

The Human Rights Challenges Experienced by Queer Youth in Out-of-Home Care: A Systematic Scoping Review

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Abstract

The human rights challenges faced by Queer youth in out-of-home care (OOHC), such as foster and residential care, have largely been overlooked in child protection research, policy, and practice development. This systematic scoping review aims to identify and synthesize the existing international, English-language, empirical research documenting the human rights challenges experienced by Queer youth in OOHC systems. This review followed the Joanna Briggs Institute methodological guidance for scoping reviews. Seven electronic databases were searched to locate relevant articles, including Academic Search Premier, APA PsycInfo, CINAHL, MEDLINE, PubMed, Scopus, and Web of Science. Initially, 1,384 studies were identified, with 50 meeting the inclusion criteria for the review. Braun and Clarke's reflexive thematic analysis was used to synthesize the data and identify key themes. The five core themes identified were as follows: (a) sexual orientation, gender identity, and gender expression (SOGIE)-based rejection and harm before entering OOHC, (b) SOGIE-based discrimination and harm in OOHC, (c) structural disadvantage and exclusion, (d) mental health and social well-being disparities, and (e) social and relational issues. There are considerable gaps in the published research documenting the human rights experiences of Queer youth in OOHC systems outside of the United States. Heterocisnormative child protection ideologies and systemic issues, including constraints limiting SOGIE data acquisition, work to oppress Queer youth in OOHC, diminishing the quality of their care experience. These structural and systemic issues are the catalysts for SOGIE-based discrimination and harm experienced by Queer youth in care.

Keywords

out-of-home care, child protection, LGBTQIA+ rights, human rights, inequality, well-being, social inclusion

Introduction and Background

Family rejection and neglect based on sexual orientation or gender identity are frequently a precursor for youth becoming involved with child protection authorities and placement in out-of-home care (OOHC) (Côté & Blais, 2021; McCurdy et al., 2023). Once placed in OOHC, Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, and Asexual (LGBTQIA+) youth face ongoing challenges that hinder their sexual orientation, gender identity, and gender expression (SOGIE)-based rights. The term “Queer” has been embraced by the LGBTQIA+ community to collectively describe the complex spectrum of sexual orientations and gender identities coexisting with cisgender heterosexuality and is used in this context throughout this scoping review. In 2014, the Williams Institute conducted the first population-based survey documenting sexual and gender diversity in

OOHC (Wilson & Kastanis, 2015). The study included 786 randomly sampled youth aged between 12 and 21 years in the Los Angeles County foster care system. The results indicated Queer youth in care were over-represented at double the rate of the broader population, were mostly youth of color, had more foster placement changes than their cisgender-heterosexual peers, and were more likely to live in restrictive placement settings such as residential care. Further research from

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the Global North has found Queer young people experience notable mental health and social well-being disparities compared to their cisgender-heterosexual peers (Baams et al., 2019; Mountz et al., 2018; Mountz, Capous-Desyllas, & Perez, 2019; Schaub et al., 2022; Wilson & Kastanis, 2015). Of particular concern are the elevated rates of suicidal ideation (41.8% vs. 15.4%) and suicide attempts (14.4% vs. 5.7%, respectively) experienced by Queer youth in comparison to their peers (Scannapieco et al., 2018). Research examining the experiences of Queer youth in England's residential care system also highlights the additional barriers Queer youth encounter when accessing appropriate mental and sexual health services due to their SOGIE (Schaub, Keemink, Stander, & Montgomery, 2023). These findings are echoed in other Global North contexts with Australian-based research documenting the marginalization and discrimination Queer youth experience in both OOHC and the broader community (McPherson et al., 2022). Queer youth in OOHC are exposed to heightened risks of violence resulting from biases, discriminatory behaviors, and power imbalances within institutional care settings (Mallon, 2001). Early scholarship highlighted the need for OOHC policies that affirm Queer youth identities and address structural inequalities to promote safety and inclusion (Sullivan et al., 2001). There is a dearth of research examining the experiences of Queer youth in OOHC from the Global South (Martínez-Jothar et al., 2025). The dominance of Global North data in research on the experiences of Queer youth in OOHC skews global discourse and undermines efforts to effectively challenge the systems that marginalize and violate the rights of Queer youth. Expanding the research base to incorporate Global South perspectives is essential for creating equitable, culturally responsive care that reflects the diverse needs of Queer youth globally.

Queer youth face the paradox of being both over-represented and seemingly invisible in OOHC (Mountz & Capous-Desyllas, 2020). Queer youth endure structural and interpersonal stigmas and are socially disenfranchised by *the system's* reluctance to acknowledge and accept responsibility for their SOGIE well-being needs (Mountz & Capous-Desyllas, 2020). Heteronormativity is the foundational ideology of social care institutions, and it is these entrenched beliefs manifesting as discrimination and stigma that negatively impact Queer youth's well-being in care (Nourie, 2021). Heterosexist beliefs are based on the gender binary of masculine and feminine, with assumed natural, opposing gender roles prescribed to assigned sex. Anything falling outside of this binary is considered inferior or deviant (Nourie, 2021). State systems typically only acknowledge two genders, which, as a consequence of this simplistic approach, perpetuate SOGIE-based discrimination and violence, including homophobia, transphobia, and heterosexism. SOGIE-based discrimination and violence are significant contributors to poor social well-being outcomes for Queer youth (Curtis, 2020). In addition, Queer young

people are at much greater risk of aging out of care and becoming homeless compared to their cisgender-heterosexual peers, as they experience more placement changes and instability, are less likely to be reunified with their families, and are less likely to be adopted (Forge et al., 2018). Government OOHC systems are modeled on *traditional* family life, with foster carers and residential support staff fulfilling parental roles that promote heterosexuality and the traditional paradigms of a nuclear family (Woods, 2018). Queer young people are often blamed for their harassment in OOHC as their SOGIE confronts the cisgender-heterosexual paradigm. Queer youth are discouraged or punished for exploring their SOGIE in an age/culturally appropriate and consensual manner, while their cisgender-heterosexual peers are afforded freedoms of dating and forming heterosexual relationships (Woods, 2018).

A previous scoping review determined LGBTQIA+ youth represent between 15.5% and 30.4% of young people in OOHC, with LGBTQIA+ youth of color being disproportionately over-represented (Schaub et al., 2022). Furthermore, this review identified that LGBTQIA+ youth, particularly those with intersecting racial or ethnic minoritized identities, experience poorer physical health, mental health, and well-being outcomes compared to their non-LGBTQIA+ peers while in foster or residential care. A comprehensive review of research, policy, and practice synthesized the experiences and outcomes for LGBTQIA+ youth in the United States child welfare system (McCormick et al., 2017). This research identified a common barrier to safeguarding and advocating for Queer youth in care is the lack of knowledge and understanding that child protection stakeholders have regarding LGBTQIA+ rights. A scoping review on LGBTQIA+ perspectives in child welfare services supports the findings of this study, concluding that Queer youth and foster carers face stigma and discrimination, and that significant gaps exist in social workers' capabilities to support LGBTQIA+ individuals (Kaasbøll et al., 2021). Identifying the root cause of systemic human rights issues leading to Queer young people's oppression in OOHC is a critical step toward addressing the health and well-being disparities they face compared to their cisgender-heterosexual peers. Despite this understanding, previous research has not sought to apply a human rights lens to examining the unique challenges faced by Queer youth in care. The prevailing strengths-based approach (SBA) in child protection research and practice emphasizes helping sexual and gender minoritized young people build resilience, yet it often neglects the systemic oppressions and human rights violations underlying the injustices and inequalities they encounter in care (Nourie, 2021). This suggests there is a critical gap in addressing the root causes of discrimination, warranting further research into how OOHC systems can better meet the needs of LGBTQIA+ young people.

The *United Nations Convention on the Rights of the Child* (CRC) underpins the policies and practices of most child protection systems (United Nations General Assembly

[UNGA], 1989). Specifically, Article 2 of the CRC stipulates that States must ensure the rights of all young people, without discrimination of *any kind*. Furthermore, Article 19.1 places an obligation on statutory bodies to ensure young people are protected from all forms of physical or mental violence, abuse, neglect, or maltreatment by anyone who cares for them. In this context, physical or mental violence includes SOGIE-based violence and abuse experienced by Queer youth in care (UNGA, 1989). The above Articles place clear obligations on OOHC systems to protect Queer youth's rights to live free of all forms of violence and abuse attributable to their SOGIE and promote their mental health recovery and social well-being outcomes.

This research is underpinned by two distinct, yet inextricably linked, theoretical frameworks: The human rights-based approach (HRBA) and Queer theory. The HRBA is a conceptual framework that aims to turn international human rights standards and principles, such as those outlined in the CRC and the *Universal Declaration of Human Rights* (UDHR) (UNGA, 1948), from purely legal instruments into active social work practices grounded in advocacy and social justice. Central to the HRBA are five core principles of Participation, Accountability, Non-discrimination and equality, Empowerment, and Legality (PANEL principles) (AHRC, 2024). These core principles are fundamental to promoting and protecting people's rights, interests, and well-being. Queer theory challenges the gender binary and conventional understandings of SOGIE, embodying fluidity, socially constructed, and self-determined aspects of identities and the ways these are portrayed in society (Butler, 1990). In this context, Queer theory asserts that oppression of LGBTQIA+ people is the result of rigid constructs prescribing gender and sexuality; therefore, heteronormative and hegemonic power structures must be deconstructed to break this cycle of oppression (Butler, 1990). The integration of the HRBA and Queer theory allows for a deeper understanding of how Queer youth are situated in OOHC systems, and how heteronormative power structures and privilege have subverted their SOGIE-based rights.

This research aims to address the scarcity of data synthesizing the human rights challenges experienced by Queer youth in OOHC by conducting a systematic scoping review of international, peer-reviewed literature published in the English language. The overall objectives of this scoping review are to examine the empirical evidence base with the intention of summarizing the thematic findings, identifying gaps in the literature, and informing future child protection research, policy, and practice development. The research questions used to guide these objectives are as follows:

1. What are the unique factors contributing to Queer young people entering OOHC?
2. What human rights challenges do Queer young people experience in OOHC based on their SOGIE?
3. What implications do these human rights challenges have on Queer young people in OOHC?

