# "They told me that you can be with whomever you want, be who you are": Perceptions of LGBTQ+ youth in residential care regarding the social support provided by child welfare professionals

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ABSTRACT

LGBTQ+ youth strengthen their resilience resources through the development of meaningful relationships that provide them with unique tools to combat the stress derived from experiences of discrimination and violence targeting their marginalized identities. However, more research is needed to understand how this group benefits from the social support provided by child welfare professionals and how these relational processes may strengthen their resilience, since these professionals are often the only adult models of relationship, even after leaving care. The focus of this study was to understand youths' processes of resilience-development through relationships with care professionals in the child welfare system. In this study, we held 15 narrative interviews with LGBTQ+ youth between the ages of 14 and 21 years that were living in residential care in Spain. We carried out a reflexive thematic analysis. The results show that LGBTQ+ youth in care experience feelings of safety through supportive relationships with professionals that are enhanced by availability, trust, and honesty. Safe spaces in care are facilitated by professionals who normalize LGBTQ+ issues and make LGBTQ+ youth feel they can be themselves in their residential homes. Functions of social support such as personal attachment, belonging, and acceptance were evident in the youths' experiences. Young people expressed gratitude for professionals who provided identity support and who encouraged youths to authentically express themselves fully. Professionals who scaffold agency in youths' identity development process, as well as emotional and practical support, promoted resilience. This knowledge is a building block to advance our understanding of how social support for LGBTQ+ youth in child welfare systems can counteract the negative impacts of non-affirming families and institutions by augmenting resilience.

## 1. Introduction

### 1.1. LGBTQ+ youth in child welfare systems

The representation of lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQ+) children and youth in child welfare systems has been largely ignored in scientific inquiry until recently, especially within the European context (González Álvarez et al., 2023). The scientific literature addressing the experiences of LGBTQ+ youth in the child welfare context, mostly focusing on the US and the UK, has established five key findings: 1) LGBTQ+ youth are overrepresented in child welfare systems (Dettlaff et al., 2018; Fish et al., 2019; Wilson & Kastanis, 2015); 2) LGBTQ+ youth go through more placement changes

than their heterosexual and cisgender peers (Baams et al., 2019; Mallon, 2001); 3) LGBTQ+ youth are more likely to be placed in group or residential homes than in family care (Freundlich & Avery, 2004; Sullivan et al., 2001; Wilson & Kastanis, 2015); 4) LGBTQ+ youth often leave care without a suitable preparation for their transition to independence (McCormick et al., 2017; Paul, 2018); and 5) LGBTQ+ youth are exposed to discrimination, hostility, and violence associated with their sexual and/or gender minority statuses within child welfare services (Cossar et al., 2017; Gallegos et al., 2011; González-Álvarez et al., 2022a; Paul, 2018; Schaub et al., 2022). Despite these key findings indicating that LGBTQ+ youth involved in the child welfare system face risks across multiple social contexts, research also shows that care-experienced LGBTQ+ youths find ways to overcome adversity and

healthfully thrive with the availability of supportive social relationships (González Álvarez et al., 2023).

## 1.2. Resilience through social support

Broadly, resilience is defined as the ability to persevere and achieve positive outcomes in life after experiencing significant adversity (Rutter, 2012). In the context of LGBTQ+ resilience research, the broad definition of resilience has been critiqued for reinforcing heteronormativity and capitalism as desirable (Ahmed, 2010). In relation to this critique, resilience has been interconnected by some scholars with the concept of resistance in order to highlight the need to challenge oppressive structures that produce hardships in LGBTQ+ communities. Some authors have seen resistance as a type of resilience (DiFulvio, 2011). According to Robinson and Schmitz (2021), resilience and resistance may influence one another; for instance, LGBTQ+ youth may build resilience through resisting discrimination.

Several researchers have stressed the importance of operationalizing resilience as a relational process that transcends beyond overcoming *cis*-heteronormative and capitalistic logics (González Álvarez et al., 2023; Robinson & Schmitz, 2021), and where social support and the connection to others become key factors for promoting optimal health and well-being. This perspective aligns with contemporary conceptualizations of resilience, which challenge researchers to move beyond the focus on individual (intrapersonal) traits or characteristics to a deeper exploration of the multiple social (interpersonal) and ecological resources that promote and sustain resilience, with particular emphasis on relationships that can provide social support to vulnerable children and youths for overcoming adverse experiences (Suslovic & Lett, 2023; Ungar, 2011).

Research indicates that youths prove to be resilient through the benefits of having various sources of social support which enable them to feel socially connected and exhibit a positive outlook on life. Social support refers to the perception of or experience that a person is seen, included, respected, loved and cared for, and valued by others (Taylor, 2007). Social support incorporates a series of informal resources provided by friends, relatives and others, which also includes health and social services professionals (Cowen, 1982). These different types of relationships provide youths with a wide range of support typologies (Kenny et al., 2002), including emotional, informational, practical, and companionship (Barnes & Duck, 1994). Moreover, key functions of social support (Milne et al., 2004; based on Caplan, 1974) include guidance (feeling helped through advice and information), personal attachment (feeling supported and safe), acceptance (feeling welcome and accepted), practical assistance (arranging specific services), social belonging (feeling integrated and part of a group), and recognition (feeling socially validated based on personal qualities).

