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# Lesbian, gay, and bisexual (LGB) youth within in welfare: Prevalence, risk and outcomes<sup>☆</sup>

Alan J. Dettlaff<sup>a</sup>, Micki Washburn<sup>b,\*</sup>, Lynley “Christian” Carr<sup>a</sup>, Alicia “Nikki” Vogel<sup>a</sup>

<sup>a</sup> University of Houston Graduate College of Social Work, 3511 Cullen Blvd., Houston, TX 77204-4013, United States

<sup>b</sup> University of Houston Graduate College of Social Work, Center for Child and Innovation Research, 3511 Cullen Blvd., Houston, TX 77204-4013, United States

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## ABSTRACT

The purpose of this study was to estimate the population of sexual minority or LGB (lesbian, gay and bisexual) children and youth involved with the child welfare system, and to compare their health, mental health, placement and permanency outcomes to those of non-LGB youth. Data were drawn from the Second National Survey of Child and Adolescent Well-Being (NSCAW-II), a nationally representative sample of children who were referred to child welfare due to a report of abuse or neglect over a fifteen month period. This sample included youth ages eleven and older who self-identified their sexual orientation ( $n = 1095$ ). Results indicate that approximately 15.5% of all system involved youth identified as lesbian, gay or bisexual, and that lesbian and bisexual females, and LGB youth of color are both overrepresented within child welfare systems. Although no substantive difference in risk factors, permanency and placement were found between LGB and Non-LGB youth, LGB youth were significantly more likely to meet the criteria for adverse mental health outcomes. Implications for child welfare practice and policy are presented, along with recommendations for future research in this area.

## 1. Introduction

Each year, millions of families come into contact with American child welfare systems. In 2015 alone, over 4 million children reports of abuse or neglect were filed, and approximately 683, 000 children were found to have experienced abuse or neglect (Child Welfare Information Gateway, 2017). Child and family demographic data routinely collected by child welfare service agencies includes data on child gender, race, ethnicity, place of residence, and risk factors for system involvement. However, data on SOGIE (sexual orientation, gender identity and expression) are not routinely collected in the majority of child welfare jurisdictions (Washburn et al., 2018).

Due to increasing visibility of sexual minority communities, and a renewed emphasis on social policy related to children and families, recently there has been expanding awareness of the unique needs and challenges faced by LGB (lesbian, gay or bisexual) youth in child welfare systems (Freundlich & Avery, 2005; Martin, Down, & Earney, 2016; Yarbrough, 2012). Our current understanding of the needs of sexual minority youth within child welfare is limited, and is based largely on data from regional samples and retrospective studies of LGB former system involved LGB youth who have aged out of care. However, these studies indicate that sexual minority youth may be disproportionally represented within child welfare, and that they experience disparities in key outcomes when compared to youth not identifying as lesbian, gay or bisexual. (Center for the Study of Social Policy, 2015; Courtney

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\* Corresponding author.

E-mail addresses: [ajdettlaff@uh.edu](mailto:ajdettlaff@uh.edu) (A.J. Dettlaff), [mewashbu@central.uh.edu](mailto:mewashbu@central.uh.edu) (M. Washburn), [lccarr@uh.edu](mailto:lccarr@uh.edu) (L. Carr), [anvogel@uh.edu](mailto:anvogel@uh.edu) (A. Vogel).

et al., 2007; Dworsky, Napolitano, & Courtney, 2013; Martin et al., 2016; Permanency Innovations Initiative Evaluation Team, 2016).

### 1.1. Disproportionality and disparities of sexual and gender minority youth

Dettlaff (2014) defined disproportionality as a condition existing when the proportion of people of a certain group in a target population (in this case, the population of those involved in the child welfare system) differs from the proportion of people from the same group in the reference population (all youth). Results from the 2015 Youth Risk Behavior Survey (Kann et al., 2016) estimate that approximately 8% of American youth in grades 9–12 identified as lesbian, gay or bisexual (LGB), and an additional 3.2% indicated that they were currently unsure of, or currently exploring, their sexual identity. Similarly a 2013 report by the Child Welfare Information Gateway estimated that between 5–10% of youth in foster care identify as part of the greater sexual and gender minority (lesbian, gay, bisexual, transgender, queer/questioning, non-binary or two-spirit, LGBTQ+) community.

