Achieving Permanency for LGBTQ Youth

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This article brings together two significant efforts in the child welfare field: achieving permanence for youth in out-of-home care and meeting the needs of lesbian, gay, bisexual, transgender and questioning (LGBTQ) youth. During the past several years, a national movement has taken place to assure all children and youth have a permanent family connection before leaving the child welfare system; however, LGBTQ youth are not routinely included in the permanency discussions. At the same time, efforts in addressing the needs of LGBTQ youth have increased, but permanency is rarely mentioned as a need. This article offers models of permanence and practices to facilitate permanence with LGBTQ youth and their families. It also offers a youth-driven, individualized process, using youth development principles to achieve relational, physical, and legal permanence. Reunification efforts are discussed, including services, supports, and education required for youth to return to their family of origin. For those who cannot return home, other family resources are explored. The article also discusses cultural issues as they affect permanence for LGBTQ youth, and, finally, addresses the need for ongoing support services to sustain and support permanency.

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he Adoption and Safe Families Act (ASFA) of 1997 requires states to assure the permanency, safety, and well-being for all children and youth in the foster care system. Although considerable progress has been made in achieving permanency for many children and youth, some youth in foster care—particularly lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth—have not fully benefited from ASFA’s focus on permanency. This article discusses two separate and distinct movements within the child welfare field: the development of new models of permanency services for older children and youth in foster care and the development of services for LGBTQ youth. Despite innovative efforts across the United States to improve services and outcomes in both of these areas during recent years, a focus on integrating these two movements is lacking. Services for LGBTQ youth have not focused on permanency and, as a consequence, these youth continue to leave foster care—often running away or being emancipated—without caring, committed adults in their lives. This article proposes approaches that should be taken to ensure that permanency is achieved for all LGBTQ youth in foster care.

The Development of New Models of Permanency Services for Youth

In the 1980s and through much of the 1990s, long-term foster care and independent living were recognized as acceptable options for older children and youth in foster care and were used broadly as “permanency” goals without question (Westat, 1986). Since the mid-1990s, however, treating these outcomes as permanency goals has been questioned, at least to the extent that they are used as “across the board” plans for older children and youth in care (Landsman & Malone, 1999). Research indicates that long-term foster care is associated with psychological harm and children in long-term care are more likely to have serious behavioral problems (Doran & Berliner, 2001). It also has become clear that youth who age out of foster care to live “independently” face serious risks to their health and well-
being (Scannapieco, 1996). This recognition led Congress to statutorily delete long-term foster care as an accepted permanency option with the passage of ASFA (P.L. 105-89) in 1997 (Renne, 2002).

Adolescence is a critical period of self-development, which is key in the formation and maintenance of quality relationships with adults (Charles & Nelson, 2000; Hair, Jager, & Garrett, 2002). The use of mentors and role models to help all youth bridge the transition to adulthood has received greater attention, while the development of strong youth-adult relationships has been emphasized to provide a foundation for the young person’s psychological health, successful academic performance, and success in later marriage and family relationships (Hair, Jager, & Garrett). Poorer outcomes, both in terms of psychological well-being and subsequent involvement with the juvenile and criminal justice systems, are associated with the absence of quality adult relationships in young people’s lives (Charles & Nelson, 2000; Hair, Jager, & Garrett).

For youth in foster care, these issues are particularly critical because family separations and placement disruptions hinder the development of enduring bonds with adults (Hair, Jager, & Garrett, 2002). Youth in foster care, however, consistently express wishes to maintain connections with their families, and despite their experiences before and during foster care, they frequently return to their families when they exit care (Freundlich, 2003). McMillen and Tucker (1999), for example, report that, irrespective of whether the permanency goal was return to family, many youth went to live with relatives after discharge or upon running away from foster care. McMillen and Tucker report that one quarter (26%) of youth formerly in care were living with relatives after discharge, with 10% of this group in “unplanned placements” with their relatives (that is, they either ran away or the agency could locate no other placement for them).

