

Supporting LGBTQ+ Youth: A Guide for Foster Parents

Approximately 170,000 children, youth, and young adults ages 10 to 20 are in foster care in the United States (U.S. Department of Health and Human Services [HHS], Children's Bureau, 2020). Youth who identify as lesbian, gay, bisexual, transgender, questioning, or other diverse identity (LGBTQ+) are overrepresented in foster care (Human Rights Campaign, 2015), with at least three studies estimating about 30 percent of youth in foster care identify as LGBTQ+ (Baams et al., 2019; Matarese et al., 2021; Sandfort, 2020).

Like all young people, LGBTQ+ (including Native American Two-Spirit)¹ children and youth in foster care need the support of a nurturing family to help them navigate their teenage years and grow into healthy adults. These youth face additional challenges, including the losses that brought them into

¹ Two-Spirit is a person of a culturally and spiritually distinct gender exclusively recognized by some Native American/Alaska Native nations.

WHAT'S INSIDE

Terms and misconceptions

LGBTQ+ youth and the child welfare system

Creating a welcoming and affirming home for youth

Supporting youth in the community

Conclusion

Resources

References

care as well as other possible traumatic events related to abuse and neglect. Often, these traumas are compounded by experiences they may suffer while in foster care or before entering foster care. LGBTQ+ youth also experience violence and other stressors unique to the LGBTQ+ community, including homophobia or transphobia (i.e., the hatred of or discomfort with people who are transgender) and the need to evaluate (often with little or no support) the safety of their communities, schools, social networks, and homes to decide whether to disclose their LGBTQ+ identity, when to do so, and to whom.

This factsheet was written to help families understand how to provide a safe, supportive, and affirming home for an LGBTQ+ youth in foster care. It discusses the unique risks they face and the important role that foster parents can play in reducing those risks. Whether you identify as LGBTQ+ or otherwise, you may benefit from reading about the complex experiences of these youth, which extend beyond their identity and include, among other concerns, the trauma related to being in care. You will learn about specific actions that you can take to promote a youth's health and well-being at home and in the LGBTQ+ community. You will also find links to several resources for more information and support.

Note: Since exploring and accepting one's identity tends to be most common during the teenage years, in this factsheet, we mainly refer to "LGBTQ+ youth," though some of the information may also apply to younger children in your care.

Recognizing Sexual Orientation, Gender Identity, and Expression (SOGIE) Diversity

In this factsheet, we use the acronym LGBTQ+ in the most inclusive sense possible of people with diverse SOGIE. The "+" sign acknowledges the multiple identities, orientations, and expressions that are not explicitly recognized by the acronym, such as "gender variant" or "gender diverse."

LGBT or LGBTQ are acronyms commonly used in the names of programs, services, or resources meant to both serve and study this community. Some of the research applies to people with a diverse sexual orientation or gender identity or expression that is not explicitly recognized. Because language is always evolving, the acronyms used to represent people with diverse sexual and/or gender identity are as well. Therefore, this factsheet incorporates the most common acronyms used at the time of publishing.

For more terms and definitions, see the [glossary](#) prepared by the [National Quality Improvement Center on Tailored Services, Placement Stability and Permanency for Lesbian, Gay, Bisexual, Transgender, Questioning, and Two-Spirit Children and Youth in Foster Care \(QIC-LGBTQ2S\)](#), a project funded by the Children's Bureau to develop, integrate, and sustain best practices and programs that improve outcomes for children and youth with diverse SOGIE in foster care.

Other glossaries you may find helpful include the following:

- [Glossary of Terms](#) (Human Rights Campaign)
- [Glossary of LGBTQ Terms](#) (Lambda Legal)
- [National Glossary of Terms](#) (PFLAG)

TERMS AND MISCONCEPTIONS

To help create an environment where LGBTQ+ children and youth feel safe, ask all young people how they identify and what their pronouns are. These questions will send a message of safety and LGBTQ+ competency to youth who are unsure of whether to disclose their SOGIE. Some youth may choose not to use self-identifying terms. It is important that you honor their decisions.

Created by the [Center of Excellence: LGBTQ+ Behavioral Health Equity](#), the following animated video, "[Learning About Sexual Orientation, Gender Identity and Expression \(SOGIE\)](#)," discusses basic terms used to describe SOGIE and introduces important, everyday definitions familiar to the LGBTQ+ community.