Research Methodology and Design

A scoping review was conducted systematically to investigate the empirical research reporting on the human rights challenges experienced by Queer young people in OOHC. This approach was considered the most suitable, as systematic scoping reviews provide a robust framework for mapping empirical evidence, disseminating research findings, and identifying gaps in the existing literature (Arksey & O'Malley, 2005). A scoping review approach was chosen over a systematic review because the authors aimed to broadly identify the human rights challenges faced by Queer youth in OOHC systems, rather than narrowly focusing on outcome-based evidence. The goal was to explore the wide range human rights challenges experienced by Queer youth, rather than evaluating the effectiveness of specific interventions or outcomes. Scoping review methods were followed as detailed in the *Joanna Briggs Institute (JBI) Manual for Evidence Synthesis* (Peters et al., 2024). The *PRISMA Extension for Scoping Reviews (PRISMA-ScR): Checklist and Explanation* was also referred to throughout the review process (Tricco et al., 2018; Supplemental Material). Arksey and O'Malley's (2005) guidelines for conducting a scoping study, which includes identifying the research question, identifying relevant studies, study selection, charting the data, and summarizing the results, were also employed to conduct this research. Furthermore, Braun and Clarke's (2006, 2024) reflexive thematic analysis encompassing six stages—familiarization with the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the report—was used to rigorously analyze the thematic findings. The authors determined that reflexive thematic analysis was the most suitable approach, as it allows for flexibility and in-depth analysis of data, making it an effective tool for identifying complex or recurring themes in the research base related to Queer youth in OOHC (Braun & Clarke, 2024). This review was not registered online with a protocol registry as the research team determined that the topic does not overlap with pre-existing research. The *priori* protocol is outlined in the following section.

Search Strategy, Inclusion, and Exclusion Criteria

Due to the broader scope of this review, the Population, Concept, and Context (PCC) framework was utilized when developing the research questions and inclusion/exclusion criteria (see Table 1), as recommended by the JBI for scoping reviews (Tricco et al., 2018).

Following the development of the research questions and inclusion/exclusion criteria, a structured search strategy was established. The search was designed to incorporate variations of the concept of *LGBTQIA+*, with combinations of the concepts of *OOHC* and *human rights*. The search was limited to primary peer-reviewed research and secondary data analysis research published in the English language. The search excluded all types of literature reviews, for

Table 1. Inclusion and Exclusion Criteria Based on the PCC Framework.

PCC	Description
Population	LGBTQIA+ people of any age with OOHC experience.
Concept	Human rights challenges in OOHC: SOGIE-based discrimination and abuse, social stigma, homophobia and transphobia, barriers to accessing LGBTQIA+ health services and gender affirming care, double standards and bias, conversion therapy, minority stress, intersectionality, heteronormativity, lack of sexual agency, professionals and foster carers lacking competency working with LGBTQIA+ youth, and data collection/administration issues. Potential outcomes: homelessness, lack of social and family support, substance abuse issues, poor educational attainment, placement instability, reduced likelihood of reunification with family, criminal justice system involvement, mental health issues, physical and sexual health issues, sexual exploitation, intimate partner violence, internalized homophobia and transphobia, and delayed identity development.
Context	International primary research published in the English language over the past 20 years.

Note. PCC = Population, Concept, and Context; LGBTQIA+ = Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, and Asexual; OOHC = out-of-home care; SOGIE = sexual orientation, gender identity, and gender expression.

Table 2. APA PsycInfo Search Strategy.

Keywords/Search Terms	Results
LGBT* youth OR LGBT* young people OR queer youth OR queer young people OR sexual and gender minority youth OR sexual and gender minority young people	685
AND out-of-home care OR OOHC OR foster care OR kinship care OR residential care OR care home OR child protection OR child welfare OR child safety	34
AND human rights OR human rights issues OR human rights violations OR minority stress OR discrimination OR heteronormative OR phenomenological OR lived experience* OR care experience* OR care history OR intersection* OR systemic OR structural violence OR institution* OR government*	29

Note. OOHC = out-of-home care.

example, scoping and systematic reviews and meta-analyses. The search focused on LGBTQIA+ youth in OOHC up to 18 years old, while also including retrospective experiences of LGBTQIA+ individuals of all ages with a history in OOHC during childhood or adolescence. The research team decided to scope the literature from the previous 20 years to encompass a wide range of contemporary primary research into LGBTQIA+ young people's rights in OOHC. The search strategy was collaboratively developed through consultation with a health sciences librarian with expertise in social sciences research to maximize the inclusion of relevant studies. The selection of search terms was guided very closely by the research questions and study population. On May 4, 2024, seven electronic databases were searched to locate relevant articles: Academic Search Premier, APA PsycInfo, CINAHL, MEDLINE, PubMed, Scopus, and Web of Science. An example of the search strategy used for one of the databases is presented in Table 2.

Study Selection Process

On May 4, 2024, a total of 1,384 articles were imported from the seven individual electronic databases into EndNote 21.3 for Windows 11 for referencing and indexing purposes. The articles were then exported from EndNote to Covidence (Online 2024) on May 5, 2024, for manual screening by the

first author. During the import process, Covidence detected 310 duplicate articles. The remaining 1,068 articles were screened for eligibility by title and abstract, based on the *a priori* inclusion criteria. Following title and abstract screening, the remaining 239 articles were then screened by full text to determine their relevance for inclusion in the review. A further six duplicate articles were detected during the manual screening process. Ultimately, a total of 50 studies met the inclusion criteria and were therefore included in the scoping review. The Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) chart (see Figure 1) provides an overview of the study selection process.

Charting and Collating the Data

Data from the included studies were extracted and charted by the first author using an adaptation of Arksey and O'Malley's (2005) framework categories: author(s) and year of publication; study location; research aim; type of study; methodology; sample; and key findings. Following the charting, on June 7, 2024, the 50 articles were imported into NVivo software version 14.23.3 (61) for analysis. Reflexive thematic analysis was then conducted by the first author to explore the data in a meaningful way and capture the key themes (Braun & Clarke, 2024). This process began with data familiarization, during which the first author read and re-read the

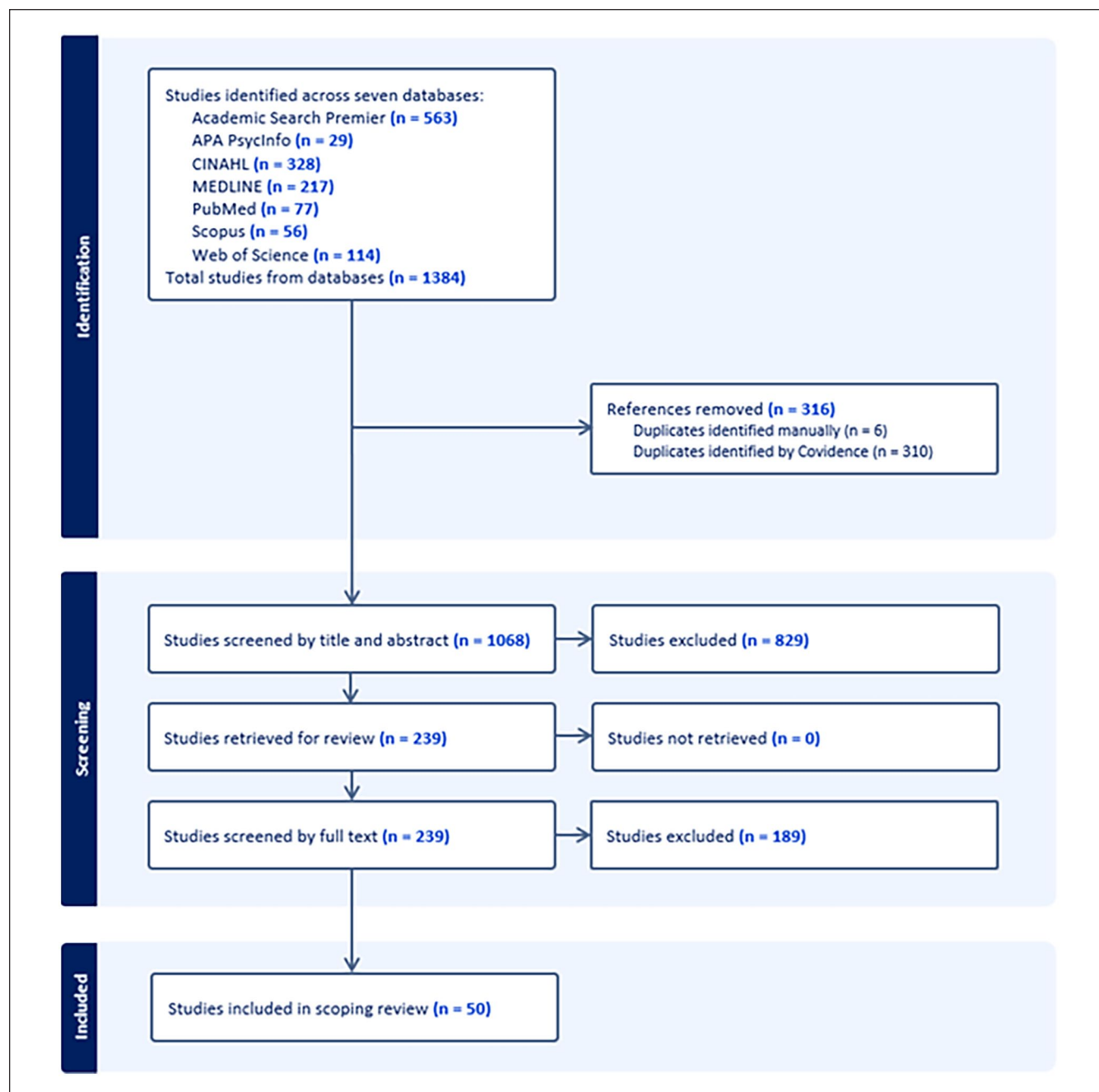


Figure 1. PRISMA chart of identification, screening, and inclusion of relevant studies.
PRISMA = Preferred Reporting Items for Systematic Reviews and Meta-Analyses.

articles, noting initial impressions and points of emotional resonance. Early codes were generated inductively by highlighting and noting repeated concepts, language use, and patterns relevant to the research questions. The coding process was iterative, with the development of new concepts prompting the revision, merging, and expansion of earlier codes. The first author continually refined the evolving coding framework throughout the analysis process. Themes were constructed by identifying connections between related

codes, clustering them into preliminary themes, and interpreting these through the theoretical framework underpinning this research. While the analysis generally followed this process, there was significant back-and-forth between the steps of theme development, theory application, and reflection. The first author's positionality, including their professional and academic background in human rights, queer identity, and personal experiences of marginalization during childhood and adolescence, was acknowledged and valued

as an interpretative strength by the research team. These aspects shaped how the data were perceived, interpreted, and critically reflected on during the analysis process. The research team supported the reflexive process by creating a safe space during meetings for the first author to explore how their positionality influenced theme construction, question assumptions, and consider alternative interpretations. Figure 2 presents a copy of a thematic map which was finalized during stage five of the reflexive thematic analysis process. Following this, the results were documented and are reported below.