However, these sources of social support are not always available for all young people, particularly for LGBTQ+ youth, as they often have fewer sources of social support than their heterosexual and cisgender peers (Johnson & Amella, 2014). Yet, available support from family (Watson et al., 2016), friends (Shilo & Savaya, 2012), and teachers (Murdock & Bolch, 2005) are known to help LGBTQ+ youth overcome negative experiences of discrimination and contribute positively to identity development. Similarly, having a sense of connection and belonging to other LGBTQ+ youths and communities (McInroy et al., 2019; Toomey et al., 2018), or to Gay-Straight Alliances (Poteat et al., 2016) is known to promote better psychological outcomes.

## 1.3. Social support for LGBTQ+ youth in care

Social support is critical for youth growing up in residential and foster care because it can contribute to overcoming early childhood adversities and adjust to life within the social welfare system (Martín & Dávila, 2008). However, children and youth in these settings often experience estrangement from parents and other key relatives, as well as interruptions in their social support relationships when coming into care or when experiencing multiple placements (Hiles et al., 2013; Samuels & Pryce, 2008).

Creating and maintaining necessary interpersonal connections is even more complex for children and youth in the social welfare system who identify as LGBTQ+ because they do not always have access to the same sources of social support than their cisgender or heterosexual peers (Paul, 2020). LGBTQ+ youth often enter out of home care with past histories of high instances of family (McGeough & Sterzing, 2018) and peer (López López et al., 2023) rejection, and these adverse experiences often impact how these youths adapt to life in the social welfare system. For example, qualitative research shows that LGBTQ+ youth in care disclose feelings of isolation and loneliness associated with experiences of family rejection, as well as experiences of rejection from their friends and classmates after sexual orientation disclosure (i.e., coming out; González-Álvarez et al., 2022b; Schaub et al., 2023). Moreover, LGBTQ+ youth in care have to contend with facing indifference or hostility perpetuated by other youths or adults in their home placements (López López et al., 2023; Schaub et al., 2023). These experiences of rejection and hostility are likely to be augmented among trans and nonbinary youth, as well as for LGBTQ+ youth with other intersecting minority statuses, such as race or ethnicity, migration, or disability status (Conron & Wilson, 2019; Grooms, 2020; Mountz et al., 2018; Stotzer et al., 2013). Overall, past and concurrent adverse experiences of LGBTQ+ youth in the social welfare system highlight the need for and the benefits that supportive social relationships with professional and care providers could offer to promote resilience among this population.

## 1.4. Professionals as providers of social support for LGBTQ+ youth

International research shows that child protection professionals can help LGBTQ+ children and youth in care develop a positive LGBTQ+ identity (Gallegos et al., 2011; Mallon et al., 2022; Robinson, 2018; Schaub et al., 2023). LGBTQ+ children and youth also report the importance of practitioners as sources of information, comfort, and optimism that allow them to develop and exercise resilience (González-Álvarez et al., 2022b). Moreover, Mallon and colleagues (2002) found that LGBTQ+ children perceived household staff members as permanent figures from whom they could receive support and guidance throughout their lives.

Social support from child welfare professionals can be provided on multiple levels including the development of a sense of belonging, preparation for the transition to adulthood, and in helping LGBTQ+ youth find, create, or maintain nurturing environments that promote agency and well-being (Greeson et al., 2015; Paul, 2020; Rosenberg, 2019). Forms of LGBTQ-specific support identified by Paul (2020) include romance-related support (guidance related to intimacy and relationships with significant others), identity support (assistance around what it means to identify as LGBTQ+); anti-bias support (help in dealing with experiences of stigma and discrimination associated with one's sexual orientation or gender identity); community support (having access to connecting with other LGBTQ+ people); and practical support (receiving information about services from professionals who are knowledgeable about and affirming of people who are LGBTQ+). Overall, affirmative child welfare professionals are considered key providers of social support for LGBTQ+ youth in care (López López et al., 2021; Mallon, 2019; Paul, 2020).

## 1.5. Current study

This study seeks to understand LGBTQ+ youths' processes of resilience development through relationships with care professionals in the child welfare system. This study is guided by the social ecological theory of resilience (Ungar, 2012), which operationalizes resilience as an individual's or group's capacity to facilitate the access of resources necessary for wellbeing in culturally informed and competent ways.

Furthermore, intersectionality theory (Crenshaw, 1991) helps us to further understand the nuanced experiences of LGBTQ+ youth due to their interacting identities and subsequent oppression and privilege (Craig et al., 2021). These frameworks facilitated identifying the presence and functions of social support as resilience-promoting for LGBTQ+ youth in residential care, and provided a critical lens for ensuring that the burden of overcoming negative experiences was not solely placed on the individual (Suslovic & Lett, 2023).

Although research exploring the available social support for youth growing up in child welfare systems and its potential links to their resilience has increased in recent years (Magalhães et al., 2021; Paulsen & Berg, 2016; Pinchover & Attar-Schwartz, 2018), there is a dearth of research that focuses on the role of social support in improving the wellbeing among LGBTQ+ youths in these settings. In particular, research on how child welfare professionals connect and provide support for these LGBTQ+ youths is scarce, despite these professionals being the key caregiving figures, and oftentimes the only adults available in the lives of LGBTQ+ youth in the social welfare systems. Therefore, the objective of this study was to explore the experiences of LGBTQ+ youth in residential care including key functions of social support (Milne et al., 2004; Caplan, 1974) and LGBTQ-specific forms of support (Paul, 2020) provided by child welfare professionals and its connection to resilience. Moreover, this is the first study that reports on the experiences of LGBTQ+ youth living in child welfare in Spain. In this article we focus on the unique ways in which young people and their professionals manage to build meaningful relationships that empower LGBTQ+ youths' resilience resources.