Many terms and labels can be regional, generational, and cultural. Your familiarity with these evolving terms will help you recognize common misconceptions about LGBTQ+ youth and understand the youth in your care. Your familiarity with these terms will also show the youth in your care that you care about language and ideas that are important to them. As youth grow to trust their foster families, many will eventually share their feelings about gender identity or sexuality more openly.

**"Gaining that trust takes time, patience, and consistency. That's what [my foster mother] gave me."
—LGBTQ+ youth in foster care**

ADDRESSING COMMON MISCONCEPTIONS

Misinformation about sexual orientation and gender identity is harmful to youth with diverse SOGIE. It is also harmful to resource families. Making assumptions based on your perception (for example, mannerisms are often not accurate indicators) and assuming the sexual orientation of the youth in your care can result in a traumatizing experience. The following responses to common misconceptions are important for you to know about LGBTQ+ youth in your home:

LGBTQ+ youth are like any other youth.

Everyone has a sexual orientation and gender identity. LGBTQ+ youth go through the same milestones as their cisgender peers, such as attending the first day of school, going on their first date, and earning their first paycheck. Most, if not all, youth in foster care have been affected by trauma and loss due to separation from their families; they require acceptance and understanding. Making sure your home is welcoming and affirming to all differences, including race, ethnicity, disability, religion, gender identity, and sexual orientation, will help ensure that all youth in your home feel safe and grow into adults who embrace diversity in all its forms.

This is not "just a phase." LGBTQ+ people are coming out (acknowledging their sexual orientation/gender identity to themselves and others) at younger and younger ages. Studies by the [Family Acceptance Project](#) have found that most people report being attracted to another person around age 10 and identify as lesbian, gay, or bisexual by age 13 (on average) (HHS, Substance Abuse and Mental

Health Services Administration [SAMHSA], 2014). Most children have a stable sense of their gender identity by age 4 (Rafferty, 2018). Someone who has reached the point of telling a foster parent that they are LGBTQ+ has likely given a great deal of thought to their own identity and to the decision to share it.

No one “caused” their LGBTQ+ identity.

Sexual orientation and gender identity are the result of complex genetic, biological, and environmental factors. A youth's LGBTQ+ identity is not the result of anything you (or a birth parent or any other person) did. People who identify as LGBTQ+ come from families of all religious, political, ethnic, and economic backgrounds, including straight and LGBTQ+-dominant households. An LGBTQ+ parent does not “create” LGBTQ+ children. Experiencing childhood trauma or reading about, hearing about, or being friends with other LGBTQ+ people does not “make” a youth become LGBTQ+. Professional mental health organizations agree that LGBTQ+ identities are not mental disorders and are natural parts of the human condition.

LGBTQ+ youth are no more likely to have a mental health diagnosis or behavioral challenges than other youth. Although it is true that LGBTQ+ people experience higher rates of anxiety, depression, alcohol and drug use, and other mental health challenges than the general population, studies show that these rates are the result of the stigma and discrimination that LGBTQ+ people experience from others and from navigating hostile environments and barriers to access mental health services. *They are not characteristics of a person’s LGBTQ+ identity* (Moagi et al., 2021). Many LGBTQ+ people

also fear being visibly LGBTQ+ because of the experienced and perceived stigma, harassment, or threats to safety, which can lead to negative mental health outcomes.

People who identify as LGBTQ+ are not more likely than heterosexual or cisgender people to sexually abuse or otherwise pose a threat to others, including children.

Abusers are most likely to be family members or someone the family trusts (Darkness to Light, 2017).

Their LGBTQ+ identity cannot be changed.

[Medical](#) and [psychological](#) experts agree that attempting to change someone's sexual orientation or gender identity does not work and could result in higher rates of depression, anxiety, and suicidal thoughts. So-called “conversion therapy”—any method intended to change an individual's sexual orientation or gender identity—does not work and can be harmful to a person's health and well-being (SAMHSA, 2015).

You do not have to choose between your faith and supporting their LGBTQ+ identity. Many [religious groups](#) embrace LGBTQ+ youth, adults, and their families. There are more and more affirming churches and religious groups that are providing affirming spaces to LGBTQ+ youth and their families.