A number of county- and state-based initiatives estimate the proportion of sexual and gender minority youth within child welfare to be much higher than in the general population. LGBTQ+ focused initiatives such as the RISE project in Los Angeles (Permanency Innovations Initiative Evaluation Team, 2016; Wilson, Cooper, Kastanis, & Nezhad, 2014), *getR.E.A.L.* in Allegheny, PA and California (Center for the Study of Social Policy, 2015; Martin et al., 2016) and the Midwest Evaluation of Adult Functioning of Former Foster Youth (Courtney et al., 2007; Dworsky, 2013) all have collected data on LGBTQ+ youth formerly in care. These findings indicate that between 15% and 30% of former system-involved youth identify as LGBTQ+. In these studies, disproportional representation of these youth appears even more pronounced when one looks at the percentages of LGBTQ+ children of color, both within the greater child welfare population, as well as within the population of youth in out of home care (Center for the Study of Public Policy, 2015; Martin et al., 2016; Wilson & Kastanis, 2015).

### 1.2. Outcome indicators

Disparities in child welfare are unequal outcomes experienced by one group in relation to another group within the child welfare system (Dettlaff, 2014). There is an emerging body of evidence that indicates that LGBTQ+ system involved youth are not only overrepresented within child welfare, but also have poorer outcomes concerning health, mental health and well-being (Collier, van Beusekom, Bos, & Sandfort, 2013; Durso & Gates, 2012; Mallon, 2011; Quinn & Ertl, 2015; Schneeberger, Dietl, Muenzenmaier, Huber, & Lang, 2014; Wilson & Kastanis, 2015; Wilson et al., 2014; Yarbrough, 2012). A recent systematic review by the Casey Foundation (2016) indicated negative outcomes such as post-traumatic stress disorder, sexual risk behaviors, suicidal ideation, and suicide attempts were frequently experienced by LGBTQ youth.

Sexual and gender minority youth are often met with familial rejection as a response to sexual orientation disclosure (D'Augelli, Grossman, Starks, & Sinclair, 2010; McCormick, Schmidt, & Terrazas, 2016; Ryan, Huebner, Diaz, & Sanchez, 2009). A recent systematic review by Bouris et al. (2010) provides evidence potentially linking family rejection to negative health outcomes, and victimization by family members. In addition, Roberts, Austin, Corliss, Vandermorris, and Koenen (2010) found that LGB identified individuals had significantly higher risk of child maltreatment, as well as interpersonal violence, than their non-same-sex attracted heterosexual counterparts, with a higher prevalence of both experiences occurring before the age of twelve. Although all youth in care typically share the experience of maltreatment and/or trauma (Greeson et al., 2011), some researchers have concluded that sexual minority youth may experience higher rates of childhood maltreatment and traumatic experiences than their heterosexual peers (Alvy, Hughes, Kristjanson, & Wilsnack, 2013; Schneeberger et al., 2014).

Prior studies also indicate that sexual minority youth, particularly those with child welfare involvement, frequently reported running away from home (Choi, Wilson, Shelton, & Gates, 2015; Center for the Study of Public Policy, 2015; Dettlaff, McCoy, Holzman, & Washburn, 2017). As such, LGB youth are at disproportionately high risk of experiencing homelessness, particularly in later adolescence (Dettlaff et al., 2017). Birkett, Russell, and Corliss (2014) found LGB students had higher rates of school-based victimization than their non-LGB peers, and further suggested school victimization experiences may be associated with higher rates of truancy often experienced by LGB youth.

### 1.3. Current gaps in knowledge

There is strong potential that prior estimates of system involved youth identifying as LGBTQ+ are inaccurate, as *the majority of child welfare systems currently do not consistently or uniformly collect information on SOGIE for system involved children and youth* (Cahill & Makadon, 2014; Wilber, 2013). Accordingly, a 2014 report released by the Administration for Children and Families (ACF) Office of Planning, Research and Evaluation (OPRE) (Burwick, Oddo, Durso, Friend, & Gates, 2014) concluded that *more population-based data was needed* concerning sexual minority youth within child welfare systems, particularly those in out of home care. Specifically, more data is needed concerning the unique characteristics of this vulnerable group, and their health and permanency outcomes compared to those youth not identifying as LGBTQ+ (Burwick, Gates, Baumgartner, & Friend, 2014). However, there has been resistance to the consistent collection of SOGIE information within child welfare systems due to (a) concerns about youth safety and confidentiality of this data; (b) discomfort of youth, parents and providers in discussing the sexual orientation of youth; (c) assumptions of youth heterosexuality by child welfare employees; (d) a long history of partnerships between traditional faith-based service providers and the child welfare system; (e) the current political climate around SOGIE-based issues (Washburn et al., 2018).

While prior studies have served as a key starting point in identifying the prevalence and needs of LGB youth within child welfare, there is currently a lack of detailed, nationally representative data, making it challenging to identify the true prevalence of LGB

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