## 2. Methods

### 2.1. Context of this study

This study was part of FIRMUS, a larger mixed-methods project carried out in the region of Cantabria, Spain. The overarching goals of the FIRMUS project were to examine the experiences and needs of LGBTQ+ youth living in residential homes belonging to the child welfare system in Cantabria, as well as to explore the knowledge, attitudes, and experiences of the professionals who work with LGBTQ+ youth living in those residential homes.

In Spain, children separated from their families of origin due to their experiences of child abuse or neglect are often placed with foster families or in children's group homes (also known as residential care). Children's group homes in Spain are integrated in the community and typically accommodate six to eight children who are often supervised by seven to nine caregiving staff. The caregiving professionals working in these homes are required to have a university degree in the field of social education. These professionals are commonly called social educators (in Spanish: educadores sociales). At the beginning of this study (January 2022), the children's homes of the child welfare system of Cantabria cared for 161 children and adolescents over the age of 10 in a total of 26 centers managed by 9 entities. The child protection board of Cantabria estimated that around 20 % of all the youth in residential care identified as part of the LGBTQ+ community.

### 2.2. Participants

All youths who identified as LGBTQ+ and who were living in residential care facilities of the child protection system in Cantabria or had lived in residential care facilities two years prior to the FIRMUS project were invited to participate in the current study. The minimum period of time participants had to have lived in a residential care facility in order to take part in the study was 12 months. We conducted individual narrative interviews with 15 youths between the ages of 14 and 21 years. All youths interviewed had experienced placements in at least two different children's homes. This helped them reflect on and to compare different aspects of the professional support received. All of the participants lived in the city of Santander, the capital of Cantabria, where the majority of residential care facilities of this region are concentrated.

The interviewers asked participants to define their sexual orientation, gender identity and expression (SOGIE) in their own terms (see Table 1).

### 2.3. Data collection

Using participatory research approaches to bolster community voice, we invited the youths of one children's home in Cantabria to choose a name for the research project. The youths named the project FIRMUS. The youths involved in this naming process explained that their choice of the Latin word FIRMUS resonated with them because of its meaning: strong, stable, resistant and resilient, which they viewed as empowering and aligned with their belonging to the LGBTQ+ community. This name was used to create a project logo and an online profile.

For the dissemination of the study and the recruitment of participants, we created a series of materials (animation video, posters, Instagram profile) that were shared through the child welfare system of Cantabria with the support of the General Directorate of Social Policies. These materials explained the objectives of the project and the possible types of participation. The materials were reviewed by LGBTQ+ youth in Cantabria who provided ideas to improve both the content and the language.

Young people interested in participating requested an interview through our email, social media profiles, or contacted us through professionals at the children's homes or other services. We conducted 13 interviews in person and 2 online, accommodating participants' preferences. The interviews were between 48 min and 115 min and were carried out between January and February 2022. Most of the interviews were conducted at the offices of the Child, Adolescent, and Family Care Service of Cantabria. The possibility of using an alternative place was offered. Two people chose an alternative location to conduct the interview (a coffee place and a children's home). Youths were compensated for their time with a gift voucher worth 50 euros. The interviews were recorded with participant informed consent and later transcribed verbatim.

### 2.4. Interview

We used a semi-structured and flexible interview script as informed by the interview protocol of the Audre project in the Netherlands (López López et al., 2021). The interview script was adapted with the feedback

**Table 1**
Summary of interview participants' characteristics.

| Participant | Age | Sexual Orientation | Gender Identity | Race/ Ethnicity |
| --- | --- | --- | --- | --- |
| 1 | 19 | Bisexual | Female | White |
| 2 | 17 | Lesbian | Female | White |
| 3 | 17 | Bisexual | Female | White |
| 4 | 21 | Heterosexual | Trans man | White |
| 5 | 17 | Lesbian | Female | White |
| 6 | 16 | Bisexual | Non binary | White |
| 7 | 17 | Bisexual or pansexual | Doubts about being gender fluid | White |
| 8 | 14 | Bisexual | Trans woman | White |
| 9 | 17 | Lesbian | Female | White |
| 10 | 19 | Bisexual | Male | White |
| 11 | 20 | Bisexual | Female | White |
| 12 | 18 | Pansexual | Female | White |
| 13 | 16 | Likes boys and girls | Female | Black |
| 14 | 16 | Gay | Bigender | White |
| 15 | 18 | Bisexual | Female | Roma |

*Note*. Participants were asked to define their SOGIE and other characteristics in their own terms.

of a group of LGBTQ+ people and allies, both youths and adults. This interview script inquired about topics such as experiences in children's homes, the educational context, relationships with professionals, family and friends, experiences of discrimination, health and well-being, and various resilience factors. To ensure the collection of rich data about the social support received from professionals, young people were encouraged to describe their relationships with care professionals and to reflect on any types of support they had received from them at different moments of their lives. All interviews were conducted with a flexible approach, allowing the young person to speak freely about their experiences and the topics they considered relevant without being constrained by the interview script.

### 2.5. Data analysis

We carried out a reflexive thematic analysis, a method for searching, identifying, and analyzing patterns of meaning in qualitative data (Braun & Clarke, 2019). Following this method, the research team embraced researcher reflexivity and subjectivity (Braun & Clarke, 2023). For instance, after each interview, the researchers wrote summaries and notes about the interviews, possible themes, and information collected outside the interview setting (such as conversations with professionals, conversations with participants that were not recorded, emotions, observations of interactions in children's homes). The researchers reflected about each interview using a *reflection post interview protocol* developed by the research team. This protocol allowed us to discuss interviewers' feelings and insecurities about the process, and provided us with a space for emotional debriefing. It also allowed us to reflect on how our social privilege could influence the interviewing dynamics.