For more information on addressing misconceptions, see [A Guide for Understanding Supporting, and Affirming LGBTQI2-S Children, Youth, and Families](#) (Poirier et al., 2014).

LGBTQ+ YOUTH AND THE CHILD WELFARE SYSTEM

LGBTQ+ children and youth are overrepresented in the child welfare system. While approximately 5 percent of the general population is estimated to be LGBTQ+ (Conron & Goldberg, 2020), a study conducted in New York City found that 34.1 percent of youth in foster care reported being a sexual and gender minority (Sandfort, 2020). Another study, conducted by the University of Maryland, found that 32 percent of youth in foster care in Ohio's Cuyahoga County identified as LGBTQ+ (Matarese et al., 2021). These numbers are likely to be underreported because youth who come out often risk harassment and abuse. Moreover, another [important study](#) found that LGBTQ+ youth in foster care in Los Angeles were 1.5 to 2 times more likely to experience frequent placement disruptions, homelessness, and other factors that lead to poor permanency outcomes compared with LGBTQ+ youth living outside of foster care (Jacobs & Freundlich, 2006). These findings corroborate the current understanding of disproportionality among LGBTQ+ youth in foster care and emphasize the need for further population-based data collection on this population across the country.

Some LGBTQ+ youth enter the child welfare system for the same reasons that other children and youth enter care: Their birth families are unable to provide a safe, stable, and nurturing home for them due to a parent's incarceration, drug or alcohol use, mental illness, or other reasons unrelated to the youth's identity. Other youth, however, are rejected (and, in some cases, neglected or abused) by their families of origin when learning that they identify as LGBTQ+. Many youth are rejected because their birth and resource families' religious beliefs and attitudes toward the LGBTQ+ community create abuse and safety

issues. Some youth experience repeated losses: originally adopted as babies or toddlers, they are returned to the system by their adoptive families when they come out as LGBTQ+.

Most homeless LGBTQ+ youth either ran away from home or were kicked out by their families because of their identity (Choi et al., 2015). This maltreatment is partially responsible for the fact that LGBTQ+ youth are more than twice as likely to report being homeless than their peers who identify as heterosexual and cisgender (Morton et al., 2017). Homelessness, in turn, increases the youth's risk of substance use, risky sexual behavior, victimization, and contact with the criminal justice and child welfare systems. Youth who are rejected by their families may experience greater risks than other young people in care. Compared with other LGBTQ+ youth, those rejected by their families because of their sexual orientation or gender identity have a much greater chance of physical and mental health problems, such as depression, as adults (Family Acceptance Project, 2010).

Unfortunately, many LGBTQ+ youth in foster care experience further verbal harassment or even physical violence after they are placed in out-of-home care (Cook & Cohen, 2018). As a result, many youth experience multiple placement disruptions, compounding the trauma associated with leaving their families of origin.

The good news is that rejection, maltreatment, and other traumas can be mitigated by foster and adoptive families who acknowledge, respect, and support LGBTQ+ youth in ways that nurture and protect the health, safety, and well-being of these young people. When child welfare agencies identify and ensure access to foster homes that provide stable, supportive, and affirming families for LGBTQ+ youth, these youth can develop the strength and self-confidence they need to become successful adults.

CREATING A WELCOMING AND AFFIRMING HOME FOR YOUTH

All children and youth in care need nurturing homes that provide them with a safe place to process their feelings of grief, loss, and trauma; freedom to express who they are; and structure to support them in becoming responsible, healthy adults. Creating a welcoming and affirming foster home for LGBTQ+ youth is not that different from creating a safe and supportive home for any youth.

“The most important thing is to allow any youth to feel safe enough to blossom into whoever they are meant to be.” —Foster parent

In fact, youth in care may have difficulty trusting adults (many with good reason), so you may not know their gender identity or sexual orientation until they have spent time in your home and have grown to trust you. Avoid making assumptions about gender identity or sexual orientation. Any steps you take to make your home welcoming and affirming to LGBTQ+ youth will benefit all children and youth in your care—both by giving LGBTQ+ youth the freedom to express themselves and by helping heterosexual and cisgender youth learn to respect and embrace diversity.

