

12-31-2017

## Policy Essay: Fostering the acceptance and inclusion of LGBTQ youth in the child welfare system: Considerations for advancing trauma informed responses for LGBTQ youth in care

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### Recommended Citation

McCormick, Adam (2017) "Policy Essay: Fostering the acceptance and inclusion of LGBTQ youth in the child welfare system: Considerations for advancing trauma informed responses for LGBTQ youth in care," *Journal of Family Strengths*: Vol. 17 : Iss. 2 , Article 3.

Available at: <http://digitalcommons.library.tmc.edu/jfs/vol17/iss2/3>

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Lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth and young adults under the age of 25 have experienced a significant increase in family and societal acceptance in recent years. Perhaps the strongest indicator of the increased level of acceptance of LGBTQ youth is the steady decline in the average age at which youth come out to their family and friends (Centers for Disease Control and Prevention, 2015). Despite recent trends toward acceptance and affirmation in families and schools, LGBTQ youth are still increasingly vulnerable to maltreatment and traumatic experiences. LGBTQ youth experience nearly all forms of childhood maltreatment at disproportionately high rates. Given their increased vulnerability to maltreatment and rejection, it is no surprise that LGBTQ youth are disproportionately overrepresented in the child welfare system. A recent study exploring the experiences of LGBTQ teens in the foster care system found that nearly 18% of teenagers placed in foster care reported having an LGBTQ identity, a rate more than double that of teens in the general population who report having an LGBTQ identity (Wilson & Kastanis, 2015).

### **Pathways into Care**

The pathways into the foster care system that many LGBTQ youth find themselves on can look much different than those of non-LGBTQ youth in care. LGBTQ youth are much more likely to come into care for issues related to family rejection, hostility in the home, and running away (Mallon, Aledort, & Ferrera, 2002). Previous research with LGBTQ teens and young adults suggests that many of these referrals stem from family conflict and tension related to sexual orientation or gender identity (Mallon, 1998; Mallon, 2002; McCormick, Schmidt, & Terrazas, 2016; Woronoff & Estrada, 2006). Nearly half of LGBTQ youth in care report that the reasons for their placement into the child welfare system had something to do with their sexual orientation or gender identity (Ryan & Diaz, 2009).

### **Experiences in Foster Care**

Although the very intention of foster care placement is to ensure the safety of children and youth, a number of challenges exist when it comes to the safety of LGBTQ youth in foster care. Several studies have noted that, once in care, LGBTQ youth often encounter numerous threats and challenges to their physical and emotional safety (Mallon, 1998; Woronoff, & Estrada, 2006).

Many LGBTQ youth encounter both verbal and physical harassment from peers and caretakers (Mallon et al., 2002). Furthermore, when they encounter harassment or bullying from their peers, LGBTQ youth are often blamed or held responsible for their experiences of maltreatment and harassment (Woronoff & Estrada, 2006). Caretakers and child welfare professionals have been quick to attribute the bullying and harassment experienced by LGBTQ youth to the fact that other youth might be uncomfortable with or even offended by a youth's sexual orientation or gender identity and expression (SOGIE) (Mallon, 1998; McCormick et al., 2016; Woronoff, & Estrada, 2006). Even well-intended child welfare professionals and caretakers often discourage LGBTQ youth from

disclosing or discussing information related to their SOGIE with peers and adults for fear that they might be mistreated (McCormick et al., 2016). This dynamic only serves to reinforce many of the factors related to family rejection that often contributed to an LGBTQ youth's child welfare referral.

The maltreatment and trauma experiences of LGBTQ youth are often complex and layered. While trauma informed child welfare professionals and caretakers must recognize the unique factors and dynamics associated with an LGBTQ youth's increased vulnerability to trauma and maltreatment, this remains a population that receives little attention in the areas of practice and research. Furthermore, the discrimination, marginalization, and rejection that many LGBTQ youth continue to experience can present additional obstacles in providing trauma-informed child welfare responses.

The increased vulnerability that many LGBTQ youth experience provides strong evidence supporting the need for trauma-informed care and trauma-specific responses that adequately address issues related to SOGIE. In addition to exploring the maltreatment experiences of LGBTQ youth, this article will provide strategies for social practice aimed at enhancing trauma-informed child welfare practices that foster acceptance, safety, inclusivity, and affirmation.