Building on a recognition of the family’s value for youth in foster care, the use of guardianship as a permanency option has received more attention (Cohen & Testa, 2004), particularly for youth who do not wish to be adopted or are placed with a family member or friend while maintaining a relationship with
birthparents (Roberts, 1999). Some states, for example, have es-
lished subsidized guardianship programs or revised existing pro-
grams to support guardianship arrangements (Cohen & Testa).

Although adoption as an option for adolescents continues to
be the subject of much debate (Garthwait & Horejsi, 1992; Lewis
& Heffernan, 2000), interest has grown in considering adoption
as a permanency option for youth in care, with concerns that adop-
tion may be an underutilized permanency avenue for youth
(Louisell, 2004). Data show that children's and youths' opportu-
nities for adoption decrease significantly as they get older
(Wertheimer, 2002). In 2003, for example, national data show that
children ages 11–15 in foster care represented 30% of adoption-
eligible children but only 18% of all adoptions, while youth ages
16–18 represented 6% of the adoption-eligible population but only
3% of all adoptions (U.S. Department of Health and Human Ser-
vices, 2005). As interest in adoption for youth in foster care has
grown, greater focus has been placed on developing policies and
practices that recognize the importance of permanency for ado-
lescents and that support adoption as a viable option for youth
(Lewis & Heffernan).

Youth in congregate care, compared to youth in family set-
tings, are at particular risk of never achieving permanency. The
National Survey of Child and Adolescent Well-Being (NSCAW)
(U.S. Department of Health and Human Services [DHHS], 2003),
for example, identifies a number of aspects of youth’s experiences
in foster care that work against family connections and perma-
nency. The NSCAW found that children and youth in congregate
care had the lowest levels of contact with their biological fami-
lies, were more likely to report never seeing their biological fa-
thers or mothers, and were more likely than children in other
types of care to report that visits with family members were can-
celled by their caregivers (DHHS). Other studies suggest other
permanency options, particularly adoption, are not considered
for youth in congregate care (Freundlich, 2003).
The Service Needs of LGBTQ Youth

The general service needs of LGBTQ youth have come to be increasingly understood (Mallon 1992, 1997, 1998, 1999, 2001). Mallon (1998) describes three groups of LGBTQ youth in foster care who are in need of a range of services: (1) youth who are rejected by their families of origin when they disclose their sexual orientation or gender identity or a parent discovers it, and who then enter foster care because of these issues; (2) youth who leave home or are rejected by their families of origin for reasons unrelated to their sexual orientation or gender identity, or who leave home for reasons that initially seem unrelated to these issues but are on closer examination, such as truancy or parent conflict resulting from parents' discomfort with the youth's friends; and (3) youth in foster care for long periods of time who disclose their sexual orientation or gender identity while in foster care. Research suggests that LGBTQ youth in foster care need a range of physical and mental health services as well as educational supports and services, but that they confront obstacles in accessing these services because of their sexual orientation or gender identity (Freundlich & Avery, in press; Mallon, 1998).

Permanency-related services for LGBTQ youth have received little emphasis. The few studies focusing on permanency outcomes for this group in foster care find that, consistent with Mallon's categorization of LGBTQ youth based on their reasons for entering care, LGBTQ youth often are not reunited with their birthfamilies (Sullivan, 1994) and that they often lack permanent connections to their communities and families of origin (Mallon, Aledort, & Ferrera, 2002). A number of factors associated with positive permanency outcomes are not present for many LGBTQ youth. Mallon (1992, 1997), for example, documented the negative experiences of LGBTQ youth in their foster care placements, which frequently are group care facilities where permanency is not a focus. His and other studies find that LGBTQ youth often are the targets of discrimination, harassment, and violence from peers, group care facility staff, and other caregivers (Mallon 2001; Mallon, Aledort,
& Ferrera, 2002; Sullivan, Sommer, & Moff, 2001), resulting in many LGBTQ youth running away from their group homes rather than remain in hostile environments (Sullivan, Sommer, & Moff). Sullivan, Sommer, and Moff also find that in some cases, LGBTQ youth are placed in psychiatric facilities, where permanency is not a focus, because no other placement resource is available for them.