Respecting their gender identity and expression is very important. Behaviors that openly reject a youth's LGBTQ+ identity must be avoided and not tolerated. This includes slurs or jokes about gender or sexuality and forcing youth to attend activities (including religious activities, sports activities, and family gatherings) that are openly

hostile or unsupportive of people with diverse SOGIE. Well-meaning attempts to protect youth from potential harassment, such as "steering" them toward hobbies seen as more typical for their gender or isolating them for the sake of safety, also are experienced as rejection by LGBTQ+ youth and can have devastating consequences for their self-esteem and well-being.

For real-world examples and strategies to promote support, acceptance, and affirmation of youth with diverse SOGIE, watch the video [“Support for LGBTQ Youth Starts at Home: An #AsYouAre Project.”](#)

As children and youth grow to trust their foster families, many will eventually share their feelings about gender identity or sexuality more openly. The more you can do to provide an authentically safe space for the youth, the earlier they could potentially feel comfortable being out. Consider the following suggestions, **whether or not a youth in your care openly identifies as LGBTQ+:**

- Make it clear that slurs or jokes based on sex assigned at birth, gender expression or identity, or sexual orientation are not tolerated in your house. Express your disapproval of these types of jokes or slurs when you encounter them in the community or media.
- Display "hate-free zone" signs or other symbols indicating an LGBTQ-affirming environment (e.g., pink triangle, rainbow, or ally flag).

- Use gender-neutral language when asking about relationships. For example, instead of, "Do you have a girlfriend?" ask, "Are you dating anyone?"
- Celebrate diversity in all forms. Provide access to a variety of books, movies, and materials, including those that positively represent same-gender relationships. Point out LGBTQ+ celebrities, role models who stand up for the LGBTQ+ community, and people who demonstrate bravery in the face of social stigma.
- Let youth in your care know that you are willing to listen and talk about anything.
- Support their self-expression through their choices of clothing, jewelry, hairstyle, friends, and room decoration.
- Insist that other family members include and respect all youth in your home.
- Allow youth to participate in activities that interest them, regardless of whether these activities are stereotypically masculine or feminine.
- Educate yourself about LGBTQ+ history, issues, and resources.

"At [my foster mother's] house, I was able to feel safe and focus on being who I was." —LGBTQ+ youth in foster care

If a youth in your care discloses their LGBTQ+ identity, you can show your support in the following ways:

- Respond in an affirming, supportive way, such as "Thank you for telling me. How can I support you? Would you like others to know?"
- Ask how they prefer to be addressed. Use the name and pronouns (such as he, she, or they) they want to go by.
- Respect their privacy. Allow them to decide when to come out and to whom.
- Avoid double standards: Allow them to discuss feelings of attraction and engage in age-appropriate romantic relationships, just as you would for youth who do not identify as LGBTQ+.
- Invite and welcome their LGBTQ+ friends or partner at family get togethers.
- Connect them with LGBTQ+ organizations, resources, and events. Consider seeking an LGBTQ+ adult role model for them, if possible.
- Reach out for education, resources, and support if you feel the need to deepen your understanding of LGBTQ+ youth experiences.
- Stand up for them when they are mistreated or disrespected.
- Read ["5 Things You Can Do Today to Support LGBTQ Youth"](#) by the Human Rights Campaign for additional ways to show your support.

- Read and share with your child or youth [Be True and Be You: A Basic Guide for LGBTQ+ Youth](#), available on the QIC-LGBTQ2S website.
- Read [Sharing Our Lived Experiences: Eight Tips for Understanding the Two-Spirit/LGBTQ Journey for Native Youth in the Child Welfare System](#).
- Read [Sharing Our Lived Experiences: 22 Tips for Caring for Two-Spirit and Native LGBTQ Youth in the Child Welfare System](#).
- Understand that the way people identify their sexual orientation or gender identity may change over time.

Gender Pronouns

Please note that these are not the only pronouns. There are an infinite number of pronouns as new ones emerge in our language. Always ask someone for their pronouns.