### **Increased Vulnerability to Traumatic Stress for LGBTQ Youth**

Given the disproportionately high rates of maltreatment experiences, many LGBTQ young people are at an increased risk of developing post-traumatic stress disorder (PTSD). A recent study exploring rates of PTSD found that LGBTQ youth are nearly 3.9 times more likely to meet criteria for PTSD than straight and gender-conforming youth (Roberts, Rosario, Corliss, Koenen, & Austin, 2012a). Furthermore, nearly 9% of LGBTQ men and 20% of LGBTQ women meet criteria for PTSD as compared to 4% of men and 9% of women in the general population who meet the same criteria (Roberts, Rosario, Corliss, Koenen, & Austin, 2012b). Many of the research participants in this study reported victimization experiences that occurred during their childhood. Just over 45% of LGBTQ men in this study reported experiencing violence or abuse during their childhood, a rate more than double that of men with non-LGBTQ identities who reported childhood victimization experiences (20%).

A critical study exploring the association between childhood gender nonconformity and victimization experiences found that boys who exhibit high rates of gender nonconformity before the age of 11 are more than three times as likely to experience sexual abuse during their childhood than those with low rates of gender nonconformity (Roberts et al., 2012a). Furthermore, girls with high rates of gender nonconformity are nearly 60% more likely to report being sexually or physically victimized during childhood versus girls with low rates of gender nonconformity (Roberts et al., 2012a). The rates of PTSD for individuals reporting high rates of gender nonconformity in early childhood are nearly twice as high as those reporting low rates of gender nonconformity (Roberts et al., 2012a).

### **Suicide and Self-Harm**

LGBTQ youth face a heightened risk for suicide and suicidal ideation. LGBTQ youth today are between two and seven times more likely to attempt suicide than straight and gender-conforming youth (Haas, Eliason, & Mays, 2011). A study exploring the suicidal thoughts of transgender youth found that nearly half had contemplated suicide (Grossman & D'Augelli, 2007). A more recent study found that nearly 40% of young transgender adults had attempted suicide at least once in their lifetime (Haas, Rodgers, & Herman, 2015).

Non-suicidal self-harm experiences of LGBTQ youth have become a major public health concern in recent years. Nearly 45% of LGBTQ youth report having engaged in some form of non-suicidal self-harming behavior (Liu & Mustanski, 2012). Among the most common risk factors associated with self-harming behaviors among LGBTQ youth were victimization experiences, prospective hopelessness, low social support, and sensation-seeking (Liu & Mustanski, 2012).

While no studies to date have specifically addressed the suicide experiences of LGBTQ youth in the child welfare system, it is very likely that LGBTQ youth in care are vulnerable to suicidal ideation and attempts for a variety of factors. The family rejection experiences that have been associated with suicidal ideation and attempts in other key studies are commonly cited as factors that contribute to the overrepresentation of LGBTQ youth in the child welfare system (Ryan et al., 2009).

The increased vulnerability to exhibit traumatic stress responses in the aftermath of maltreatment provides further evidence of the need for trauma-informed responses that address the unique experiences of LGBTQ youth. Trauma-informed care can best be described as a structure and treatment framework that involves understanding, respecting, recognizing, and responding to the effects of trauma. Trauma-informed care places a strong emphasis on the physical, psychological, and emotional safety of youth. Given the instability, rejection, and maltreatment that many LGBTQ youth face as they navigate the child welfare system, it is evident that trauma-informed responses can play a pivotal role in establishing a greater sense of all forms of safety for LGBTQ youth.

### **Overrepresentation in the Child Welfare System**

The increased rates of victimization and rejection that LGBTQ youth experience make them much more vulnerable to involvement with the child welfare system. LGBTQ youth are disproportionately overrepresented in the foster care system (Wilson & Kastanis, 2015). The pathways into foster care that many LGBTQ youth find themselves on often relate directly to issues pertaining to a youth's SOGIE. Many LGBTQ youth experience intimidation, rejection, and abuse from family members and are much more likely to run away from hostile home environments (Mallon, 2011). In some cases, parents and caretakers refuse to allow LGBTQ youth to live in the home, a dynamic that increases the likelihood of child welfare intervention. LGBTQ youth frequently come into contact with child welfare professionals as a result of school truancy, which is often a result of housing instability related to running away or being forced out of their homes

(McCormick et al., 2016). In addition, LGBTQ youth are significantly more likely to miss school for fears directly related to safety concerns from peers (Kosciw, Greytak, Palmer, & Boesen, 2013).