The first author read all transcripts several times and took notes about aspects that she considered relevant to explore regarding the social support provided by professionals. Following this, she created a series of codes derived from the data (inductive) and informed by the research literature (theoretical). In the analyses, the first author focused on the key functions of social support, the forms of LGBTQ+ specific support, and how this related to resilience development. The team members met frequently to discuss these codes and arrived at a series of themes generated through the grouping of concepts with similar codes covering the initial research question (Braun & Clarke, 2023). The process of consolidating the codes and themes was time-consuming, and it involved a series of conversations outside the research team, including professionals, research participants, and other care-experienced youth outside the FIRMUS research project.

### 2.6. Ethics

The design of this study followed the guidelines and ethical principles for scientific research contained in the National Ethics Council for Social and Behavioural Sciences (2018). The Ethics Committee of the University of Groningen approved the study in January 2022.

All the participants were informed about the objectives of the project, the research question, the research process, and the dissemination of the results. If the participants wished, they could receive additional information about the study via email, phone calls, or WhatsApp messages. The participants signed a written consent form that stated that 1) their participation was voluntary; 2) they understood the goal of the project; 3) they could withdraw their participation at any time; and 4) confidentiality would be respected. Most of the youth were 16 years old, which meant that in Spain, they could agree to participate in the project on their own. In the case of youth under 16 years, we sought informed consent from their primary caregiver and the young person themselves.

In order to reduce power dynamics, the researchers tried to stimulate the agency of the participants by encouraging them to shape the interview process as much as possible (Levy, 2013). Likewise, after completing the interview, youth could decide if they wanted to be

involved in the project in various ways and options to stay informed about the research process and the findings. The commitment to disseminate the findings among participants was emphasized. All participants received the research findings and were given two weeks to discuss the results via a video call with a research team member of their choice. Two participants contributed to the analytical stage extensively. However, the other participants shared brief or no feedback during this stage. The youths were invited to participate in the public presentation of the final research report in Santander, Cantabria.

The team developed and made available a resource guide on LGBTQ+ organizations for the participants. The members of the research team had training in psychology and counseling. The research team contacted the participants after the interview to minimize possible harm caused by their involvement in the study. Participants were informed that they could contact members of the research team after the interview, as well as the availability of a child protection services professional to support them if they experienced negative emotions after the interview. After the participation in the research project, none of the participants sought psychological support. However, during the months following the interview, 11 youths contacted the research team to share their thoughts and experiences related to the topics of the interview, inquire about the next stages of the research, or to request that we organize new activities. After the presentation of the final research report, 5 youths requested to organize a new focus group to discuss the impact of the research project in their lives. The analysis of this focus group will be the object of a future publication.

## 3. Results

We developed three main themes that captured the experiences of LGBTQ+ youth in residential care regarding the forms of the social support provided by child welfare professionals: 1) professionals' engagement as providers of a safe environment; 2) professionals as companions in their coming out process and exploration of their sexual and gender identities; and 3) professionals as sources of affirmation of their sexual and gender identities.

### 3.1. Professionals' engagement as providers of a safe environment

Several studies have linked the availability of safe spaces being critical for the development of resilience for LGBTQ+ youth, particularly in educational settings (Hatzenbuehler et al., 2014; Saewyc et al., 2014). The availability of a safe space, even if temporary, can enhance young people's capacity to navigate other hostile social environments, such as negative family relationships or unsafe school settings (Asakura, 2016).

In this study, the importance of experiencing residential care settings as safe spaces was highlighted by most participants, specifically in relation to being able to come out and to be their true selves. For instance, in the following excerpt we see how a participant perceives professionals as responsible for promoting **feelings of safety** among the fostered youth to facilitate the exploration of their SOGIE: "And also, to make us feel safe to be able to tell it, to be able to speak about it, to be able to let it out without any type of shame" (17, with doubts about being gender fluid, bisexual or pansexual).

Most of the youth reported having experienced feelings of safety in at least one of their out-of-home placements. In these youths' perspectives, the feelings of safety are often connected to experiencing meaningful and supportive relationships with care professionals in which they feel accepted for who they are. Some participants seem to have built deep bonds with their care professionals and even refer to them as family.

> In the last one I was at [referring to a children's home]… For me, they are my family. They are very good people and they helped me a lot (…). To be honest, all the social educators and all the girls, that is, all the people I have met at the children's home… For me, they are

my family. Because from the very first moment, they accepted me and helped me, even when I was stubborn, they made me reason and explained things to me. This is something that has never happened to me in my own home, ever. (18, female, pansexual)

When discussing the factors for developing such supportive relationships with professionals, availability, trust, and honesty were the most repeated words among participants, and often intertwined with references to feeling safe. Participants in this study described different ways in which their professionals made themselves **available** to them, as illustrated in the following quote by one of the youths who identify as lesbian:

She is always attentive to you, always trying to get you to talk to her. If she sees that you are in bad shape, she will talk to you, and spend two hours with you. (…) The thing is that they talk to you, they ask you questions. (17, female, lesbian)

Having available professionals can be considered an essential condition to be able to build **trust** for young people in care (Schofield & Beek, 2023). Many participants described examples of reciprocal or shared trust within their relationships with professionals. Some participants illustrated this reciprocal trust with stories about acts of complicity by the professionals, for instance when professionals were willing to turn a blind eye after the young person broke some rules, as described by one of the interviewed youths:

They are such a love! I mean, you do have friction with them, but you can tell them everything. (…) They know that if I do something… For example, if I have gone to a nightclub and I shouldn't, then I can tell her and she won't write it down. I can trust them. (16, bigender, gay)