Subjective	Objective	Possessive	Reflexive	Example
She	Her	Hers	Herself	She is speaking. I listened to her. The backpack is hers.
He	Him	His	Himself	He is speaking. I listened to him. The backpack is his.
They	Them	Theirs	Themselves	They are speaking. I listened to them. The backpack is theirs.
Ze	Hir/Zir	Hirs/Zirs	Hirself/ Zirself	Ze is speaking. I listened to hir. The backpack is zirs.

 transstudent.tumblr.com
 facebook.com/transstudent
 twitter.com/transstudent

Design by Landyn Pan

For more information,
go to transstudent.org/graphics


 Trans Student Educational Resources

Youth in foster care who identify as LGBTQ+ need permanent and nurturing homes, not additional, disrupted placements. If you are asked to provide foster care to an LGBTQ+ youth, and you feel—for any reason—that you are not able to provide a safe, affirming, and supportive environment, be honest with your child welfare worker for the sake of both the youth and your family. Remember that you can talk with your child welfare worker about questions you may have or support you may need.

If you are a resource parent and a member of an American Indian/Alaska Native Tribe, you can support agencies, States, and courts in the proper placement of an Indian child as required by the Indian Child Welfare Act of 1978.

SUPPORTING YOUTH IN THE COMMUNITY

The support you give to youth in your care extends beyond your home. It is essential that you also prepare to advocate for them. This involves ensuring they feel safe in the community, receive appropriate child welfare services, benefit from physical and mental health care, and obtain education services to promote healthy development and self-esteem. To help create a plan and a network of communication and safety for the youth, meet with the principal and counselors at their school, the Parent-Teacher Association, and local community advisory boards that involve law enforcement. Parents can also help youth plan for how they will share their identity with friends or others, such as teachers and coaches. Connecting youth with mentors or staying personally involved in their social activities can also be supportive.

WORKING WITH THE CHILD WELFARE SYSTEM

The overwhelming majority of child welfare workers, like foster parents, have the best interests of the children and youth they serve at heart. However, some staff you encounter may have their own feelings and biases informed by miseducation.

To help develop a positive working relationship with your social worker, their supervisor, manager, and team, consider asking these questions:

- How do you support LGBTQ+ youth and resource families?
- What training is available?
- What training have you had?
- Do you treat LGBTQ+ youth the same as other youth?
- Are there issues in the community we should be aware of, at the school, or in the neighborhood?
- Tell me about the Social Worker Code of Ethics and how do you practice these standards?
- Can I count on you to assist us?
- Can you connect us with other LGBTQ+ resource families?
- What would help us work together to ensure my child is safe, well, and will thrive?

It is important to remember that child welfare exists within a series of systems, including the courts. You may interact with judges, attorneys, and others in the legal profession, and you will need to advocate for and support your child or youth in court. You may also need to teach them how the legal system works, prepare them for disappointing findings, and

help them advocate for themselves. To help develop a positive working relationship with the legal professionals you encounter, you may consider engaging the youth and professionals in conversations about these same topics and asking the attorneys about the level of support they will provide the youth and the training they have had in representing LGBTQ+ youth in the child welfare system. Read Child Welfare Information Gateway's [Understanding Child Welfare and the Courts](#) for more information.

In addition, while you should not assume that problems will arise, it is important to be aware of youth's rights. For example (National Conference of State Legislatures, 2019):

- **Youth have the right to confidentiality.** Agencies should not disclose information regarding their sexual orientation or gender identity without good reason (e.g., development of a service plan) and the youth's permission.
- **Youth have the right to an appropriate service plan.** This should include the same permanency-planning services provided to heterosexual or cisgender youth. The youth's sexual orientation or gender identity alone should not be a reason for a caseworker to forego attempts to reunite the youth with their birth family or to seek a permanent adoptive placement. It also includes helping the youth access LGBTQ+ community programs, if desired.
- **Youth should be supported in expressing their gender identity.** The child welfare agency should respect their preferred pronouns and name.
- **Youth have the right to request that a new caseworker be assigned** if the current worker is not addressing their needs appropriately.

Visit Information Gateway's [Rights of Youth in Foster Care](#) webpage for more examples and resources.