Permanency for LGBTQ youth appears to be further undermined by other factors. Mallon (2001) and Mallon, Aledort, and Ferrera (2002) find that LGBTQ youth often experience multiple, unstable placements. Mallon (2001) states that LGBTQ youth are ejected from some agency placements because staff members are uncomfortable with the youth's sexual orientation. In their sample of 45 LGBTQ youth, Mallon, Aledort, and Ferrera (2002) found that the average number of placements for LGBTQ youth was 6.35, a result the researchers associate with nonaffirming placements that either passively encourage LGBTQ youth to leave their placements by neglecting their needs or actively discriminate against them. Mallon (2001) attributes the frequent moves for LGBTQ youth to four factors: staff members do not accept youths' sexual orientation, youth feel unsafe because of their sexual orientation, youths' sexual orientation is seen as a "management problem," and youth are not accepted by peers because of their sexual orientation.

A New York task force similarly reports that placement-related factors work against the well-being of LGBTQ youth and their opportunities for permanency (Urban Justice Center, 2001). In that study, 100% of the LGBTQ youth in New York City group homes reported they were verbally harassed in those facilities by peers, facility staff, and other providers based on sexual orientation or gender identity. Seventy percent reported physical violence because of their sexual orientation or gender identity, 78% stated they had been removed or had run away from their placements because of hostility toward their sexual orientation or gender identity, and 56% reported living on the streets for a time because they felt safer there than in their group or foster homes (Urban Justice Center, 2001).
Research clearly documents poor outcomes for youth when they leave foster care without the benefit of permanent family or committed adults. Studies show that youth who lack permanency face significant risks of poverty, homelessness, and victimization (Courtney, Dworsky, Ruth, Keller, Havlicek, & Bost, 2005; Courtney, Piliavin, Grogan-Kaylor, & Nesmith, 2001). For LGBTQ youth, the failure to achieve permanence also heightens the risk of social isolation, loneliness, discriminatory treatment and harassment, and physical and sexual abuse. Because of these safety and well-being risks, LGBTQ youth have significant needs for the security and support of a nurturing, accepting, and affirming family.

Meeting the Permanency Needs of LGBTQ Youth

In designing and implementing permanency services for LGBTQ youth, a number of issues should be addressed. A critical first step in meeting the permanency needs of LGBTQ youth lies in creating a safe, affirming environment for youth to disclose their sexual orientation or gender identity. One challenge in meeting LGBTQ needs is that although some youth will “come out” to their caseworkers or group care staff, many do not do so. Caseworkers and group care staff must not make assumptions about a youth’s sexual orientation or gender identity based on a youth’s appearance, mannerisms, or behavior. Caseworkers and group care staff also must be mindful that many youth do not identify with labels such as gay, lesbian, bisexual, or transgender. Their behavior, however, may indicate that they need the protection that LGBTQ youth need and require services that specifically meet LGBTQ needs.

Caseworkers and group care staff should approach their work with youth in one of two ways: they should assume all youth need the same level of safety, protection, and services, or they should raise issues of sexual orientation or gender identity with youth directly in an affirming and welcoming manner. Youth will disclose their sexual orientation or gender identity when they feel comfortable in
doing so and when they believe the individuals in their environments will positively respond. Youths’ sense of comfort is first with themselves and then with others, depending on the environment.

A positive and affirming environment for LGBTQ youth can be achieved only if agencies expressly recognize they do indeed serve this population, and they develop and implement policies and practices to ensure LGBTQ youth are well served. Many agencies, however, lack such policies and practices. In Berberet’s (2004) study of service providers in San Diego, California, that work with LGBTQ youth, 90% of the providers reported their agencies did not have a policy regarding LGBTQ youth, and 100% stated that they had insufficient staff training for serving this group of youth. Agencies need to develop and communicate to all staff clear nondiscrimination policies for LGBTQ youth in foster care and provide orientation and training on these policies for all youth, staff, and families.

In some communities, law supports these efforts. The California legislature, for example, enacted the 2004 Foster Care Nondiscrimination Act (AB 458) to prohibit harassment and discrimination against youth and adults in the California foster care system based on whether they are lesbian, gay, bisexual, or transgender, or whether they are believed to be. The law also extends its protections to individuals in the foster care system who may be harassed or discriminated against based on race, ethnic group identification, ancestry, national origin, color, religion, sex, mental or physical disability, or HIV status. This legal approach is one that could be duplicated in other states to ensure that the foster care environments in which LGBTQ youth are placed protect them from harassment and abuse, provide them with the services that they need, and focus on permanency.