Once in the foster care system, LGBTQ youth often experience numerous disparities and systemic barriers (Mallon, 1998; Mallon, Mallon, 2011; McCormick et al., 2016). LGBTQ youth in foster care report experiences of verbal and physical harassment from both peers and caretakers. In some cases, youth in foster care are blamed for the maltreatment they experience from their peers, caretakers, and classmates and are discouraged from disclosing personal information about relationships and romantic attraction to their peers (McCormick, Schmidt, & Terrazas, 2016). In many circumstances, LGBTQ youth do not have the same rights, privileges, and opportunities as non-LGBTQ youth in care and often encounter double standards around issues of dating, friendships, and extracurricular interests (McCormick et al., 2016).

The maltreatment and rejection that LGBTQ youth frequently experience in foster care combined with the fact that the child welfare system has largely been ineffective in the recruitment and training of affirming and accepting families have resulted in a dynamic in which LGBTQ youth face numerous challenges to permanency and placement stability (Mallon, 2011). On average, LGBTQ youth experience twice as many placement disruptions as non-LGBTQ youth (Mallon et al., 2002). Similarly, child welfare professionals are much more likely to rely upon group homes and other congregate care placement settings for LGBTQ youth when appropriate family placements are not available (Woronoff & Estrada, 2006). The overreliance on congregate care placements for LGBTQ youth can be problematic because youth in such restrictive settings are much more vulnerable to violence, maltreatment, and marginalization from peers and caretakers (Woronoff & Estrada, 2006). In many cases, an LGBTQ youth might be placed in a setting that is much more restrictive than what is necessary for his or her behavioral, social, and emotional needs. The overreliance on group homes also reinforces the idea that LGBTQ youth are not worthy of family connection and support. Such a dynamic has led many LGBTQ youth to question their identities and to internalize feelings of being unlovable and unwanted (McCormick et al., 2016).

### **Enhancing Trauma-Informed Child Welfare Practices with LGBTQ Youth**

As the child welfare system becomes more responsive to the unique needs of LGBTQ youth, it is essential that practice and policy initiatives take into consideration recent insights in the areas of trauma-informed care and family acceptance. The following practice considerations aim to address the ways in which research and practice initiatives in the areas of family acceptance and trauma-informed care have the potential to enhance the emotional and physical safety as well as the permanency experiences of LGBTQ youth in the child welfare system.

#### **Family Acceptance and Preservation**

Preserving families and reuniting youth with their families is often viewed as the most desirable permanency outcome for youth in the child welfare system. Child welfare professionals often encounter a number of obstacles when working with the families of LGBTQ youth; these obstacles can be unique and stand in contrast to the experiences and challenges these professionals have with families of non-LGBTQ youth. In many cases, the relationships between parents and their LGBTQ youth are so hostile and tense that child welfare workers might be reluctant to consider reunification as a viable option when considering the safety and well-being of LGBTQ youth. It is critical that child welfare professionals recognize that a parent's perceptions, attitudes, and beliefs about his or her LGBTQ child can, and often do, change over time (Ryan, Huebner, Diaz, & Sanchez, 2009). Psychoeducation about the impact of family acceptance and rejection can have a profound impact on a parent's attitude and approach to his or her LGBTQ child. A key study aimed at assessing the impact that family acceptance and rejection can have on LGBTQ young people found that those young people with highly rejecting families are nearly 8 times more likely to attempt suicide, 6 times more likely to have depression, 3.4 times more likely to abuse illegal drugs, and 3.4 times more likely to be at risk for HIV infection when compared to individuals with highly accepting families (Ryan et al., 2009).