Results

Characteristics of Included Studies

The 50 studies addressing the review questions are presented in Table 3.

Most of the studies were conducted in the United States ($n=37$; 74%), with a few studies conducted in Canada ($n=3$), England ($n=3$), and The Netherlands ($n=2$). There were only singular studies from Australia, Israel, New Zealand, Spain, and Sweden. The majority of the included studies used either qualitative ($n=28$) or quantitative research methods ($n=19$), with the remaining three studies utilizing mixed methods (Carabez & Kim, 2020; Lorthridge et al., 2018; Prince et al., 2024). While this scoping review aimed to include research from the past 20 years, all the identified studies were published between 2018 and 2024, with the exception of McCormick et al. (2016). Notably, most of the United States research examining issues facing Queer youth in OOHC was post-2016, which may reflect societal progression of LGBTQIA+ rights coinciding with the United States Supreme Court's 2015 legalization of same-sex marriage. Study populations predominantly comprised of Queer young people ($n=35$), child protection stakeholders (including social workers, residential support staff, and foster carers) ($n=11$), or a combination of both ($n=2$). There was also one legal case study analysis (Alvarez, 2020), and one content analysis of information on residential care homes websites (Carlstrom et al., 2023). Studies with Queer young people had sample sizes ranging from a single participant (Hammond et al., 2020), to 121,910 participants (McCurdy et al., 2023), aged 11+ years. The five major themes identified in the literature are summarized in Table 4 and discussed further below.

Theme 1: SOGIE-Based Rejection and Harm Before Entering OOHC. Queer youth come into contact with child protection authorities for the same reasons as their cisgender-heterosexual peers (neglect of basic care needs, parental substance abuse, parental mental health issues, and physical and sexual abuse); however, closer examination reveals that conflicts with parents and caregivers around how gender and sexuality roles are enforced within the family increases the risk of

harm to Queer youth, and consequently, the likelihood they will enter OOHC (McCormick et al., 2016). In almost one-third of the studies, family rejection and harm based on SOGIE are referred to as trajectory for young people entering care (Austin et al., 2021; Greeno et al., 2022; Mountz & Capous-Desyllas, 2020; Weeks et al., 2018). Furthermore, research suggests that the likelihood of rejection is higher for transgender and non-binary youth (McCurdy et al., 2023). Queer youth in OOHC report experiencing not only rejection, but also physical violence and psychological abuse from their family after revealing their sexual orientation or gender identity (Greeno et al., 2022). In many cases, the intense feelings of shame, hopelessness, and isolation experienced by Queer youth with unsupportive or intolerant parents or caregivers can lead them to flee their home to escape the hostility or persecution (Forge et al., 2018). Moreover, running away from home to escape abuse, or being rejected from the family unit, are not only pathways to homelessness for Queer youth, but also referral to child protection authorities and placement in OOHC; the latter of which may merely intersect the pathway to homelessness (Côté & Blais, 2021). The rejection by families based on SOGIE violates Queer young people's human rights to safety, dignity, and non-discrimination. The studies cited in theme one highlight how family rejection often leads to psychological and physical harm, which directly contradicts the right to freedom from violence, as enshrined in various international human rights instruments such as the UDHR and the CRC.

Theme 2: SOGIE-Based Discrimination and Harm in OOHC. Queer youth's experiences of victimization continue when they enter OOHC, for example, 10 studies evidence physical violence, bullying, and harassment are endured by Queer youth at the hands of their peers or caregivers (Barboza-Salerno & Remillard, 2023; Côté & Blais, 2021; Forge et al. 2018; González-Álvarez et al., 2022; Lorthridge et al., 2018; Mountz, Capous-Desyllas, & Perez, 2019; Mountz & Capous-Desyllas, 2020; Robinson, 2018; Salazar et al., 2018; Schaub, Stander, & Montgomery, 2023). Queer youth experience homophobia, transphobia, and heterosexism in OOHC as a consequence of covert discrimination, expressed as unaccepting attitudes and beliefs, embedded in the very systems purporting to deliver child protection (McPherson et al., 2022; Salazar et al., 2018). Many Queer youth report feeling the need to hide their sexual orientation or gender identity out of fear of violence being perpetrated by other young people in care (Côté & Blais, 2021). Caregivers and child protection stakeholders often overlook, downplay, or rationalize the violence enacted on Queer young people with excuses that their cisgender-heterosexual peers felt uncomfortable, threatened, or offended by their SOGIE (McCormick et al., 2016).

A recent qualitative case study by Golightley (2023) highlights that Queer youth in OOHC are vulnerable to overt and covert forms of conversion therapy, such as psychotherapeutic conversion techniques, as child protection services and

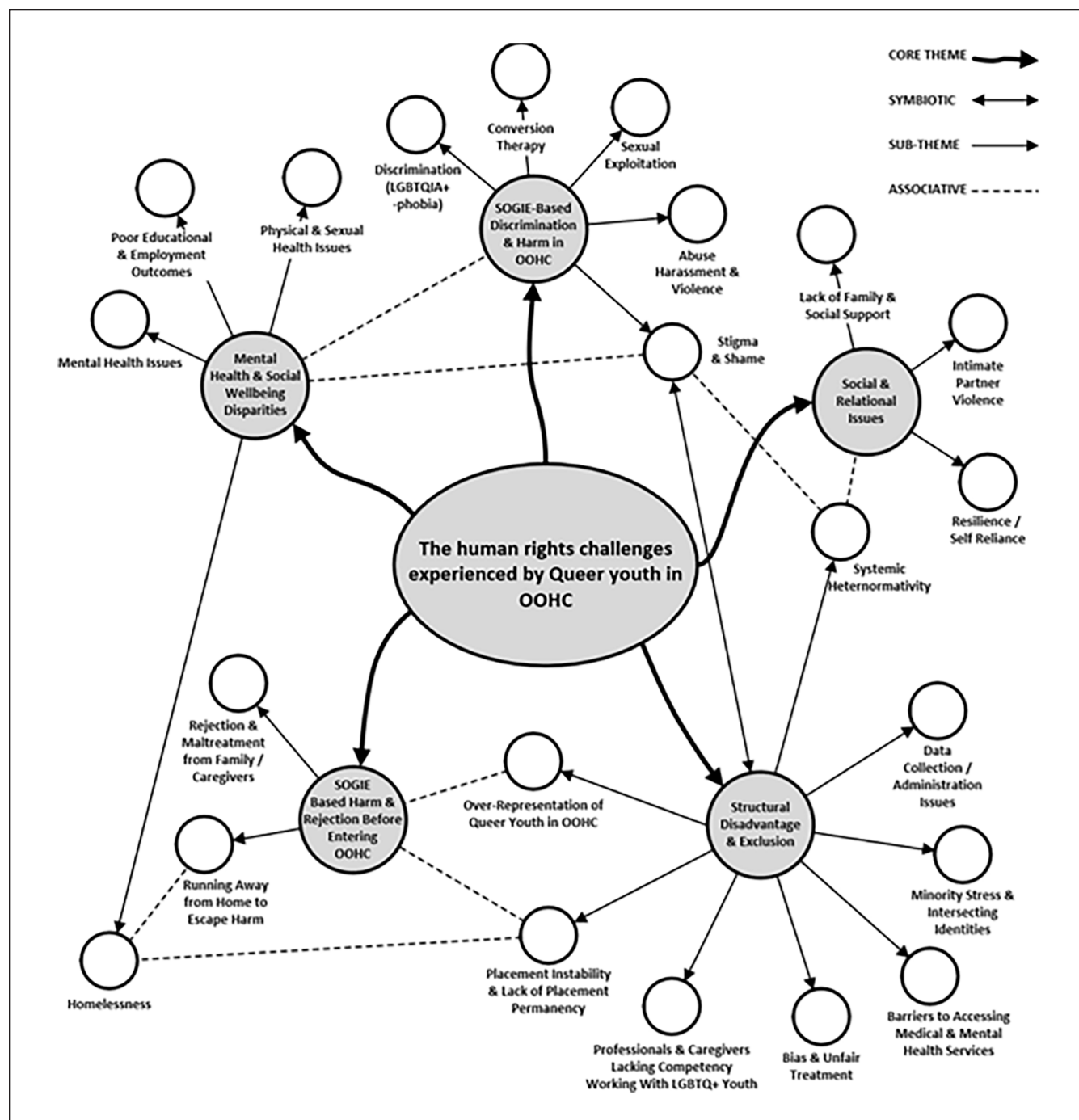


Figure 2. Thematic map of human rights challenges faced by Queer youth in OOHC.

Note. OOHC = out-of-home care.

foster carers in the United States are increasingly procuring placements for young people at therapeutic boarding schools. Golightley articulates that conversion therapy may be accompanied by torture-like abuse if youth are perceived to be resistant or non-compliant, and that young people exposed to these practices report experiencing anxiety attacks, internalized homophobia, post-traumatic stress disorder (PTSD),

and issues forming an intimate relationship. Queer young people in OOHC and commercial sexual exploitation were explored in six studies (Fraser et al., 2021; Gerassi & Pederson, 2022; Hammond et al., 2020; Mazursky & Nadan, 2024; Mountz et al., 2018; Mountz, Capous-Desyllas, & Sevilano, 2019). Commercial sexual exploitation refers to minors or young adults selling or trading sex to adults in

Table 3. Data Extraction Table.