FINDING PHYSICAL AND MENTAL HEALTH CARE PROVIDERS

Youth in your care, like all youth in foster care, have the right to physical and mental health care services that address their individual needs. In the case of a LGBTQ+ youth, finding a competent, supportive provider may require some additional research. Consider the following:

- **Check with the youth in your care to see whether they feel comfortable at agency-recommended service providers.** Although your agency may have preferred providers, you can inquire about other options that may work better for the youth in your care. Begin with those who accept Medicaid; however, if the provider the youth needs does not accept Medicaid, the child welfare agency may be able to authorize additional funding for necessary services.
- **Sexual health should be part of every youth's wellness exam.** Competent health-care providers will be able to offer frank, nonjudgmental, and comprehensive education about sexual health that is relevant to LGBTQ+ youth.
- **Transgender youth need health-care providers who are appropriately trained to address their health concerns.** This includes the ability to discuss, provide, and obtain authorization for medically necessary, transition-related treatment, if desired.

- **The youth in your care might benefit from mental health counseling** about issues that may or may not be related to sexual orientation or gender identity. In addition to typical concerns that many teens have, many LGBTQ+ youth struggle with depression or anxiety as a result of experiencing stigma, discrimination, or harassment. If that is the case, seek a provider who is experienced and competent in helping LGBTQ+ youth cope with trauma.
- **Under no circumstances should any youth be forced or encouraged to undergo “conversion therapy.”** Every major medical and mental health association has condemned practices intended to change a person's sexual orientation or gender identity.

SUPPORTING YOUTH AT SCHOOL

Unfortunately, bullying and harassment at school are everyday experiences for many LGBTQ+ youth. In many schools, negative remarks about sexual orientation or gender identity are common from other students and even from faculty or staff. According to a 2015 report, students who identified as gay, lesbian, or bisexual experienced higher rates of bullying on school property (34.2 percent) and of electronic bullying (28 percent) compared with their peers who identified as heterosexual (18.8 percent and 14.2 percent, respectively) (Kann et al., 2016). School harassment can have devastating consequences for youth's education and general well-being. Absenteeism and dropout rates are higher and grade point averages lower among LGBTQ+ youth experiencing harassment at school (Gay, Lesbian, and Straight Education Network, 2016).

If your youth is being bullied or harassed, you may need to work with their caseworker, school administrators, school board, and/or the Parent-Teacher Association to address the problem.

The following practices have proven effective for preventing antigay and antitransgender harassment and for improving school climate for LGBTQ+ youth:

- **Gay-straight alliances (GSAs).** Students at schools with GSAs hear fewer homophobic remarks, experience less bullying, and feel safer at school (Ioverno et al., 2016).
- **Antibullying policies that specifically reference sexual orientation and gender identity.** Students in States with comprehensive safe-school laws report fewer suicide attempts and feeling safer at school (Meyer et al., 2019).
- **LGBTQ+-friendly teachers, curriculum, and resources.** Students in schools with an inclusive curriculum are more likely to report that classmates are somewhat or very accepting of LGBTQ+ people (Snapp et al., 2015).

CONCLUSION

LGBTQ+ youth in foster care need nurturing homes where they feel safe and affirmed. They make up the highest percentage of children and youth in the child welfare and foster care systems, and they face serious risks beyond those experienced by heterosexual and cisgender youth. Disrupted placements and rejection by their families and other caregivers further increases the challenges and vulnerability they face. If LGBTQ+ youth are to reach their full potential and grow into healthy, happy adults, they—like all youth in care—need families who can provide permanent, supportive, and affirming homes during their critical teenage years. With a little additional education and training, your family can successfully provide a welcoming home to LGBTQ+ youth in need of a permanent and loving family.

RESOURCES

The following resources provide more information and tools to support families and youth who identify as LGBTQ+.

FOR FAMILIES

- [Human Rights Campaign](#): Offers numerous resources to LGBTQ+ people and their allies
 - [LGBTQ Youth](#): Provides resources to support LGBTQ+ youth in your care
 - [Parenting](#): Offers resources on issues facing families with parents or children who identify as LGBTQ+
- [Family Acceptance Project](#): Helps ethnically, socially, and religiously diverse families increase support for their LGBTQ+ children through a research-based, culturally grounded approach
- [PFLAG](#): Supports families through more than 350 chapters in major urban centers, small cities, and rural areas in all 50 States and is a national, nonprofit organization
 - [Coming Out](#): Offers a guide to demonstrating support and acceptance for LGBTQ+ people
 - [Our Trans Loved Ones](#): Provides answers to frequently asked questions and support for family members just learning of their loved one's gender differences
 - [Be Not Afraid – Help Is on the Way! Straight for Equality in Faith Communities](#): Offers a faith-based resource from PFLAG's [Straight for Equality](#) program
- [Centers for Disease Control and Prevention](#): Provides education, information, resources, and health services for LGBTQ+ youth and adults