Furthermore, efforts to help families to make even modest enhancements to their level of acceptance can have a profound impact on an LGBTQ young person. LGBTQ youth whose families are even moderately accepting are nearly four times less likely to attempt suicide than those with highly rejecting families. In addition, LGBTQ young people whose families are somewhat accepting are half as likely to engage in risky sex and risky substance abuse than LGBTQ youth with highly rejecting families (Ryan et al., 2009). These findings suggest that even modest improvements in a family's willingness and ability to accept their LGBTQ child can have significant implications on the health and well-being of that child. Additionally, child welfare workers who are equipped with the knowledge and skills to work with a youth's family of origin to foster acceptance and who are committed to the idea that attitudes and relationships improve are much more likely to seek out reunification efforts when feasible and appropriate.

Child welfare responses have historically addressed issues around parental or caretaker dysfunction, with specific emphasis on substance abuse, parenting, and domestic violence. While some LGBTQ youth are in care for reasons directly related to the more traditional forms of parental dysfunction mentioned above, many LGBTQ youth come into care for reasons that have more to do with their family's rejection or hostility around their SOGIE. Trauma-informed child welfare interventions with LGBTQ youth should be responsive to the unique role that family rejection and hostility can play. In addition, efforts to reunify LGBTQ youth with their families should focus on the specific challenges related to family rejection and other issues or challenges that a family might have related to their child's SOGIE.

### **Placement Stability and Foster Family Acceptance**

The fact that LGBTQ are much less likely to be reunified with their family of origin means that they are much more vulnerable to being placed in foster care. Once in foster care, LGBTQ are much more vulnerable to placement instability and systemic maltreatment. A study aimed at examining the placement experiences of LGBTQ youth suggests that LGBTQ youth have an average of 6.35 placements by the time they reach permanency, a rate that is nearly double that of straight youth (Mallon et al., 2002). LGBTQ youth in foster care are much more vulnerable to bullying, harassment, and other forms of mistreatment from their peers and caretakers. Foster parents and caretakers often lack the training and insights necessary to prevent these forms of harassment as well as to respond in ways that are affirming and appropriate. LGBTQ youth may resort to retaliation when they have been bullied or harassed, or they may isolate themselves as a form of protection or survival (McCormick et al., 2016). The responses to adversities such as bullying and harassment can have a profound impact on LGBTQ youth's placement status. Retaliation behaviors such as fighting or arguing and coping behaviors such as self-harm or isolating oneself can easily contribute to a foster parent or child welfare professional's decision to disrupt a placement.

LGBTQ youth in foster care have historically had very little input into major decisions about where and with whom they will live (Mallon, 2011). Furthermore, some states continue to struggle to recruit and train foster parents who are willing and equipped to provide affirming care to the LGBTQ youth. States like Texas have even gone as far as to pass legislation to allow foster parents and private child welfare agencies to discriminate against LGBTQ youth when providing care that is affirming conflicts with their deeply held religious beliefs (Tex. H.R. 3859). Religious refusal policies that provide foster parents with the protections to discriminate against LGBTQ youth pose significant challenges to LGBTQ youth. Similarly, faith-based foster parent recruitment initiatives aimed at recruiting foster parents from churches that often have theological teachings that are at odds with the affirmation of LGBTQ identities can pose significant threats to youth in care.

Efforts to train both new and experienced foster parents on providing culturally sensitive and affirming care are essential to enhancing the placement stability of LGBTQ youth. Foster parents who are able to recognize the lasting and profound impact that their levels of acceptance can have on a youth will likely be better equipped and willing to respond adequately to the needs of LGBTQ youth. In addition, foster parents who are educated on the potential consequences of rejecting behaviors toward LGBTQ youth will likely avoid rejecting behaviors that are so strongly associated with suicide, self-harm, depression, and risky sexual behaviors (Ryan et al., 2009).

### **A Trauma-Informed Response to LGBTQ Youth in the Child Welfare System**

Researchers and practice professionals have historically attributed the negative health outcomes and increased vulnerability to risky behaviors in LGBTQ youth to the hostility and rejection they often experience from family members and

peers (Ryan et al., 2009). Although the relationship between family rejection and negative health and behavioral outcomes has been well documented, recent insights into the field of trauma-informed care can have the potential to offer additional insights into both the risks and resilience of LGBTQ youth in the child welfare system. A trauma-informed response in the child welfare system that sufficiently addresses both the inherent complexity of the traumatic experiences of LGBTQ youth, as well as the systemic and environmental stressors that many LGBTQ in care encounter, can play a pivotal role in fostering the resilience, strengths, and resources of LGBTQ youth. LGBTQ youth who come into contact with the child welfare system disproportionately experience nearly all forms of maltreatment both within and outside the child welfare system, and this increased vulnerability provides evidence of the need for trauma-informed child welfare responses that specifically address the unique needs and experiences of LGBTQ youth (American Institute for Research, 2013).