Author(s), Year, and Location	Research Aim	Methodology	Key Findings	Limitations
Abramovich et al. (2024) Canada	To explore the prevalence, causes, experiences, and characteristics of 2SLGBTQ+ individuals experiencing homelessness in Toronto, Ontario, Canada.	Quantitative analysis of secondary data from a survey of 2,500 participants. n = 288 sample of respondents. Ages 16+ years. Survey respondents who identified as 2SLGBTQ+.	2SLGBTQ+ respondents were younger when they first experienced homelessness compared to non-2SLGBTQ+ respondents. 2SLGBTQ+ respondents were also more likely to have been in foster care.	The snapshot nature of point-in-time counts does not capture the nuanced experiences of 2SLGBTQ+ individuals over time.
A. Alvarez (2020) USA	To explore New Jersey's child welfare agency in the context of policy changes during the legislated reform that diminished the influence of institutional heteronormativity contributing to inadequate care of lesbian, gay, bisexual, transgender, or questioning foster youth.	Qualitative case study and document analysis. Publicly accessible data sources used: New Jersey CWA Policy Manual. Charlie and Nadine H. v. McGreevey (1999) settlement agreements. State policies concerning LGBTQ youth. Comprehensive CWA reform plan A New Beginning: The Future of Child Welfare. 19 monitoring reports were published between December 2004 and July 2017.	LGBTQ-related policy-based reforms identified through document analysis included leveraging the authority of state SOGIE-based anti-discrimination legislation. Establishing a Safe Space Initiative program. Integrating SOGIE-based anti-discrimination policy and procedural changes to case management, service provision, and placement decisions.	The case study approach limits analysis of systemic policy impacts by excluding diverse stakeholder perspectives. While this legal and policy analysis emphasizes reform, it sidelines the voices of LGBTQ youth.
Alvarez et al. (2023) The Netherlands	To explore the perspectives of care professionals on the role of resilience among LGBTQIA+ young people in OOHc.	Qualitative in-depth interviews. n = 21 Care professionals with experience working with LGBTQIA+ in OOHc.	Some professionals conceived resilience because of the youth's traits, particularly their strength and their LGBTQIA+ pride. Professionals stressed the importance of supportive and affirmative relationships.	The study centers on care professionals' perspectives without including LGBTQIA+ youth voices, limiting insight into their lived experiences
Austin et al. (2021) USA	To examine the initial effectiveness of an LGBTQ+ affirming parenting intervention with foster parents.	Quantitative pre/post-test surveys. n = 103 Foster parents.	Results indicate significant improvements in affirmative caregiver attitudes, behaviors, and self-efficacy at post-test, and again at 3-month follow-up assessment.	Sample was not randomly selected, which limits the generalizability of the findings.
Baker et al. (2018) USA	To differentiate the housing and child welfare experiences of youth identifying as gender non-conforming from their peers identifying as cisgender LGB	Qualitative secondary analysis of survey marginalia. n = 75 Ages 16–24 years. LGBTQ youth are experiencing housing insecurity.	Finding suggests that data-cleaning and distinct questions about identity can erase youth identifying as gender queer or gender fluid from sampling as data noise, prompting an underreported incidence of risk. The marginalia illuminated youth who were either mis-categorized or eliminated from sampling.	The study is dependent on survey marginalia, which may not consistently capture the experiences of all gender non-conforming youth, as not all participants may provide such responses. In addition, it lacks reflexivity on researcher's interpretation.
Barbon-Salerno and Remillard (2023) USA	To explore the longitudinal associations between adverse childhood experiences and future engagement in delinquent behavior in foster care youth.	Quantitative secondary data analysis of the Multi-Site Evaluation of Foster Youth Programs 2001–2010. n = 1,245 Ages 14–17 years. Foster youth who were under the guardianship of the Department of Human Services.	Results show a significant association between adverse childhood experiences and engagement in delinquent behavior. Sexual minority youth and youth who were less optimistic about the future, but who experienced more adverse childhood experiences, were at risk for heightened levels of post-traumatic stress.	The data are based on self-report rather than clinical assessment; therefore, bias in relation to socially accepted responses may be a factor. The data set is also over 10 years old; therefore, it may not be relevant to contemporary foster youth.
Bernae et al. (2018) USA	To investigate how mothers in residential care perceive and experience violence within same-sex relationships.	Qualitative interviews and focus groups. n = 12 Residential care staff. n = 13 Adolescence mothers in residential care. Ages 14–22 years.	The meaning of relationships between mothers was minimized, and violence between same-sex dating partners was interpreted as normative peer conflict.	The study's narrow focus on queer adolescent mothers in residential care experiencing dating violence limits its applicability to the broader LGBTQIA+ youth population in OOHc.
Capious-Deyllas and Moutiez (2019) USA	To better understand the aging-out experiences of LGBTQ youth in foster care.	Qualitative photovoice methodology. LGBTQ youth with foster care experience. n = 18 participants in photovoice study (n = 25 participants in original interviews). Ages 18–26 years. LGBTQ youth with foster care experience.	Key themes identified in participants' photos included experiences in foster care placements and transitioning from care, LGBTQ identity and coming out, overcoming barriers in relation to mental health and substance abuse, and the value of education as a source of resilience.	The study reflects the experiences of a small, self-selected group of LGBTQ former foster youth, which may limit the diversity of lived experiences represented—particularly across intersecting identities such as race and disability.
Carabaz and Kim (2020) USA	To describe the role of public health nurses working with LGBT children in foster care in the San Francisco Bay Area.	Mixed methods—quantitative and qualitative survey. n = 39 Foster care public health nurses.	Most foster care public health nurses did not know the number of LGBT youth on their caseload and reported that there was no method for recording this data. Few nurses received training in LGBT health issues.	The article centers the advocacy role of Public Health Nurses rather than the direct voices of LGBT youth in foster care, limiting insight into the youths' lived experiences and perceptions of support.
Carlstrom et al. (2023) Sweden	To investigate whether and how LGBTQ+ issues are considered and described in digital marketing for state care providers.	Qualitative content analysis of publicly available information on residential care homes websites. n = 1,000 residential care homes and secure state care institutions.	LGBTQ+ issues are largely invisible or characterized by a heteronormative understanding.	The study explores LGBTQ+ affirmative practices in state care and draws on professional and institutional perspectives, without direct engagement or input from LGBTQ+ youth themselves.
Choi and Wilson (2018) USA	To examine how SOGIE can affect the outcomes of youth in the Los Angeles foster care system.	Quantitative analysis of secondary data from a survey. n = 786 (19.1% were LGBTQ youth) Ages 12+ years. Youth in OOHc, not in youth detention, a California resident, and English proficient.	Findings highlight how youth experiences in foster care and risks to permanency differ by how gender is understood and defined.	Unknown system bias of youth whose contact information was available compared to youth whose contact information was unavailable. Small sample size of various gender groups.
Côté and Blais (2021) Canada	To document the various pathways to homelessness for LGBTQ+ youth.	Qualitative interviews. n = 16 Ages 17–25 years. LGBTQ+ youth experiencing homelessness.	All youth reported having lived in a family environment marked by neglect, which led to the loss of self-confidence and trust in their families. These experiences of family neglect constitute a starting point toward homelessness.	Findings are not able to be generalized due to the small sample size of LGBTQ+ youth recruited through homelessness agencies, who are not representative of the wider population of youth who do not use these services.
Forge et al. (2018) USA	To report on the experiences of youth who identify as LGBTQ who have experienced homelessness and have previous child welfare involvement.	Quantitative analysis of secondary data from a survey. n = 295 LGBTQ youth. Ages 14–25 years. Living independently, without a permanent stable residence.	In comparison to heterosexual youth, a greater percentage of LGBTQ youth had been kicked out of their home, had been homeless for more than a year, had been abused as a child, were victimized while homeless, had a mental health issue, and had less support from their family.	Data not able to be generalized to a broader population. Measures of past experiences of trauma relied on retrospective recall by participants.

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Table 3. (continued)