On a similar vein, some youth highlighted the **honesty** of professionals as a very relevant aspect in building meaningful connections because honesty helps foster a sense of trust. They appreciated professionals that are direct and "tell it how it is":

There is a social educator with whom I have always, always, always gotten along very well and he is like my confidant. I like the way he tells me things, which is direct, and that he tells me the reality to my face, which is something they had never told me. He supports me in everything. Because always, always, despite the decisions that are good or bad, he helps me and supports me at all times. (17, with doubts about being gender fluid, bisexual or pansexual)

While the availability of trust and honesty might be relevant factors to build supportive relationships and feeling safe for all children and youth in care, participants also discussed specific elements of their relationships with professionals that supported them in LGBTQ+ identity-related experiences. This support was provided through the acceptance of their LGBTQ+ identities and approaching these topics as everyday matters. Addressing **LGBTQ+ issues as normal, everyday occurrences** (i.e., normalizing them) in the home seems to reinforce the experience of a safe space among the youth, such that it creates a culture of acceptance and empowerment around LGBTQ+ identities. Youth often attribute the professional's capacity to normalize LGBTQ+ issues with being *younger*, *modernized* or *feminists*. For example, a participant shared: "They [the professionals] support the group very well because they are all feminists" (18, female, pansexual).

Aside from the general acceptance of LGBTQ+ issues, youth described interpersonal relationships with professionals where they felt **accepted** and **could be themselves** without being judged. In some of the participants' recollections, we can see how the acceptance of their identities by their care professionals fostered a sense of belonging and validation.

I have always felt like I was super embraced by the social educators, super welcomed by them (…) With an educator you can speak clearly without feeling embarrassed by what they are going to think about you. Because they are going to accept you just the way you are (…).

For me it is a very good environment, because here no one judges anyone for what they want or what they like or what they don't like. (…) Here, whenever you want to open up about these types of things [referring to LGBTQ+ issues], they are there to listen to what you feel and what you think. (17, with doubts about being gender fluid, bisexual or pansexual)

Some participants reflected on how a culture of acceptance in residential care could lead to positive **self-acceptance** in the youths. This is exemplified by a participant who described a hypothetical case: "Naturally, if a girl talks about it openly [about her LGBTQ+ identity], the social educators understand it and normalize it. And in this way, she can feel better about it" (16, female, likes girls and boys).

Participants also reflected about **feelings of belonging** to an inclusive children's home that welcomes gender and sexual diversity among youths. For instance, a participant described feeling proud of the diversity in his children's home when he discovered that a friend had been referred into the same home:

With LGBT issues there was a lot of freedom there [residential care facility] because we had everything. There were bisexuals, lesbians, there was even a trans boy and girl. And on top of that, she was my friend and when I found out that she was coming to the children's home, I felt very, very proud of the children's home. Not of her, of the children's home. Because it didn't fit into my expectations. You know? Because of course, in this society with these issues it is very difficult for them to be like that. So I loved it. I felt great. (20, trans man, heterosexual)

Finally, this theme also outlines the support received from professionals to **manage situations of discrimination and harassment** related to their SOGIE. For instance, a young participant reflected on her experiences of sexual harassment by a male coworker who was aware of her lesbian identity. Although she reported this to her boss, she was ignored and she had to resign to protect herself from further abuse. She described receiving emotional support from the professionals at her children's home, who reassured her that she had acted adequately in that situation: "And I spoke with the social educators and they were supporting me and told me that I did everything perfectly and not to worry" (17, female, lesbian). In these situations, anti-bias support responses by professionals can promote the young person's resilience by providing them with a space to process the negative emotions associated with the experience of discrimination or harassment and to avoid self-blame. This highlights why it is so detrimental for youth to be in situations in which these supports are lacking or even completely absent; for example, when youth report facing anti-LGBT bullying at school:

Interviewer: How did the care workers respond to that? [after describing a situation of bullying at school]. Young woman: They said that I must have done something to deserve it. (18, female, bisexual)

The two participants that identified as non-white, a Black migrant woman and a Romani (Gitana[1]) woman, reflected on their **intersectional identities** with mixed experiences in relation to the support received from the professionals working in their children's homes. These experiences are detailed in López López et al. (2023) and illustrate how professionals can sometimes act as guardians with regards to youth's identities in a compartmentalized manner; for instance, supporting youth in the face of discrimination due to their ethnicity but not to their SOGIE.

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[1] We use the term Gitana\Gitanos in recognition of the participant's self-description and in line with the reappropriation the term has seen in Spain, which we acknowledge still bears connotations that would not be accurately summed by using only the English term "Romani" in the participant's account (Werner Boada, 2019).

## 3.2. Professionals as companions in their exploration of their LGBTQ+ identity

The importance of supporting youth in exploring and expressing their SOGIE lies partly in the effect this can have on youth's wellbeing. Anti-LGBT stigma and discrimination has been associated with concealment behaviors (i.e. actions meant to hide a person's SOGIE). The documented effects of these concealing behaviors in the long term include psychological distress, heightened anxiety and depressive symptoms, low self-esteem, and delay in receiving gender-affirming care particularly for trans youths (Hatzenbuehler & Pachankis, 2016). Additionally, in order for youths to benefit from all community resources, they often need to identify and affiliate with the LGBTQ+ community, which can be bolstered if they develop a sense of belonging (Meyer, 2015). Hence, encouraging youth to explore their SOGIE may help them toward developing optimal psychosocial adjustment.

