119-transgender-youth-access-to-medi-cal/> Published September 15, 2018. Accessed April 29, 2020.
  22. Safe & Respected. NYC Administration for Children’s Services. [https://www1.nyc.gov/assets/acs/pdf/lgbtq/FINAL\\_06\\_23\\_2014\\_WEB.pdf](https://www1.nyc.gov/assets/acs/pdf/lgbtq/FINAL_06_23_2014_WEB.pdf) Published June 23, 2014. Accessed April 29, 2020.
  23. Sanchez S. Transgender Teens Struggle in Foster Care. *San Antonio Current*. <https://www.sacurrent.com/the-daily/archives/2015/03/16/transgender-teens-struggle-in-foster-care> Published March 16, 2015. Accessed April 29, 2020.
  24. Remlin CW, et al. Safe Haven: Closing the Gap Between Recommended Practice and Reality for Transgender and Gender-Expansive Youth in Out-of-Home Care. *Children’s Rights*. Lambda Legal. Center for the Study of Social Policy. [https://www.lambdalegal.org/sites/default/files/tgnc-policy-report\\_2017\\_final-web\\_05-02-17.pdf](https://www.lambdalegal.org/sites/default/files/tgnc-policy-report_2017_final-web_05-02-17.pdf) Published April 2017. Accessed April 29, 2020.
  25. All Children-All Families: Training Program. Human Rights Campaign. <https://www.hrc.org/resources/all-children-all-families-training-curriculum> Accessed April 30, 2020.