Author(s), Year, and Location	Research Aim	Methodology	Key Findings	Limitations
Fraser et al. (2021) New Zealand	To explore the experiences of Takāpū/LGBTQ+ identifying people prior to becoming homeless.	Qualitative analysis of secondary data from semi-structured interviews. n=8 Takāpū/LGBTQ+ identifying people. Ages 25–77 years.	Pervasiveness of unstable family relationships, finances, and housing. Systems failures that resulted in a lack of autonomy, for example, foster care.	The study focuses on Takāpū/LGBTQ+ experiences before homelessness but offers limited insight into their identity, resilience, and support during or after homelessness.
Gerassi and Pederson (2022) USA	To understand social service providers' perceived knowledge of and practice with LGBTQ+ people at risk of sex trafficking.	Qualitative in-depth semi-structured interviews. n=24 Ages 20–70 years. Social service providers.	Service providers' knowledge generally reflected an outdated understanding of gender and sexuality and low experiences of trauma influence LGBTQ+ people's sexuality and gender.	The study excludes the experiences of LGBTQ+ individuals affected by sex trafficking, limiting understanding and marginalizing their voices.
Golightly (2023) USA	To report on the experiences of two LGBTQ+ former therapeutic boarding school students who were subjected to conversion therapy.	Qualitative case study. n=2 Former therapeutic boarding school students. Jeremy—a white cisgender gay man. Ell—a white queer and non-binary person.	The participants highlight the impacts of conversion therapy as epistemic injustice and how former students adapted to and resisted institutional harm.	The inclusion of only two participant narratives limits the study's ability to reflect the full complexity and diversity of LGBTQ+ youths' experiences with conversion practices.
González-Álvarez et al. (2022) The Netherlands	To explore the resilience experiences of LGBTQIA+ youth in OOHc.	Qualitative in-depth interviews. n=13 Ages 15–28 years. LGBTQIA+ youth and young adults with OOHc experience.	Four themes emerged from the research: relationships that support and empower, construction of a positive identity around their SOGIE, community involvement, and self-reliant strategies.	Small sample restricts representation of diverse LGBTQIA+ youth experiences in OOHc.
Greeno et al. (2022) USA	To explore child welfare workers' opinions toward LGBTQ youth and the LGBTQ community.	Quantitative surveys. n=1196 Child welfare employees.	Child welfare workers have adequate knowledge about the LGBTQ community; however, they do not believe the child welfare system is protective or supportive of LGBTQ youth.	Cross-sectional study is not able to be generalized due to the point in time design and reliance on respondents' description of their own beliefs and behaviors.
Grief-Hackett and Gallagher (2018) USA	To describe the Children's Services Council of Broward County's effort to create safer spaces for youth who are LGBTQ by collecting SOGIE data from youth in care	Quantitative two-phase pre-/post-program survey design. n=696 (n=621 youth provided responses during entry to Transition to Independent Living programs, and n=299 youth participated in the follow-up survey at 6 months).	At program entry, 18% of youth (n=113) identified as LGBTQ. Six months later, approximately 7% of youth (n=19) showed fluidity in their SOGIE.	Information on youth who did not wish to respond to the SOGIE survey could not be commented on, as service providers did not systematically record who declined to complete the survey and why.
Harmond et al. (2020) USA	To present a case study documenting the lived experience of a transgender adolescent girl who experienced commercial sexual exploitation while involved in institutional systems of care.	Qualitative case study. n=1 Transgender adolescent girl, "Jade," who has lived experience in foster care and the juvenile justice system.	Findings align with other research that suggests LGBTQ are over-represented in child welfare systems.	The study's singular focus limits the ability to capture the broader range of lived experiences among transgender and gender-diverse youth involved in institutional systems and facing exploitation.
Katz et al. (2023) USA	To understand the factors that place adolescents and young adults with foster care histories at risk of intimate partner violence.	Quantitative secondary analysis of longitudinal data from the California Youth Transitions to Adulthood Study. n=600; Ages 16.75 and 17.75 years in December 2012. Youth with foster care experience who participated in the baseline and age-21 interviews.	Jade's narrative highlights the interplay of gender-based sexual violence, heteronormative structural barriers, transphobia, and their intersectional impact on her experience receiving institutional care.	The use of quantitative research methods oversimplifies the complex experiences of young people with a foster care history. A qualitative lens focusing on the lived experiences of youth could have provided deeper insights into the risk factors associated with IPV.
LaBrenz et al. (2023) USA	To examine the family and non-family support among foster care alumni.	Quantitative analysis of secondary data from a survey. n=2,090 (n=1,377 included in final analytic sample). Ages 14–26 years.	Findings suggest that LGBTQ youth were more likely to report intimate partner violence victimization, perpetration, and bidirectional violence than their non-LGBTQ peers.	Data are drawn from a non-random sample of youth with lived experience in foster care; therefore, findings are not able to be generalized to the broader population. The study also focuses on perceived support rather than actual support received.
López et al. (2024) Spain	To understand LGBTQ+ youths' processes of resilience, developing through relationships with care professionals in the child welfare system.	Qualitative narrative interviews. n=15 Ages 14–21 years. LGBTQ+ youth living in residential care.	Youth who identified as LGBTQ+ or were Black were less likely to report family and non-family support than their non-LGBTQ+ or white peers.	Findings are limited to one Spanish region with openly LGBTQ+ participants referred by child protection professionals who may have acted as gatekeepers. The study also lacks researcher reflexivity, hindering bias awareness and trustworthiness.
Lorthridge et al. (2018) USA	To report on findings from a formative evaluation of the RISE Care Coordination Team model, which integrates Wraparound and Family Finding and Engagement with LGBTQ-specific education and support strategies.	Mixed methods—qualitative and quantitative research of pre-/post-test design: paper and pencil instruments and surveys, and interviews. n=34 eligible for the study (n=23 completed both baseline and follow-up data collection). Ages 11–17 years.	LGBTQ+ youth in care experience feelings of safety through supportive relationships with professionals that are enhanced by trust, honesty, and availability.	The study's follow-up period of 1 year may not be sufficient to assess the long-term impact of the intervention on participants' well-being and family connections. The study also does not explicitly address researcher positionality or reflexivity, which are crucial in mitigating biases in data interpretation.
Mazursky and Nadan (2024) Israel	To explore the subjective perspectives and understandings of commercial sexual exploitation among LGBTQ+ youth in OOHc in Israel.	LGBTQ youth served by the child welfare system. Qualitative semi-structured interviews. n=31 Ages 16–32 years.	The study found that at follow-up, most youth had greater connection to supports and were connected to an adult, providing a permanent, parent-like relationship.	The study's small sample of LGBTQ+ youth in Israeli OOHc limits the transferability of findings to broader populations and cultural contexts. In addition, the absence of researcher reflexivity reduces transparency in data interpretation.
McCormick et al. (2016) USA	To examine the role that foster family acceptance plays in the lives of LGBTQ youth as they navigate the welfare system.	LGBTQ+ youth and young adults who have exited OOHc in Israel. Qualitative in-depth semi-structured interviews. n=26 Ages 18–25 years. LGBTQ youth with foster care experience.	Findings suggest that foster family acceptance plays a pivotal role in creating an affirming and inclusive environment for LGBTQ youth.	The study's small sample of youth who identify as lesbian or gay limits the depth and diversity of LGBTQIA+ perspectives. In addition, contextual factors influencing foster family acceptance are not explored in-depth, which limits transferability.

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Table 3. (continued)

Author(s), Year, and Location	Research Aim	Methodology	Key Findings	Limitations
McCurdy et al. (2023) USA	To investigate the differences in foster care placement and variation in substance use at the intersections of foster care and orientation, gender identity, racial/ethnic identities, and sex assigned at birth.	Quantitative secondary data analysis surveys. $n = 121/910$ Youth in grades 6–12 with foster care experience within the past year.	Results indicate that LGBTQ youth in foster care are at higher risk for substance use than those not in foster care.	Systemic barriers make it difficult for LGBTQ youth in foster care to remain in school; therefore, the sample of LGBTQ youth may have been limited by the sample scope of youth currently in school.
McPherson et al. (2022) Australia	To explore the lived experiences of queer youth in OOH in Australia.	Qualitative case study approach. $n = 2$ LGBTQA youth. Ages 18–29 years. With OOH experience in Australia Qualitative in-depth interviews. $n = 25$ LGBTQ former foster care youth. Ages 18–26 years.	Early adversity, marginalization, and homophobia whilst in care and/or in the border community were directly experienced by the participants.	The case study's small sample limits generalizability and constrains analysis of systemic heteronormativity in Australian OOH.
Moutze and Capous-Desyllas (2020) USA	To gain a nuanced understanding of the experiences of LGBTQ former foster youth before, during, and after care.	Qualitative in-depth interviews. $n = 25$ Ages 18–26 years.	The reasons for LGBTQ youth entering care mirrored those of heterosexual youth: family substance abuse, mental health issues, poverty, and racism. Findings also suggest there are strong intergenerational patterns of substance abuse and mental health struggles between LGBTQ participants and their families.	The cross-sectional design captures data at a single point in time, limiting the ability to infer causality or observe changes over time in the experiences of LGBTQ former foster youth. In addition, the use of retrospective self-reporting may introduce recall bias.
Moutze et al. (2019) USA	To explore the educational trajectories of LGBTQ youth with care experience	Qualitative in-depth interviews. $n = 25$ Ages 18–26 years.	Findings show that LGBTQ youth experience similar educational barriers and challenges common to all youth in foster care; however, they also experience chronic bullying and harassment during school.	The study's reliance on retrospective accounts may introduce response bias. The study also offers limited discussion of researcher reflexivity, which reduces transparency.
Moutze et al. (2019) USA	To highlight the various relational and structural changes to the child welfare system that are recommended by LGBTQ youth.	Qualitative in-depth interviews. $n = 25$ Ages 18–26 years.	Specific recommendation includes the need for more and extended services beyond the age of 21 years. Comprehensive training for foster parents and social workers around working with LGBTQ youth in care.	The study relies on self-reported data from participants, which can introduce response bias.
Moutze et al. (2018) USA	To illuminate the experiences of youth in foster care who are transgender and gender expansive.	Qualitative in-depth interviews. $n = 7$ Ages 18–26 years. LGBTQ former foster care youth who identified as transgender and gender expansive.	Findings identify challenging structural and systemic barriers experienced by participants and sources of resilience.	The limited attention to researcher reflexivity may have affected the interpretation of LGBTQ youths' voices in the study.
Nichols and McAuliffe (2024) Canada	To investigate the intersection between digital technologies intended to streamline decision-making in child welfare and the implementation of strategies to institutionalize equity, diversity, and inclusion.	Qualitative institutional ethnography. Analysis based on in-depth interviews with $n = 18$ Directors and $n = 20$ Supervisors and Managers. Encouraged to participate as part of their paid employment for their agency.	Inclusive and culturally appropriate child welfare services for Black, Indigenous, and LGBTQ+ communities are undermined by the continued use of provincial information management systems and child protection standardized tools.	Offers only a cross-section of a complex institutional arena comprised of other socio-economic, technological, and legal relations that have not been scrutinized. The study also lacks researcher reflexivity, which limits the transparency of findings.
Paul and Croys (2024) USA	To explore LGBTQ youths' relationships with child welfare professionals and other stakeholders who provide them with care and support services.	Qualitative in-depth interviews and ecomapping techniques. $n = 21$ LGBTQ youth. Ages 17–21 years. Homeless or living in transitional accommodation.	The need for child protection professionals to improve relationships with LGBTQ foster youth.	The study is limited by minimal discussion of researcher reflexivity and positionality, which can influence the interpretation of relational dynamics.
Poirier et al. (2018) USA	To explore the experiences and outcomes of LGBTQ youth in foster care, particularly those of color, who are participating in the Jim Casey Initiative's Opportunity Passport.	Quantitative secondary analysis of follow-up survey data. $n = 426$ Ages 14–26 years. LGBTQ youth with foster care experience.	The data indicate that LGBTQ participants in the Opportunity Passport program experience poorer outcomes than their cisgender-heterosexual peers in areas like placement permanency, housing stability, finances, social support, and health.	The Jim Casey Initiative's Opportunity Passport is a voluntary program limited to 17 US states; therefore, findings cannot be generalized to the wider US population of youth in foster care.
Prince et al. (2024) USA	To assess the psychological and behavioral health of youth with current or past foster care involvement and the relations between types of victimization and psychological functioning.	Mixed methods—qualitative and quantitative, semi-structured interviews. $n = 35$ Ages 12+ years. In the custody of the State or previously under State custody.	Rejection experiences based on sexual orientation were associated with anxiety, depression, and PTSD symptoms. Discrimination experiences based on SOGE were associated with anxiety. Loneliness and everyday discrimination were associated with PTSD symptoms.	Small geographically specific sample, therefore study findings are not generalizable. Developmental differences from adolescence through to adulthood are not considered.
Robinson (2018) USA	To document the child welfare experiences of youth who are LGBTQ and their perspectives on how these experiences influenced their housing instability and homelessness.	Qualitative, in-depth, semi-structured interviews. $n = 40$ Ages 17–25 years. LGBTQ youth experiencing homelessness	LGBTQ youth identified gender segregation, stigmatization, isolation, and institutionalization in child welfare systems. Youth described these incidents as contributing to multiple placements and shaping why they experienced homelessness.	The study's relies on the retrospective accounts from homeless LGBTQ youth reflecting on past child welfare experience, which may differ from their perspectives at the time.