Throughout their narratives, participants often described professionals as important sources of support in the understanding and self-acceptance of their own SOGIE. Many youths admitted having identity-related struggles at younger ages. At the same time, many recognized how helpful it was for them to count on professionals that **encouraged them to be themselves** and accompanied them in the exploration of their SOGIE identities in these first moments:

> They [care professionals] helped me a lot to understand that you don't have to define yourself. (…) The process with them was very, very, very nice. Because I had been with them for many years, and I gradually discovered myself as a person. And they have always been super open… like: hey, let yourself flow. And thanks to them I am what I am, and my sexuality is what it is. They helped me a lot. (19, female, bisexual)

Similarly, another participant explained how she was encouraged by her professionals to explore her sexuality without concealing her identity:

> For me, at the center I have been to, they have supported me a lot on this issue and have helped me a lot because I was very lost with this issue and I had many concerns. (…) I told them, I think I have doubts about whether I like a girl and all that, and they helped me. They told me that you can be with whomever you want, be who you are, but don't hide it. You, if you like someone, say so. (18, female, bisexual)

The support youth received from the professionals carried through in more practical ways as well. Participants reported receiving different types of **sexuality and gender-related social support** from their professionals, such as advice with dating and sexual relationships. Receiving this kind of support has been associated with different resilience factors in previous research; for instance, high levels of sexuality-related social support from family and friends predicted lower levels of emotional distress and sexuality stress (Doty et al., 2010). Snapp et al. (2015) also found that sexuality- and gender-related support was a strong predictor of outcomes related to positive adjustment in young adulthood for LGBT youth. One participant illustrates how professionals can be very helpful in helping LGBTQ+ youth in care navigate relationships outside heteronormative expectations:

> And I, for example, have never had a relationship [referring to sexual relationship] with a woman, but it is true that I ask the social educators many times because it is something that interests me and it is something that I want to try. So actually they help me a lot in that sense. (17, with doubts about being gender fluid, bisexual or pansexual)

The same participant that described being supported by her professionals with doubts and concerns about her sexual orientation, went on to assert her personal agency during her identity development process later in the interview: "I feel very good about myself because I know what I want and because I know what I want to do, and what I want to

be. No one has told me you have to do this or that. No. I decide it alone" (18, female, bisexual). This account gives strength to the argument that identity support provided by adults could be a key factor in promoting agency and a positive identity (Poteat et al., 2016), which could increase the young person's resilience against the burdens of marginalization.

The identity development as LGBTQ+ might be more complex for youth who carry multiple marginalized identities, such as being queer and racialized. One of the participants recognized the multiple discriminatory practices that women who are, for instance, Black and lesbian may suffer in the Spanish context.

> Yes, it is much more difficult, because if a person is no longer accepted here because of the color of their skin, well, imagine that you are a lesbian. On top of that! That would be… even if they were not homophobic, since you are Black, well… here they are like that. Yes, they are like that. (16, female, likes girls and boys)

## 3.3. Professionals as sources of affirmation of the youths' LGBTQ+ identities

Participants described different ways in which they were affirmed in their LGBTQ+ identities by their care professionals. These affirmative practices of LGBTQ+ identities can be critical sources of resilience because they provide youths with tools to develop a positive LGBTQ+ identity and to manage stigma and discrimination (Bruce et al., 2015; Robinson & Schmitz, 2021), which in turn can diminish psychosocial challenges, such as depression and internalized homophobia (Bruce et al., 2015).

The following accounts present joyful moments of recognition described by the study participants. Some young people shared the positive feelings that arose from the first conversations in which professionals started correctly referencing their sexual orientation: "And when I told them 'I have met someone' or 'I am talking to someone', at some point they started referring to women. Like: what was the name of that girl?" (17, female, lesbian).

Other participants felt seen after receiving small **LGBT-affirming gifts** from their professionals:

> When I told her [about being lesbian], it was obvious that she liked it, because suddenly she gave me a sponge with the colors of the [rainbow] flag. She gave me a flag that I have in the room, and she gave me a bag. I was like: finally! (17, female, lesbian)

Most participants were quite assertive about their diverse SOGIE and described different acts of LGBTQ+ resilience through the use of **clothes and make up.** As suggested by the following story, being acknowledged and affirmed on one's LGBTQ+ identity by professionals during those moments of empowerment may positively impact the young person's ability to live authentically in different social environments where their identities are marginalized.

> I was wearing a skirt tucked under my pants. When the social educators realized, I thought: 'let's see if they say something bad to me'. And suddenly they told me: (name!). And I was like: 'now something about the skirt'. And they told me: 'do you think we are going to say something bad to you?' And I was like: 'do you want me to tell you the truth? I think you are going to sanction me and if you do so, you are fucking homophobic.' And then the educators told me: 'Relax, the only thing we want to tell you is that you can wear it from here.' And I was like: 'what did you say? Repeat it, I didn't hear you.' They told me I could wear it [the skirt] already from the house! (16, bigender, gay)

Participants highlighted the support obtained within relationships with **professionals who are part of the LGBTQ+ community**, as already pointed out in previous studies (Paul, 2020; Schaub et al., 2023). Relationships with LGBTQ+ professionals can provide these youths with a unique space to build collective identity around being LGBTQ+, to

reflect on common challenges in their lives, and to feel less alone navigating experiences of stigmatization (Asakura, 2016; Robinson & Schmitz, 2021). The following narratives show how youths obtain emotional and practical support through these relationships, as well as feeling seen and recognized.