### **Addressing the Secondary Adversities of Trauma with LGBTQ Youth in Care**

For many LGBTQ youth in the child welfare system, the traumatic experiences they have encountered are often accompanied by a number of secondary adversities (Mallon, 1998 Mallon et al., 2002, Wilson & Kastanis, 2015). It is critical that trauma-informed child welfare professionals assess the ways in which secondary adversities may impact LGBTQ youth. Adversities such as school changes and placement changes can create an added layer of complexity for LGBTQ youth. Many LGBTQ youth in foster care reside in environments that pose significant threats to their safety (Mallon, 2011; McCormick et al., 2016). In addition, many LGBTQ youth in foster care or congregate care may be vulnerable, in new ways, to stressors such as bullying, marginalization, and discrimination in their placement settings (Woronoff & Estrada, 2006). Trauma-informed child welfare professionals must be equipped to help LGBTQ youth both to process and externalize the potential rejection that they have experienced from parents, foster parents, peers, and others. In situations where LGBTQ youth are placed in settings that do not provide the acceptance, inclusion, and safety needed to cope with traumatic experiences, trauma-informed child welfare professionals must be ready to confront and educate foster parents and staff members in an attempt to advocate for their LGBTQ clients and must be prepared to potentially seek out alternative placement options that are safe and inclusive.

### **Creating Safety for LGBTQ Youth in Care**

Youth who have experienced trauma often encounter situations that pose significant threats to their sense of safety (NCTSN, 2012). The process of restoring an LGBTQ youth's sense of safety requires a child welfare system that recognizes that a youth's capacity to differentiate between safe and unsafe situations and settings can be profoundly impacted by traumatic stress responses. Child welfare professionals and foster parents must recognize that

LGBTQ youth are often looking for cues in their environment to heighten their sense of safety (American Institute of Research, 2013).

Many LGBTQ youth experiencing traumatic stress will encounter stressors or traumatic reminders that trigger painful and fearful emotional and cognitive experiences (McCormick et al., 2016). Child welfare professionals and caretakers must be equipped to routinely assess a youth's environment for triggers and eliminate as many triggers and reminders from an LGBTQ youth's environment as possible. Furthermore, mental health services can be instrumental in helping to assist LGBTQ youth in developing the internal resources and coping skills to effectively process the overwhelming thoughts and emotions associated with traumatic stress responses (American Institute for Research, 2013).

### **Enhancing the Social Support of LGBTQ Youth in Care**

Trauma-informed child welfare responses aimed at enhancing an LGBTQ youth's broader environment must address the manner in which issues such as rejection, hostility, and instability might exacerbate the adverse effects of traumatic stress. Such stressors can largely impede an LGBTQ youth's ability to heal and cope with his or her response to trauma (Mallon, 1998 Woronoff & Estrada, 2006). Trauma-informed child welfare professionals who are equipped to address the impact that issues related to SOGIE can have on a youth's broader environment are likely to be much more effective in creating a sense of safety and stability.

Enhancing the support networks of LGBTQ youth in the child welfare system can be instrumental in helping to normalize and externalize the traumatic experiences and rejection experiences of LGBTQ youth. Resources such as gay-straight alliances (GSAs) have shown strong evidence in creating a greater sense of safety and inclusion for LGBTQ youth in schools. In addition, LGBTQ youth in GSAs report higher GPAs and miss school less often for fears related to their safety (Kosciw et al., 2013).

Given that many LGBTQ youth in care have been isolated from their families of origin, many have responded by creating support systems and kinship systems that often reach beyond the scope of kinship that child welfare professionals typically address. These new kinship networks can potentially provide an added layer of support and safety for LGBTQ youth in care.