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Table 3. (continued)

Author(s), Year, and Location	Research Aim	Methodology	Key Findings	Limitations
Robinson (2023) USA	To highlight minority stress in understanding LGBTQ youth homelessness.	Qualitative ethnographic fieldwork interviews. n = 40 Mean age of 21 years. LGBTQ youth experiencing homelessness.	Experiencing intersecting minority stressors, especially within families and youth-serving institutions, is part of the pathways to homelessness for LGBTQ youth.	The study examines LGBTQ homeless youths' experiences at a particular moment in their life. Youths' perception and understanding of their experiences may change as they mature.
Salazar et al. (2018) USA	To explore the unique challenges and support-related needs of LGBTQ2S youth in care and their foster carers.	Qualitative focus groups. n = 28 (n = 13 child welfare staff, n = 9 foster caregivers; and n = 6 LGBTQ2S young adults) The young adults were aged between 18 and 24 years. LGBTQ2S youth who had experienced being in the child welfare system during their teenage years.	Lack of LGBTQ2S acceptance from the larger society and institutions. Safety concerns based on anti-LGBTQ2S discrimination. Individual-level challenges relating to SOGI development, mental health, and access to support and medical services. Placement and relationship challenges with caregivers.	The study's small, self-selected sample from one progressive Pacific Northwestern city limits the transferability. It also offers limited exploration of intersectionality, which constrains understanding of how overlapping identities shape participants' experiences.
Salazar et al. (2023) USA	To assess whether attitudes and behavioral intentions of case workers and caregivers regarding LGBTQ+ youth improved because of an eLearning course.	Quantitative survey. n = 162 (n = 131 included in final sample). Child welfare professionals or caregivers.	Caregivers and child welfare professionals showed growth in many areas, including how important they felt it was to learn skills and strategies to support LGBTQ+ youth in care. Their confidence working with and supporting LGBTQ+ youth in care also improved.	All participants were from one state. A convenience sample of those who chose to participate in the training. The study did not allow for the assessment of long-term skill retention of the training.
Salerno et al. (2020) USA	Aims to provide a preliminary understanding of how sexual minority girls in foster care experience the phenomenon of sexual health.	Qualitative interviews and a focus group. n = 5 Ages 16–18 years. Cisgender lesbian or bisexual female youth living in a foster care placement.	Three major themes emerged from the analysis: fear of being victimized and distrust within sexual relationships, self-protection from sexual relationship harm, and sexual health communication.	Only one focus group was conducted, limiting the diversity of perspectives. In addition, participants were not directly asked about the connection between their sexual minority identities and sexual health experiences.
Scamapleco et al. (2018) USA	To use data from the Substance Abuse and Mental Health Services Administration to examine the mental health disparities among LGBTQ youth and their heterosexual peers who are involved in the child welfare system.	Quantitative secondary analysis of longitudinal data from the Children's Mental Health Initiative. n = 57 (83 LGBTQ youth and 474 non-LGBTQ youth); Ages 11–21 years. Youth involved in the child welfare system participated in the Children's Mental Health Initiative national evaluation for 6 + months.	The study found that LGBTQ youth had higher levels of suicidal ideation, suicide attempts, depression, and gender identity-related problems compared to their non-LGBTQ peers. All youth in the study experienced significant improvements in their mental health.	The study used secondary data, which poses limitations to the design and data collection of the study.
Schub, Keemink, Sander, & Montgomery (2023) England	To evaluate the effectiveness of an e-learning module for improving social workers' knowledge and attitudes toward LGBTQ+ young people in social care.	Quantitative pre-/post-study design: Pragmatic randomized controlled trial combined with a census-style process evaluation. n = 614 (final analysis included n = 108 intervention participants and n = 278 comparison participants). Social workers who work in children's social care services and have not previously completed the e-learning module.	Participants who completed the training decreased their heteronormative attitudes and beliefs and increased their perceived LGBTQ+ knowledge.	The sample was self-selecting, and there was a greater representation of LGBTQ+ people than the general population, which may suggest a greater interest from this population.
Schub, Keemink, Sander, & Montgomery (2023) England	To understand the experiences of LGBTQ+ young people in residential care in England.	Qualitative interviews. n = 20 Ages 16–24 years. LGBTQ+ youth with residential care experience in England for longer than 3 months.	Findings suggest that multiple minority identities magnified young people's challenges in residential care.	Small sample size of self-selecting participants; therefore, findings are not generalizable to the broader population. In addition, it provides limited reflexive analysis, which may lead to bias in interpreting the voices and experiences of LGBTQ+ youth in residential care.
Schofield et al. (2019) England	To explore foster carers' experiences and perspectives caring for LGBTQ young people.	Qualitative semi-structured interviews. Foster carers (22 females, 3 identified as LGBTQ, and 10 carers had LGBTQ family members). n = 1223 included in the analysis.	Foster carers described the importance of offering LGBTQ young people nurturing relationships and assistance in managing stigma and other challenges associated with their SOGI.	The exclusion of LGBTQ young people's perspectives affects the depth of the findings regarding the carers' role in providing a secure base.
Washburn et al. (2022) USA	To determine whether COVID-19 has resulted in unique impact factors on LGBTQ+ foster youth alumni.	Quantitative analysis of secondary data from a survey. n = 1223 included in the analysis. Ages 18–26 years. With lived experience in foster care.	LGBTQ+ foster care alumni experienced more negative outcomes compared to their non-LGBTQ+ peers in housing stability, employment, and mental health/trauma due to COVID-19.	Reliance on secondary data limit the study to the variables and measures in the original dataset.
Washburn, LaBrenz, Roper, and Yu (2023) USA	To examine the relationships between state-level policies related to LGBTQ+ equity and inclusion and physical and mental healthcare engagement for foster care alumni.	Quantitative longitudinal analysis of secondary data from a survey. n = 2,420 included in the analysis. Ages 18–26 years. Lived experience in foster care.	Obtaining health insurance increased the likelihood that youth would seek physical health care. LGBTQ+ young people assigned female at birth had higher odds of not receiving physical health care than their non-LGBTQ+ peers.	Data drawn from a non-random sample of youth; therefore, findings may not be representative of youth who opted not to participate in the survey or did not choose to share their data for research purposes.
Washburn, LaBrenz, Crutchfield et al. (2023) USA	To examine the readiness of public child welfare workers trained at two public universities to engage in LGBTQ+ culturally responsive practice.	Quantitative survey. n = 477 (n = 122 alumni from UTA and n = 155 alumni from TXST; comparison sample n = 200–100 from each university). Child welfare workers are trained at either the University of Texas at Arlington or Texas State University.	Non-Hispanic Black respondents scored significantly lower on attitudinal awareness of working with LGBTQ+ clients and significantly higher on cultural awareness of working with racially/ethnically diverse clients than their white non-Hispanic peers.	Small sample size across multiple variables, such as race and gender. Convenience sample, which is not necessarily a representation of all social work alumni in child welfare.
Wexle et al. (2018) USA	To investigate the Los Angeles LGBT Centre's RISE training evaluation for trainers' experience of bias.	Quantitative surveys. n = 336 practitioners respondents (n = 455 pre- and post-test respondents and n = 108 follow-up respondents). Direct care practitioners—social workers, clinicians, and group home staff.	Staff need coaching and follow-up training to effectively address and reduce the mistreatment of LGBTQ+ youth in child welfare settings and decrease anti-LGBTQ+ bias.	The reliance on interviews with trainers may introduce bias, as participants might provide socially desirable responses or underreport negative experiences.
Youngbloom et al. (2022) USA	To determine the characteristics associated with housing loss among youth housed through a rapid rehousing program.	Quantitative analysis of data collected through a service delivery agency. n = 60; Ages 18–24 years. Youth experiencing homelessness.	Results indicate a strong positive association between youth homelessness and foster care history, identifying as LGBTQ, and depression.	The study was conducted using data from one service site; therefore, the results may not adequately represent all youth experiencing homelessness.

Note. OOH = out-of-home care; PTSD = post-traumatic stress disorder; SOGIE = sexual orientation, gender identity, and gender expression; LGBTQIA+ = Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, and Asexual; RISE = Recognize, Intervene, Support and Empower; TXST = Texas State University; CWA = child welfare agency; IPV = intimate partner violence; UTA = University of Texas at Arlington; COVID = Coronavirus Disease 2019.

Table 4. Critical Findings Table.