Youths’ development of a sense of comfort is further supported when caseworkers and group care staff, as individuals, communicate that they are “LGBTQ-friendly.” An agency’s clear commitment to hiring diverse staff in terms of sexual orientation and gender identity as well as racial and ethnic identity can assist in establishing a LGBTQ-friendly environment. Additionally, tangible evidence, such
as a sign or symbol in staff offices, can be helpful in making it clear that LGBTQ individuals are welcome. A *Hate Free Zone* poster and the ready availability of information about organizations and programs that serve LGBTQ youth can communicate this message.

It is not uncommon for youth to share information pertaining to sexual orientation or gender identity with some staff but to withhold such information from others. When a youth discloses this personal information, caseworkers and group care staff must acknowledge the disclosure. Staff can respond by asking the youth about the availability of supports to them as they come out, providing information and referrals about services and supports, and, when relevant, offering a personal disclosure or experience, such as, “I have a cousin who came out when she was 16 and I know it was really difficult for her. How can I support you?” At the very least, staff should repeat the disclosure to the youth and offer support, clearly acknowledging that the disclosure has been heard and will be supported.

A second critical step in meeting the permanency needs of LGBTQ youth is the development of a strong agency and program focus on permanency for this group. At the heart of this focus is a belief system, embraced by caseworkers and group care staff, that LGBTQ youth can have permanence, that there are families (including adoptive families) for LGBTQ youth, and that these youth are worthy of permanence and deserve a family who will love them and commit to them over the long term.

A number of programs have been developed to specifically serve LGBTQ youth, including Green Chimneys in New York City and Gay and Lesbian Adolescent Social Services (GLASS) in Los Angeles. In addition, many programs that serve the general population of youth in foster care recently have added welcoming and affirming programs to serve LGBTQ youth. Few of these programs, however, have focused on permanency or specifically included a permanency component to their programs. In both LGBTQ-specific and more general programming for youth, the goal often is to keep youth safe until they emancipate from foster care, as opposed to connecting youth with permanent families.
Having LGBTQ-competent staff who provide individualized services for youth is essential to successful permanency efforts. Developing and providing permanency services for LGBTQ youth often are undermined by high caseloads and workloads and by the marginalization of LGBTQ youth. With excessively high caseloads and other workload demands, caseworkers often are not able to make permanency services a priority. LGBTQ youth may have many pressing needs, but caseworkers may be able to respond only to issues that pose immediate challenges, typically issues related to safety and well-being, rarely finding that they are able to elevate a youth’s need for permanence to priority status. At the same time, a caseworker’s own discomfort with LGBTQ issues and the absence of training and supervisory support in working with LGBTQ youth can further exacerbate the lack of attention to permanency needs. Staff must receive training and clinical supervision on the issues LGBTQ youth face in the world and the foster care system. Supervisors must be competent in LGBTQ clinical issues, and when they do not have this expertise, they should have access to and readily use resources outside the agency, including LGBTQ-competent therapists and consultants in the community.

The third critical step in addressing the permanency needs of LGBTQ youth is the development of services that provide these youth with opportunities to resolve their fears associated with permanency. LGBTQ youth face the same general challenges to achieving permanency that other youth in foster care face: unresolved issues with their birthparents; desires for independence; a sense of immortality; a lack of trust in caseworkers, group care staff, and the foster care system; and difficulty comprehending what a functional family is and what their lives would be like as part of such a family. LGBTQ youth also struggle with issues specific to their own situations: parental rejection because of the youth’s sexual orientation or gender identity, a particularly high risk of physical and sexual abuse, and, depending on the youth’s religious and spiritual history, perceptions that they are rejected by God or are spiritually unworthy.
At the same time, aspects of foster youth culture affect how youth perceive permanency (Sanchez, 2004). Some of these issues are particularly exacerbated for LGBTQ youth: displacement from the youth’s family of origin; loneliness, stigmatization, and a feeling that the youth is ultimately and truly alone in the world; and a lack of social capital in their lives, that is, the absence of people with whom they can have a permanent connection. LGBTQ youth may believe that they are not worthy of permanence and may not recognize or accept that they are entitled to a permanent family. The sense of unworthiness may be further complicated by the youth’s own internalized homophobia. Ironically, a permanent, loving, and unconditionally affirming family can best support the youth, but the youth may fear connecting with family the most. For many LGBTQ youth, therapeutic services provided by a LGBTQ-competent clinician would be essential.