### **Implications for Child Welfare Practice**

Previous research has identified that many child welfare professionals and foster caretakers are reluctant to simply acknowledge issues related to SOGIE as being one of the most significant barriers for LGBTQ youth in care (McCormick, Schmidt, & Terrazas, 2017). Most LGBTQ youth in the child welfare system experience a sense of empowerment and comfort when placed in environments where they can talk openly about issues related to their SOGIE. Efforts to train and equip child welfare professionals to initiate and engage effectively in conversations around issues related to a youth's SOGIE can be beneficial in creating a more affirming and inclusive child welfare response.

To empower LGBTQ youth, child welfare professionals and caretakers must also recognize that LGBTQ identities are not symptoms of trauma or problems to be solved. It is an LGBTQ youth's experiences with trauma, discrimination, and oppression that are the problems, and interventions must be aimed at assessing, managing, and eradicating those societal inequities and providing LGBTQ youth with a space for coping and healing.

LGBTQ youth may have had negative experiences with child welfare professionals and other helping professionals, specific to their SOGIE, that can color their interactions with caseworkers and caretakers. In some cases, child welfare interventions may need to compensate for the wrongs of others in a youth's past, in order to move forward to a trusting and open relationship. Simple efforts such as using preferred pronouns, intentionally initiating discussions on topics related to SOGIE, and making intentional efforts to display signs or stickers that convey that professionals are accepting of LGBTQ identities can reduce the amount of work that LGBTQ youth often do to assess whether or not child welfare professionals are accepting of their identities.

One of the core concepts of trauma-informed care is the importance that is placed on cultural issues that can impact the ways in which youth respond to traumatic stress (NCTSN, 2012). Although cultural factors related to SOGIE have largely been overlooked in previous conversations, frameworks, and articles about trauma-informed care, these issues are essential in creating trauma-informed responses that are inclusive and culturally competent. Research on the traumatic experiences of LGBTQ youth suggests that a youth's SOGIE can make him or her much more vulnerable to nearly every form of maltreatment and that child welfare responses must not minimize or overlook the vital role that a youth's identity can play in the healing process.

Factors such as family rejection and discrimination can create some challenges in assessing and treating the traumatic stress of LGBTQ youth. The responses to adversities such as family and peer rejection often look a lot like the stress responses that occur in the aftermath of traumatic experiences. Child welfare professionals and caretakers must develop the capacity to distinguish between the traumatic stress responses of LGBTQ youth and the responses to family and peer rejection. Furthermore, child welfare professionals must be equally as prepared to recognize the ways in which stressors such as family and peer rejection can exacerbate the traumatic stress responses of LGBTQ youth, as well as to identify the ways in which family and peer rejection can impact an LGBTQ youth's vulnerability to maltreatment and other forms of trauma.

### **Implications for Research**

Until recently, very little attention has been given to the specific experiences of LGBTQ youth in the child welfare system (Woronoff & Estrada, 2006). As LGBTQ youth become more visible to child welfare professionals and researchers, it is important that efforts aimed at further exploring the experiences and outcomes of this population are initiated. Previous research suggests that family acceptance can positively impact the health and behavioral outcomes of LGBTQ youth and further research examining the impact of foster family

acceptance can provide further evidence supporting the need for the training and recruitment efforts detailed in this article. In addition, research aimed at assessing the specific gaps in knowledge, confidence, and attitudes that exist among child welfare professionals and caregivers could prove to be beneficial in identifying the specific content, skills, and competencies to be included in training efforts.

Recent studies exploring the relationship between family acceptance and the mental health and behavioral outcomes of LGBTQ youth have provided overwhelming evidence supporting the need for training and interventions aimed at enhancing family acceptance (Ryan et al., 2009). Similarly, research exploring the relationship between maltreatment experiences of LGBTQ youth and their mental health and behavioral outcomes can be equally as important in providing evidence for trauma-informed care responses that address issues related to a youth's SOGIE.

Despite their increased vulnerability to trauma, maltreatment, and discrimination, LGBTQ youth in the child welfare system are a population with much more resilience than risk. Research aimed at addressing the strengths, resilience, and internal resources of LGBTQ youth navigating the child welfare system could provide incredible insights for child welfare professionals who have historically had to rely on research that has focused on the risks and vulnerabilities of LGBTQ youth.

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