- [American Psychological Association](#): Answers questions about transgender people, gender identity and expression, and other issues related to sexual orientation, including [Transgender People, Gender Identity, and Gender Expression](#) and [Sexual Orientation & Homosexuality](#)
- [Lambda Legal](#): Offers a toolkit, [Getting Down to Basics](#), with resources for those supporting LGBTQ+ youth in foster care

FOR LGBTQ+ YOUTH

- [Be Yourself: Questions and Answers for Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning Youth](#): Offers clear, straightforward answers for LGBTQ+ youth
- [Represent](#): Presents personal stories from LGBTQ+ youth in foster care
- [The Trevor Project](#): Provides crisis intervention and suicide prevention services for LGBTQ+ youth
- [It Gets Better Project](#)[®]: Uses videos created to show LGBTQ+ youth that they are not alone and that they have the potential for happy, positive futures, if they can just get through their teen years
- [American Civil Liberties Union](#): Offers resources, such as [LGBTQ Rights](#), for LGBTQ+ youth about their rights at school and how to effectively advocate for themselves
- [Lambda Legal](#): Provides [legal resources](#) regarding out-of-home care and school issues for LGBTQ+ youth
- [Gay, Lesbian, and Straight Education Network](#): Focuses on ensuring safe schools for all students and is a leading national education organization

REFERENCES

- Baams, L., Wilson, B. D., & Russell, S. T. (2019). LGBTQ youth in unstable housing and foster care. *Pediatrics*, 143(3), e20174211. <https://doi.org/10.1542/peds.2017-4211>
- Choi, S. K., Wilson, B. D. M., Shelton, J., & Gates, G. (2015). *Serving our youth 2015: The needs and experiences of lesbian, gay, bisexual, transgender, and questioning youth experiencing homelessness*. The Williams Institute with True Colors Fund. <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Serving-Our-Youth-Update-Jun-2015.pdf>
- Conron, K. J., & Goldberg, S. K. (2020, July). *Adult LGBT population in the United States*. The Williams Institute. <https://williamsinstitute.law.ucla.edu/wp-content/uploads/LGBT-Adult-US-Pop-Jul-2020.pdf>
- Cook, M. C., & Cohen, C. (2018). *20 years of advocating for LGBTQ youth in out-of-home care*. <https://www.americanbar.org/groups/litigation/committees/childrens-rights/articles/2018/spring2018-20-years-advocating-lgbtq-youth-out-of-home-care/>
- Darkness to Light. (2017). *Child sexual abuse statistics: Perpetrators*. http://www.d2l.org/wp-content/uploads/2017/01/Statistics_2_Perpetrators.pdf
- Family Acceptance Project. (2010). *Family acceptance of LGBT adolescents protects against depression, substance abuse and suicidal behavior*. <https://familyproject.sfsu.edu/news-announce/family-acceptance-lgbt-adolescents-protects-against-depression-substance-abuse-and>
- Gay, Lesbian, and Straight Education Network (GLSEN). (2016). *Educational exclusion: Drop out, push out, and school-to-prison pipeline among LGBTQ youth*. GLSEN. https://www.glsen.org/sites/default/files/2019-11/Educational_Exclusion_2013.pdf
- Human Rights Campaign. (2015). *LGBTQ youth in the foster care system*. <https://assets2.hrc.org/files/assets/resources/HRC-YouthFosterCare-IssueBrief-FINAL.pdf>
- Ioverno, S., Belser, A. B., Baiocco, R., Grossman, A. H., & Russell, S. T. (2016). The protective role of gay-straight alliances for lesbian, gay, bisexual, and questioning students: A prospective analysis. *Psychology of Sexual Orientation and Gender Diversity*, 3(4), 397–406. <https://doi.org/10.1037/sgd0000193>
- Jacobs, J., & Freundlich, M. (2006). Achieving permanency for LGBTQ youth. *Child welfare*, 85(2).
- Kann, L., Olsen, E. O. M., McManus, T., Harris, W. A., Shanklin, S. L., Flint, K. H., ... & Zaza, S. (2016). Sexual identity, sex of sexual contacts, and health-related behaviors among students in grades 9–12—United States and selected sites, 2015. *Morbidity and Mortality Weekly Report: Surveillance Summaries*, 65(9), 1–202. <https://files.eric.ed.gov/fulltext/ED575473.pdf>
- Matarese, M., Greeno, E., Weeks, A., Hammond, P. (2021). *The Cuyahoga youth count: A report on LGBTQ+ youth's experience in foster care*. Baltimore, MD: The Institute for Innovation & Implementation, University of Maryland School of Social Work. <https://theinstitute.umaryland.edu/our-work/national/lgbtq/cuyahoga-youth-count/>