> [I like] that if you have any questions, you can ask him and he will obviously help you and answer you. And that you can tell each other things. For example, if I have done something or I want to learn something, I tell him and then he explains it to me. With another person, well, no. (17, female, bisexual)

> And in that conversation, she told me that she was bisexual. And I said: *Well, very good!* And I said: *I suspected it a little*. The truth is that I suspected it a little. I needed confirmation. (…) So with her, I have always had more connection with that topic, because I could talk about it from the beginning. I talked about it openly and she advised me quite a few times. Or we make jokes about how to pick up girls when I didn't know. (17, female, lesbian)

## 4. Discussion

The present study is the first to report on the experiences of LGBTQ+ youth living in child welfare in Spain. This is particularly valuable as the majority of the scientific evidence on this population is based on U.S. samples. One of the main contributions of this study is the expansion of the limited knowledge on the relational processes of LGBTQ+ youth in care by analyzing the social support provided by their residential care professionals from the perspective of the young persons.

The young people interviewed in FIRMUS have shared many stories of support by their child welfare professionals. LGTBQ+ youths in the Spanish social welfare system were able to build strong supportive relationships with social welfare professionals on a foundation of honesty and reciprocal trust. These nurturing relationships with professionals bolstered youth's resilience in several ways, such as helping LGBTQ+ youths assert agency in defining their own SOGIE, encouraging youths to live authentically, and in helping youths to feel pride in themselves and of their homes, and to establish a sense of belonging to feel socially connected. Overall, these stories represent examples of affirmative social support that provided companionship and emotional and practical support by child welfare professionals. Affirming social welfare professionals who promoted safe spaces for youths to own their identity process were instrumental and critical for the wellbeing of LGBTQ+ youths in the child welfare system.

Our results show how resilience among LGBTQ+ youth in care is enhanced by the diverse forms and functions of social support provided by their care professionals. First, professionals perform three important roles: 1) create and maintain LGBTQ+ safe spaces and protect them against discriminatory practices; 2) provide companionship to LGBTQ+ youths during their identity development; and 3) affirm and celebrate LGBTQ+ youths' identities. Through these roles, professionals fulfilled different key functions of social support, such as guidance, personal attachment, acceptance, social belonging, and recognition (Milne et al., 2004; based on Caplan, 1974), as well as specific LGBTQ+ social support functions, including romantic, identity, anti-bias, and practical support (Paul, 2020).

It must be noted that the fifth category, community support, identified by Paul (2020) was not clearly evident in the stories collected in this study. This could be explained by a lack of awareness of professionals about the importance of LGBTQ+ community and SOGIE-specific services for their well-being and resilience (González-Álvarez et al., 2022b). When participants did refer to having more practical support, the professionals' role had been limited to referring them to gender clinics and to the few LGBTQ support centers in Cantabria. In a report associated with the current research, the authors of this article reported that almost 50 % of the professionals they surveyed mentioned

being uninformed regarding the services they could refer youth to in order to get LGBTQ+ specific support. They were also similarly uninformed regarding training courses on LGBTQ+ specific subjects they could have access to, and regarding availability of norms on how to better support LGBTQ+ youth in care (López López et al., 2023). It is, however, important to recognize that the LGBTQ+ networks in the region (associations and NGOs) were very deteriorated at the time of the study, and this may have affected the professionals' capacity to help young people connect with their LGBTQ+ communities.

The narratives around relationships between professionals and LGBTQ+ youth portrayed in this article are overly positive, in contrast with what has been previously published (Schaub et al., 2023; Robinson & Schmitz, 2021; Robinson, 2018). It is important to clarify that in our analysis we tried to move from a deficit- or damage-centered lens to a lens where positive connection and joy are a central part of the narrative (Holloway, 2023). Our participants have indeed shared stories of conflictive relationships with professionals, and experiences of rejection and discrimination within children's homes. However, the focus of this article gravitates more towards the unique ways in which they and their professionals manage to build meaningful relationships that empower their resilience resources. Shuster and Westbrook (2022) use the term *joy deficit* to denounce the exclusive focus on the struggles of trans people in research. In the same vein, we believe that the scientific evidence around LGBTQ+ youth in care presents a *joy deficit*, and it is our collective responsibility to move the field towards a strengths-based approach that addresses the nuance and complexity of LGBTQ+ youths' lived experiences.

At the same time, we must acknowledge that the more positive relationships between professionals and LGBTQ+ youth presented in our results might be explained by a series of structural factors that influence the child welfare services provision in Spain, and particularly in the region studied; such as the strong professionalization of the workforce, the adherence to quality standards, and the lower job turnover in comparison to other countries (Bravo et al., 2022).

While we continue developing the field of resilience formation as a component of well-being among LGBTQ+ youth (Gahagan & Colpitts, 2017), it is urgent that we engage more critically with the concept of resilience, and reflect on how the use of this concept can further marginalize LGBTQ+ youth when the influence of individual and structural factors is not properly balanced in our conceptualizations (Hutcheon & Lashewicz, 2014; Russell, 2005). In this sense, the notion of resistance against different structures of oppression in LGBTQ+ youths' lives can be a very useful alternative or complement to the concept of resilience (Robinson & Schmitz, 2021). Moreover, to avoid falling into the dominant discourse of resilience as assimilating into heteronormative capitalist social norms, we recommend researchers to focus on exploring how acts of resilience and resistance manifest in the everyday lives of LGBTQ+ youth in care, as we have tried to do in this study (Asakura, 2017).