Although research has not specifically addressed the experiences of transgender youth in foster care, professionals in the field report that transgender youth are at even higher risk of poor permanency outcomes than gay, lesbian, or bisexual youth. Transgender youth are very unlikely to be placed with a foster or other family resource, and permanency typically is not a consideration in planning for these youth. Most transgender youth are placed in group care facilities where they are at risk of physical and sexual abuse, they do not receive the services they need, and permanency is not an issue on which planning for the youth focuses (Freundlich & Avery, in press). Professionals in residential care environments typically are not prepared to work with these youth, and in reality, transgender youth often are unwelcome in these settings. As a consequence, their needs for permanency, safety, and well-being are not met, and the quality of case management and treatment planning is significantly compromised (DeCrescenzo & Mallon, 2000). Transgender youth, as a result of these experiences, often run away and become homeless, resort to work in the sex industry for survival, or are incarcerated.
Permanency particularly is crucial for transgender youth because they require family support and advocacy to help them access needed educational, healthcare, and mental health services. Parental consent is necessary for a youth to receive hormone treatment, and family support is essential as youth claim their new gender identities, including changing their names. These needs of transgender youth, like the needs of all youth, require a family safety net long after the youth reaches the age of 18.

Broadening the Concept of Permanency for LGBTQ Youth

The permanency needs of LGBTQ youth are no different than other youths' needs for permanency. All young people need the love, nurturing, stability, commitment, claiming, and unconditional acceptance offered by family. Historically, however, permanency for youth has been viewed in very narrow terms. Youth generally have had only two options with regard to permanency and discharge from foster care: through adoption, which historically has followed the infant model of adoption, one that closely resembles the witness protection program (new family, new community, new name, and new identity); and emancipation, which means leaving foster care at age 18 to live alone without any support or assistance (Jensen, 2004). Neither of these options has proven to offer LGBTQ youth the support that they need.

In recent years, new program models for achieving permanence for older youth have emerged (Mallon, 2005). Permanency has been redefined and a range of options has come to be recognized. Permanency, as defined by the California Permanency for Youth Task Force (Sanchez, 2004), is now seen as "both a process and a result that includes involvement of the youth as a participant or leader in finding a permanent connection with at least one committed adult who provides a safe, stable, and secure parenting relationship; love; unconditional commitment; and lifelong support in the context of reunification, a legal adoption, or guardianship, where
possible and in which the youth has the opportunity to maintain contacts with important persons, including brothers and sisters.”

In keeping with this broad definition, permanency options have come to be recognized as involving one or more of the following: a legal relationship, such as through adoption or guardianship; physical permanency, that is, a place to be; and relational permanency, that is, a relationship with a caring adult (Sanchez, 2004). The understanding has grown that youth themselves most often view their permanency needs as primarily relational, then physical, and finally and only in some cases, legal (Sanchez). Within this framework, a further refinement of the range of permanent options for youth takes place, with reunification recognized as the option to be pursued whenever possible, adoption more broadly accepted as a viable option for youth, and a recognition of connections with caring, committed adults as a powerful option for many youth.

**Reunification as the First Permanency Option**

As with any youth at any point in their stays in foster care, the most logical starting point in meeting their permanency needs is the youth's family of origin: their parents and members of their extended families. Exploration of reunification is particularly vital for LGBTQ youth when they have come into foster care following disclosure of their sexual orientation or gender identity or their parents' discovery of this information through other means.