- Meyer, I. H., Luo, F., Wilson, B. D., & Stone, D. M. (2019). Sexual orientation enumeration in state antibullying statutes in the United States: Associations with bullying, suicidal ideation, and suicide attempts among youth. *LGBT Health*, 6(1), 9–14. <https://doi.org/10.1089/lgbt.2018.0194>
- Moagi, M. M., van Der Wath, A. E., Jiyane, P. M., & Rikhotso, R. S. (2021). Mental health challenges of lesbian, gay, bisexual and transgender people: An integrated literature review. *Health SA Gesondheid*, 26, 1–12. <https://doi.org/10.4102/hsag.v26i0.1487>
- Morton, M. H., Dworsky, A., & Samuels, G. M. (2017). *Missed opportunities: Youth homelessness in America*. National estimates. Chapin Hall at the University of Chicago. https://voicesofyouthcount.org/wp-content/uploads/2017/11/ChapinHallVoYC_NationalReport_Final.pdf
- National Conference of State Legislatures. (2019). *Foster care bill of rights*. <https://www.ncsl.org/research/human-services/foster-care-bill-of-rights.aspx>
- Poirier, J. M., Fisher, S. K., Hunt, R. A., & Barse, M. (2014). *A guide for understanding, supporting, and affirming LGBTQI2-S children, youth, and families*. Washington, DC: American Institutes for Research.
- Rafferty, J. (2018). *Gender identity development in children*. <https://www.healthychildren.org/English/ages-stages/gradeschool/Pages/Gender-Identity-and-Gender-Confusion-In-Children.aspx>
- Sandfort, T. (2020). *Experiences and well-being of sexual and gender diverse youth in foster care in New York City: Disproportionality and disparities*. <https://www1.nyc.gov/assets/acs/pdf/about/2020/WellBeingStudyLGBTQ.pdf>
- Snapp, S. D., Burdge, H., Licona, A. C., Moody, R. L., & Russell, S. T. (2015). Students' perspectives on LGBTQ-inclusive curriculum. *Equity & Excellence in Education*, 48(2), 249–265. <https://doi.org/10.1080/10665684.2015.1025614>
- U.S. Department of Health and Human Services, Children's Bureau. (2020). *The AFCARS report: Preliminary FY 2019 estimates as of June 2020*, No. 27. <https://www.acf.hhs.gov/sites/default/files/documents/cb/afcarsreport27.pdf>
- U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. (2014). *A practitioner's resource guide: Helping families to support their LGBT children*. <https://familyproject.sfsu.edu/sites/default/files/FamilySupportForLGBTChildrenGuidance.pdf>

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. (2015). *Ending conversion therapy: Supporting and affirming LGBTQ youth*. <https://store.samhsa.gov/sites/default/files/d7/priv/sma15-4928.pdf>

SUGGESTED CITATION:

Child Welfare Information Gateway. (2021). *Supporting LGBTQ+ youth: A guide for foster parents*. U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau. <https://www.childwelfare.gov/pubs/LGBTQyouth/>



U.S. Department of Health and Human Services
Administration for Children and Families
Administration on Children, Youth and Families
Children's Bureau



This material may be freely reproduced and distributed. However, when doing so, please credit Child Welfare Information Gateway. This publication is available online at <https://www.childwelfare.gov/pubs/LGBTQyouth/>.