### 4.1. Key takeaway messages

This study offers three key takeaways that can contribute to the promotion of the resilience of LGBTQ+ youth in residential care. First, we consider that child welfare professionals need to develop a sense of co-responsibility in the promotion of LGBTQ+ youth resilience. LGBTQ+ youth in care often navigate their identity development with reduced support from their families or social networks, and receive negative messages about their identities in their different social environments, including the children's homes. In this context, the support of the professionals is particularly relevant to overcome experiences of adversity and stigmatization. To provide this type of support, professionals need to be properly trained on LGBTQ+ issues and receive coaching and supervision to provide affirming care (Paul, 2020; Schaub et al., 2023; Wilks et al., 2022). Moreover, professionals need to be aware of their own potential in helping LGBTQ+ youth to overcome

adversity by challenging and dismantling the dominant systems or oppression (i.e., homofobia, transphobia, stigma) that cause the risks in the lives of LGBTQ+ youths in care (Robinson & Schmitz, 2021).

Second, in keeping with an ecological view of resilience, we must address the structural elements that hinder youth's relationships with the professionals who care for them. These include ensuring stability in youth's placement, as well as reducing professional turnover. As noted before, all participants in this study had expressed spending time in at least two different children's homes. Limiting the amount of placements a youth goes through is key in allowing them to develop trusting relationships. Additionally, we are again brought back to the importance of professionals' availability for supporting the young person to trust (Schofield & Beek, 2023). In order for a supportive relationship to be maintained over time, it needs permanence. The duration of the relationship may also influence the availability of long-term support and a variety of other resources.

Third, another structural element that needs addressing has to do with creating, monitoring, and enforcing policies that allow professionals to build safe spaces for LGBTQ+ young people in care. Such policies include the use of inclusive language, protocols on actions to undertake in the face of bullying and discrimination for LGBTQ+ youth, whether they are enacted by peers or staff (Greeno et al., 2022), ensure the anti-discrimination policies take an intersectional view that is inclusive of not just SOGIE, but also race, ethnicity, immigration status, and ability (Erney & Weber, 2018), make it a priority to fortify their ties with providers who can help them in ensuring that services meet the needs of the youth (Wagaman, 2016). Such policies and practical recommendations for supporting LGBTQ+ young people are missing in residential care in Spain, as in many other European countries.

### 4.2. Limitations of the study

We need to consider certain limitations of this study. The data collection was restricted to one Spanish region. Although it is expected that the relational processes explored in this study reveal a similar pattern for other LGBTQ+ youth in care, we acknowledge that the experiences of this population could be different in other parts of the country. For instance, relational processes in care may be influenced by organizational dynamics such as high staff turnover, heavy workload, or regional policies regarding the prevention of violence against LGBTQ+ people.

In addition, we interviewed only 15 young people that were out of the closet in residential care in the region. Most of them were referred to the research team by their own child protection professionals, who might have had a gatekeeping role in this process. We are aware that people with more negative experiences in care might have rejected participation in this study. Moreover, we may have missed the perspectives of young people that are not 'out' in their residential care homes, as suggested by the participants themselves.

It is also important to note that this study did not include the professionals' perspectives due to its focus on young people's experiences. However, future research should more closely examine the professionals' views on how to support LGBTQ+ youth, including organizational barriers and facilitators that they perceive for this important task.

Furthermore, although we tried to apply an intersectional lens to the design of this study, we only managed to recruit two participants that identified as non-white, which makes it difficult to generalize our findings to other racial/ethnic minoritized groups. Future studies will need to focus on intersecting identities in relation to out-of-home care experiences by improving the recruitment strategies for specific multiple minoritized groups.

### 4.3. Recommendations for future research

This study has focused exclusively on the social support provided by residential care professionals to LGBTQ+ youth. Future research could further examine the support provided to this group by other social systems (families, friends, communities) and explore possible interactions between them; for instance, how professionals and parents' support can interplay to foster identity development in LGBTQ+ youth in care. Likewise, further research is needed to examine the process of resilience formation as a component of well-being and potentially a stress buffering mechanism among LGBTQ+ youth (Gahagan & Colpitts, 2017) with attention to their intersecting identities (Kia et al., 2023) and environmental contexts (Ungar, 2012).

Our study intended to elevate the traditionally invisibilized voices and experiences of LGBTQ+ youth in care. We consider it of utmost importance to not only continue to listen to marginalized youth in order to learn how to better support them, but also to include them in the process of scientific production. Hence, future research should include a participatory approach, which allows for disruption of paternalistic patterns of research- which can enforce power dynamics- and instead help our partners experience psychological empowerment which can yield positive outcomes such as skill development and building leadership capacity (Doucet et al., 2022).

## 5. Conclusion

This study helps us to rethink social support from the perspective of resilience. Its findings corroborate that child welfare professionals have the power to impact LGBTQ+ youths' wellbeing and promote their resilience through meaningful supportive relationships and connection. Understanding the ways in which LGBTQ+ youth build these relationships with professionals is particularly important for youth in residential care because professionals are often the only adult figures of reference and models of relationship, even after leaving care. A welcoming, inclusive, and affirming child protection service that invests in fortifying the connections between youths and the professionals that care for them, can improve both short-term and long-term outcomes for this marginalized group.

**CRediT authorship contribution statement**

**Mónica López López:** Conceptualization, Data curation, Formal analysis, Funding acquisition, Investigation, Methodology, Project administration, Writing – original draft. **Gabriela Martínez-Jothar:** Conceptualization, Data curation, Investigation, Methodology, Writing – review & editing. **Mijntje D.C. ten Brummelaar:** Conceptualization, Data curation, Investigation, Methodology, Project administration, Writing – review & editing. **Luis A. Parra:** Data curation, Investigation, Writing – review & editing. **Beatriz San Román Sobrino:** Writing – review & editing. **Gerald P. Mallon:** Writing – review & editing.

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