Parents' initial reaction upon disclosure or discovery can be outrage, shock, and disbelief, feelings that may escalate into a crisis, with violence possibly directed toward the youth, the youth being ejected from the home, or the youth fleeing for safety. Although the initial response may be traumatic for the youth and family, families often experience changes in their feelings and perceptions about their children's sexual orientation and gender identity. With clinical intervention, education, counseling, and support, many families are able to begin to accept their child's sexual orientation or gender identity and, with continuing support and assis-
tance to the family and youth, the youth can safely return home. Community resources can be especially helpful in this process. Families should be referred to LGBT-friendly therapists, LGBT community centers, and LGBT-affirming churches and congregations. In addition, Parents and Friends of Lesbians and Gays (PFLAG), a volunteer organization with chapters throughout the United States, can provide families with support for all LGBTQ youth.

When LGBTQ youth have been in foster care for a long period of time, providers must reconsider the youth’s family of origin and reevaluate reunification as a possible permanency plan. Families’ circumstances may have changed, and they may be able to offer the youth the safety, nurturance, and support of family once again. As with any reunification after a long separation, families need to become reacquainted with their child and learn who the child is, including coming to know and understand the youth in the context of his or her sexual orientation or gender identity. Counseling, education, and support from LGBT-competent organizations can be very helpful in this process.

Permanency with Caring Adults in Youths’ Lives

When reunification with a youth’s parent or extended family members is not possible, other potential permanent resources for LGBTQ youth must be identified. Across the United States, several new programs have been developed in recent years that use a youth-driven permanency process, involving youth in their own permanency planning and supporting the identification of individuals in the youth’s life who could be a permanent resource for the youth (Louisell, 2004). In these programs, specially trained social workers collaborate with youth over a period of time to help them identify important and significant adult relationships in their lives, including not only family members but also teachers, mentors, social workers, church members, coaches, and other adults with whom the youth has had a positive relationship. Specific methods have been developed to search for relatives and to “mine” case records
by reading the youth’s entire child welfare file to identify all important former relationships the youth has had (Louisell). These practices can be particularly beneficial to LGBTQ youth who are actively involved in identifying potential resources already known to them. Assuming that the youth has disclosed his or her sexual orientation or gender identity, the youth will be able to identify individuals who will be accepting and affirming.

When youths cannot return to their family of origin and other family members, and other significant adults are not already available to them, other caring adults must be sought for the youth. Prospective adoptive parents (and prospective foster parents) should learn about issues of sexual orientation and gender identity in all preparatory training and be informed that the children or youth whom they adopt (or foster) may be LGBTQ youth. LGBTQ youth in foster care typically have experienced discrimination in many ways. As a result, they must be assured that prospective adoptive families who are being recruited and trained are welcoming and affirming and are open to adopting (or fostering) LGBTQ youth.

For many years, LGBT families have served as foster and adoptive families for children in the foster care system and proven to be excellent resource families (Appell, 2001). These families may be adoptive resources for LGBTQ youth or may play critical roles as caring, committed adults in youths' lives. Not all LGBT families, however, wish to foster or adopt a LGBTQ youth, and not all LGBTQ youth want LGBT parents. As is the case with all efforts to bring together foster and adoptive parents and children and youth, each youth and each family must be considered on an individual basis, taking into account individual needs and desires. In the best interests of LGBTQ youth, the recruitment of LGBT families must be approached in an ethical manner, using the same assessment and preparation process used with other families and equally valuing LGBT families as resources. LGBTQ youth need to know that LGBT families are not considered second class or families of last choice.
Conclusion

LGBTQ youth have not benefited from recent efforts at the policy and practice level to ensure permanency for all children and youth in foster care. LGBTQ youth often are placed in group care settings because of their sexual orientation or gender identity, environments in which they are at risk of significant threats to their safety and well-being and where placement-related experiences, such as frequent moves and running away, undermine their opportunities for permanency. LGBTQ youth will not have the benefit of permanent families and caring, committed adults in their lives unless each individual who works with them—each social worker, supervisor, attorney, guardian ad litem, court appointed special advocate, judge, foster parent, therapist and mentor—ensures that each youth is safe and free from abuse; receives the needed health, mental health, and educational services; and equally important, benefits from concerted efforts to provide youth with a permanent, loving, and affirming family.

References


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