Findings	Summary
SOGIE-based rejection and harm before entering OOHC	Conflicts with parents and caregivers around how gender and sexuality roles are enforced within the family increases the risk of harm to Queer youth, and consequently, the likelihood they will enter OOHC.
SOGIE-based discrimination and harm in OOHC	Queer youth's experiences of victimization continue when they enter OOHC, typically at the hands of their peers or caregivers. Queer youth experience homophobia, transphobia, and heterosexism as a consequence of covert discrimination, which is often expressed as anti-LGBTQIA+ attitudes and beliefs.
Structural disadvantage and exclusion	Heterocisnormativity is a systemic challenge to Queer youth's rights as it is embedded in child protection policies, practices, training, ideologies, and norms in OOHC, perpetuating heterosexist and LGBTQIA+-phobic attitudes and beliefs.
Mental health and social well-being disparities	Queer youth in care face mental health and social well-being disparities in comparison to their cisgender-heterosexual peers due to stresses and disadvantages associated with being a minoritized population in a heteronormative system.
Social and relational issues	SOGIE-based rejection and harm erodes trust and reinforces barriers to forming supportive relationships with child protection stakeholders. Consequently, Queer youth develop skills of self-reliance and resilience which, at an individual level, can be source of strength, however, are also symptomatic of deep structural failings.

Note. OOHC = out-of-home care; SOGIE = sexual orientation, gender identity, and gender expression; LGBTQIA+ = Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, and Asexual.

exchange for money, shelter, drugs, alcohol, cigarettes, transport, or other goods (Greenbaum, 2018). Recent qualitative research from Israel highlights that many Queer youth in OOHC are commercially sexually exploited as a result of experiencing rejection and social exclusion associated with their LGBTQIA+ identity (Mazursky & Nadan, 2024). In addition, this study asserted Queer youth are vulnerable to intimate partner violence and further exploitation if they are coerced into an intimate relationship with an adult. The studies identified in theme two indicate that Queer youth endure violence and discrimination in OOHC settings due to homophobia, transphobia, and heterosexism, creating an unsafe environment that contradicts their fundamental rights to safety and protection from violence, as outlined in the CRC.

Theme 3: Structural Disadvantage and Exclusion. The over-representation of Queer youth in OOHC systems is a recurring theme in the research, with studies highlighting how family rejection or conflict tied to sexual orientation and gender identity are central factors in their over-representation (McCurdy et al., 2023; Salazar et al., 2018; Scannapieco et al., 2018). Moreover, the intersectional nature of this issue, particularly for transgender, gender-diverse, and Queer youth of color, further complicates their experiences within OOHC systems. McCurdy et al. (2023) found that transgender and gender diverse youth in care are particularly over-represented, even compared to their cisgender, sexually diverse peers. Estimating the true representation of Queer youth in OOHC is complex, as the majority of child protection systems do not seek or, at best, are vague and inconsistent in the SOGIE information obtained as part of their administrative data collection processes (Scannapieco et al., 2018). Furthermore,

child protection professionals are typically not trained to ask or actively avoid discussing young people's LGBTQIA+ status (Greeno et al., 2022). In almost half of the studies, the lack of training, resources, and policies for child protection stakeholders to effectively work with and support Queer youth was discussed (González-Álvarez et al., 2022; Greeno et al., 2022; Mountz et al., 2018; Schaub, Keemink, Stander, & Montgomery, 2023). In Weeks et al.'s (2018) study evaluating the effectiveness of a training intervention aimed at improving competency of child protection professionals to work with LGBTQIA+, they asserted that practitioners with anti-LGBTQIA+ bias and/or low competency directly correlated to lower well-being outcomes for Queer youth in care. The lack of Queer identity-based data acquisition and training for stakeholders suggests patterns of institutional discrimination and bias are deeply embedded in child protection ideology (Nichols & McAuliffe, 2024). As a result of these systemic challenges, Queer youth remain largely invisible in OOHC and their needs unmet.

Heteronormativity and cisnormativity are forms of oppression that privilege non-LGBTQIA+ identities in society, and are evident through institutional policies, practices, training, ideologies and, most importantly, norms in OOHC (González-Álvarez et al., 2022). Over one-third of the studies, heterocisnormativity was referred to as a systemic challenge that sustains heterosexist and LGBTQIA+-phobic attitudes and beliefs, negatively impacting on Queer youth's care experiences (A. Alvarez, 2020; Côté & Blais, 2021; Robinson, 2018). Furthermore, the stigma and shame attributable to these negative attitudes can prevent Queer youth from disclosing their sexual orientation or gender identity in care, and/or may inhibit them from accessing mental or sexual health services out of fear of persecution

(Schaub, Stander, & Montgomery, 2023). The psychosocial and structural harms experienced by Queer youth in OOHC can lead to *minority stress*, which manifests both psychologically and physiologically (Robinson, 2023). These minority stress symptoms are further amplified for youth who hold multiple marginalized identities, such as Queer youth of color or with a disability. OOHC systems are fundamentally ill-equipped to address the intersecting impacts of race, class, disability, and LGBTQIA+ status, which are critical factors influencing outcomes such as placement permanency for these youth (Robinson, 2018).

Queer youth, particularly those from racial or ethnic minoritized backgrounds, experience higher rates of placement changes compared to their cisgender-heterosexual peers (Hammond et al., 2020; Poirier et al., 2018; Schofield et al., 2019). Poirier et al.'s (2018) article focusing on the experiences and outcomes for Queer youth who participated in the *Jim Casey Initiative's Opportunity Passport* financial literacy program in the United States, found that Queer youth are more likely to experience at least 10 foster placements, with Queer youth of color reporting even higher rates. Mountz et al.'s (2018) research examining the experiences of transgender and gender diverse youth in the Los Angeles County foster care system identified that transgender and gender diverse youth had nearly twice as many placement changes as their cisgender peers, with one participant reporting she had over 30 different placements during her time in care. Mountz et al. (2018) articulated that a general lack of acceptance from foster carers or caregivers of participants' gender identities resulted in placement instability and lack of permanency. The studies in theme three reveal a pervasive pattern of systemic exclusion, discrimination, and institutional bias that fosters a hostile environment for Queer youth and undermines their fundamental rights to safety, dignity, and respect in care.

Theme 4: Mental Health and Social Well-being Disparities. Not only are Queer youth over-represented in OOHC, but they are also over-represented amongst homeless youth populations (Forge et al. 2018). In several studies, Queer youth either running away from care and becoming homeless, or exiting care and becoming homeless, was explored (Abramovich et al., 2024; Côté & Blais, 2021; Forge et al., 2018; Youngbloom et al., 2022). Often, homelessness for Queer young people is the product of rejection, discrimination, exclusion, and abuse resulting from complex interactions between structural, institutional, and interpersonal factors, (Côté & Blais, 2021). In Baker et al.'s 2018 research using survey marginalia to understand the housing and child protection experiences of gender diverse youth, they identified 71% of Queer youth reported their sexual orientation and gender identity as a contributing factor to their unsafe/unstable living arrangement. Many Queer youth viewed couch surfing or living on the streets as a safer and less hostile alternative to residing in OOHC (Baker et al., 2018;

Mountz et al., 2018). In addition, many Queer youth that have exited care report being pushed into homelessness after aging out of the OOHC system with inadequate formal or informal support, and that their negative care experiences impeded their ability to develop a safe social network to fall back on (Côté & Blais, 2021). A small number of studies also commented on the educational and employment outcomes following Queer youths' transition to adulthood. These studies predominantly found Queer youth struggled with poor achievement and attainment in adulthood due to anti-LGBTQIA+ bias, discrimination, and bullying (Capous-Desyllas & Mountz, 2019; Mountz et al., 2018; Mountz, Capous-Desyllas, & Sevillano, 2019; Poirier et al., 2018; Washburn et al., 2022).

Physical and sexual health issues relating to Queer youth in OOHC were explored in a limited number of studies (Carabez & Kim, 2020; Poirier et al., 2018; Salerno et al., 2020; Scannapieco et al., 2018). Scannapieco et al. (2018) determined that Queer youth in the child protection system experience higher rates of major physical illness compared to their heterosexual peers (26.5% vs. 21%). In addition, research by Salerno et al. (2020) documenting the lived experiences of sexual minoritized girls in foster care highlights their increased risk of poor sexual health outcomes. Salerno et al. noted that female sexual minoritized youths' experiences of sexual health were largely categorized by distrust and fear of being sexually victimized. Youth in this study also did not report foster care stakeholders or professionals as adults whom they would go to if they needed to discuss their sexual health or report sexual victimization.

In one-third of the studies, the mental health issues facing Queer youth in OOHC were explored, with many studies reporting a strong correlation between mental health concerns and SOGIE-based discrimination, violence, and abuse (Capous-Desyllas & Mountz, 2019; Forge et al., 2018; Prince et al., 2024; Scannapieco et al., 2018). Findings from Prince et al.'s (2024) quantitative study examining the psychological comorbidities and suicidality among youth with foster care experience indicate that three-quarters of the Queer youth studied met the clinical threshold for mood disorders. Prince et al. (2024) indicated that experiencing SOGIE-based discrimination was associated with anxiety, and, moreover, experiencing rejection based on sexual orientation was associated with anxiety, depression, and PTSD symptoms. Prince et al. (2024) suggested that the mental health disparities faced by Queer youth in foster care are further compounded by proximal or distal stressors related to their minority status. Similarly, Scannapieco et al.'s (2018) quantitative study comparing the mental health and substance abuse occurrences and outcomes between Queer youth and heterosexual youth in care found that Queer youth had higher levels of suicidal ideation, suicide attempts, depression, and gender identity-related stressors compared to their heterosexual peers. The studies cited in theme four evidence how Queer youth's rights to protection from harm, health,

education, housing, social inclusion, and freedom from degrading treatment are all compromised by the ideologies and structures underpinning OOHC systems.

Theme 5: Social and Relational Issues. Numerous studies discussed the challenges experienced by Queer young people in OOHC in relation to maintaining familial connections, interpersonal relationships, and developing safe support networks (LaBrenz et al., 2023; López et al., 2024; Paul & Cruys, 2024). Paul and Cruys' (2024) study pertaining to building supportive relationships for Queer youth in foster care indicates SOGIE-based discriminations and prejudice, unfair and harsh treatment, feeling misunderstood and disregarded, fearing rejection from adults, and a lack of LGBTQIA+ knowledge, were identified by Queer youth as barriers to developing supportive relationships. In addition, lack of social support, placement instability, and neglect in OOHC are also risk factors for intimate partner violence, with findings from Katz et al.'s (2023) study indicating that sexual minoritized youth with a care history are at greater risk than their heterosexual peers of experiencing intimate partner violence.

Several studies highlight the resilience displayed by Queer youth in OOHC when faced with adversity (González-Álvarez et al., 2022; López et al., 2024; Mountz et al., 2018; Schaub, Stander, & Montgomery, 2023). López et al. (2024) note that resilience among Queer youth in care is enhanced through social support and affirming relationships with child protection stakeholders; however, these relationships are often hindered by structural challenges such as placement instability and high turn-over of child protection professionals. In the absence of competent adult support and guidance, Queer youth are forced to develop skills of self-reliance and resilience which, at an individual level, can be source of strength, however, are also symptomatic of deep structural failures in social policy and institutional services meant to protect vulnerable youth (González-Álvarez et al., 2022). Capous-Desyllas and Mountz's (2019) study, which utilizes Photovoice methodology to engage Queer former foster youth in co-production and participatory research, demonstrates how resilience is not just an individual trait but also a self-preservation response to the lack of support and affirmation Queer youth face in care. Capous-Desyllas and Mountz's (2019) study advocates for systemic change in OOHC services and promotes Queer youth's rights to safety, recognition, and inclusion. Overall, the studies referenced in theme five highlight how systemic discrimination, lack of support, and structural failures in OOHC systems hinder Queer young people's rights to safety, family unity, supportive relationships, and social well-being. The studies also identify that resilience of Queer youth in OOHC is often a survival mechanism, and a symptom of the systemic shortcomings preventing Queer youth from thriving and fully realizing their rights.

Discussion

This scoping review sought to examine the empirical evidence base documenting the human rights challenges experienced by Queer youth in OOHC systems internationally. Overall, seven databases yielded 50 articles published in the English language meeting the inclusion criteria, 74% of which were conducted in the United States. The disproportionate number of empirical research articles originating from the United States alludes to a disconnect between the United States' child protection system and children's rights (particularly the rights of marginalized youth), which may largely be explained by the United States' refusal to ratify the CRC (Nourie, 2021). Nonetheless, the research base demonstrates the human rights challenges faced by Queer youth in State-sanctioned OOHC transcend cultural boundaries and social norms. While research into the over-representation of Queer young people in OOHC have garnered more attention over the past decade, data collection and administrative restrictions impeding research of SOGIE issues has perpetuated their invisibility and masked the true magnitude of the challenges they experience. Furthermore, there is a dearth of research outside of the United States that estimates the over-representation of Queer youth in care and, moreover, what socio-cultural factors contribute to their involvement with child protection authorities. Findings also indicate that heterocisnormativity is a systemic issue across the Global North. It acts to oppress Queer youth, diminish the quality of their care experience, and leads to poorer mental health and social well-being outcomes compared to their cisgender-heterosexual peers.

While current research articulates the agency, self-determination, and resilience of Queer young people, it does not explore *why* these attributes are more commonly associated with Queer youth in OOHC. This gap in the literature is important, as Queer youth in care have developed unique strategies for navigating their experiences and resisting oppressive systems, such as self-advocacy, creating chosen families, and drawing strength from affirming communities (Capous-Desyllas & Mountz, 2019). An ecological framework of resilience is a way of understanding resilience as not just a personal trait or quality, but as something that is shaped by the complex interaction between an individual and the systems around them (Mazursky, 2024). Focusing on resilience through a broader ecological lens can help challenge the ongoing invisibility of Queer youth—especially within systems that fail to adequately collect SOGIE-related data or provide the necessary training for professionals. This is reflected in several studies in this review, for example, R. G. Alvarez et al. (2023) and Salazar et al. (2023) emphasize how the attitudes and relational capacities of child protection stakeholders play a crucial role in supporting the resilience of Queer youth. Similarly, interventions such as those examined by Austin et al. (2021) highlight how caregiving that is

Table 5. Implication for Future Research, Policy, and Child Protection Practice.

Research	Policy	Practice
Future research regarding the well-being needs of Queer youth in OOHC systems should adopt a HRBA to ensure their unique social positioning and SOGIE-based rights are prioritized.	Strong LGBTQIA+ anti-discrimination policies should be developed by child protection agencies to ensure Queer youth in OOHC are protected from LGBTQIA+-phobic attitudes and beliefs.	The establishment of systematic SOGIE data collection and record-keeping processes that are respectful of each young person's views and wishes and rights to privacy and confidentiality.
Queer youth with OOHC experience involved in research project should be treated as experts of their own lives and should be viewed as adding equal value to the research team.	Polices aimed at protecting Queer youth's SOGIE-based rights should take a HRBA. Policies should strengthen the youth's capacity to claim their rights and have their voices heard. Polices should place obligations and accountability on the State to further the realization of LGBTQIA+ rights.	The development of LGBTQIA+ inclusive and culturally safe OOHC initiatives and programs, particularly those focused on placement matching, stability, and permanency for Queer youth in care.
Further research examining the lived experiences of Queer youth in OOHC outside of the United States is required; particularly meaningful and participatory action-based research that explores solutions to improve their well-being outcomes.	Queer youth with OOHC care experience and LGBTQIA+ community representatives should be consulted at each stage of policy development initiatives designed to improve well-being outcomes for Queer youth in care.	Mandatory and comprehensive LGBTQIA+ rights education and training for child protection professionals, caregivers, and stakeholders.
Research examining the over-representation of Queer youth in OOHC systems outside of the United States and, moreover, what socio-cultural factors contribute to their involvement with child protection authorities is required.	Polices should establish baselines from which negative, positive, and non-progress in fulfilling the SOGIE-based rights of Queer youth in OOHC can be measured. Polices should be reviewed regularly in consultation with Queer youth and LGBTQIA+ community representatives to ensure they remain relevant and effective.	The establishment of formal and independently monitored complaint procedures that ensure Queer youth are afforded the opportunity to escalate issues and concerns if they feel their SOGIE-based rights have been violated in OOHC.

Note. OOHC = out-of-home care; SOGIE = sexual orientation, gender identity, and gender expression; LGBTQIA+ = Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, and Asexual; HRBA = human rights-based approach.

affirmative of LGBTQIA+ identities can be a protective factor for Queer youth in foster care. Furthermore, participatory studies by Capous-Desyllas and Mountz (2019) and López et al. (2024) illustrate how Queer youth in care actively navigate systemic adversity and draw on community-based resources for support. By recognizing Queer youth's resilience and agency in the context of an ecological framework, OOHC systems can begin to address the underlying causes of their marginalization. Strategies can include tailoring support services to meet the unique needs of Queer youth, ensuring these services are culturally safe, affirming, and trauma-informed, and empowering youth by informing them of their rights in care.

Table 5 summarizes the implications for child protection practice, policy development, and future research, including research grounded in an HRBA which is essential to further understanding and supporting Queer youth in care. While SOGIE-based discrimination and stigma are central issues, an HRBA would reframe these challenges as systemic injustices requiring transformative change. Unlike needs or SBAs, which reinforce power dynamics and offer limited improvements, the HRBA promotes fundamental changes to how child protection systems interact with marginalized communities and holds statutory authorities directly accountable

(Berthold, 2015; Kosher et al., 2016). This shift would encourage child protection professionals to challenge the systemic inequalities faced by Queer youth, moving beyond traditional frameworks that view them as a *vulnerable minority community* and toward approaches that address the societal structures perpetuating their oppression (Berthold, 2015; Kosher et al., 2016). In addition, child protection agencies must develop robust LGBTQIA+ anti-discrimination policies, implement systematic SOGIE data collection, mandate rights education for professionals, and establish independent complaints procedures to protect Queer youth's rights in OOHC. Ultimately, for child protection professionals working with society's most vulnerable and marginalized youth, it is crucial that human rights be treated as more than just a political, academic, or legal concept, but embedded in the profession as a fundamental practice. (Berthold, 2015; Falch-Eriksen & Backe-Hansen, 2018; Kosher et al., 2016).

Limitations

There are several notable limitations of this scoping review that must be acknowledged. First, scoping reviews typically do not include a comprehensive quality assessment of the studies, meaning the epistemological foundations and

subjective interpretations inherent in qualitative research may not be fully evaluated (Levac et al., 2010). The studies included in this research emphasized lived experience, however without a thorough assessment of this aspect in the included studies, it was difficult for the researchers to fully contextualize the nuanced and complex experiences of Queer youth in OOHC. Second, the researchers chose to exclude grey literature from this review, determining that this would add a considerably large number of non-peer-reviewed international papers that may change the scale and reliability of this review. Nonetheless, the researchers acknowledge that excluding grey literature may have resulted in relevant documents from the previous 20 years being overlooked, particularly those commissioned by community organizations and non-government agencies, thereby limiting the diversity of perspectives. Finally, this review did not include articles published in non-English languages, which constrains the findings to predominantly to the Global North. This limitation reduces global diversity and, in turn, emphasizes a Western epistemological viewpoint—potentially overlooking the experiences of non-Western or non-English-speaking Queer youth in the Global South. Despite these limitations, this review offers important insights into the human rights challenges faced by Queer youth in OOHC systems internationally.

Conclusion

This systematic scoping review provides a comprehensive summary of international empirical research findings documenting the human rights challenges faced by Queer young people in OOHC. The experiences of Queer young people in OOHC have, until recently, been absent from public discourse; however, Queer youth remain one of the most marginalized and vulnerable groups in society. This research underscores how structural and systemic issues, such as heterocisnormative ideologies, SOGIE data acquisition, and placement instability, result in poorer mental health and social well-being outcomes for Queer youth compared to their cisgender-heterosexual peers in care. Further research is required, particularly incorporating perspectives from the Global South, to quantify and articulate the magnitude of the human rights challenges faced by Queer youth in OOHC systems globally. In addition, research must prioritize their rights to participate and have their voices heard, as this is essential for understanding their needs and ensuring they can thrive, rather than merely survive, in care.

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Supplemental Material

Supplemental material for this article is available online.

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*indicates those references included in this review.

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