Foster parents have increasingly assumed new and challenging roles during the past decade. Meeting the developmental, attachment, and grieving needs of children and youth in out of home care is challenging by itself, but can become even more difficult with the issues that arise when the child is lesbian, gay, bisexual, transgender, or questioning (LGBTQ). Preservice and in-service foster parent training programs can strengthen shared parenting skills by focusing on the universal critical issues of safety, well being, and permanence for children and youth in foster care. This article will focus on these skill areas: (1) sharing parenting to promote healthy growth and development of LGBTQ youth in foster care, (2) threats to safety of LGBTQ youth in foster care, and (3) general challenges and strategies for preparing foster parents of LGBTQ youth to build support systems.
Shared parenting describes the nature of the relationship between many foster parents and birthparents of children and youth in foster care. Challenges or problems with shared parenting may include disagreements about discipline, confused children if there are mixed messages from adults, disapproval of birth or foster parent’s lifestyle, difficulty with new spouses or partners, and general miscommunication. Additional challenges may arise because of the issues surrounding LGBTQ youth in foster care. For example, birthparents may be angry or disappointed about their child being LGBTQ, or they may resent the ability of the foster parent to develop a relationship with the LGBTQ youth. Regrettably, staff may not support shared parenting or alliance building because of their own inexperience, bias, or fear, especially of LGBTQ issues. Sometimes parents’ or child welfare workers’ religious beliefs are challenged, creating resentment and anger.

Despite the challenges of sharing parenting of LGBTQ youth in foster care, there are ample benefits. For example, if the youth presents behavioral health challenges, shared parenting provides an opportunity to normalize the challenges faced by the birthparents. If a young person experiences behavior management problems, several parents working together with the youth may develop more effective behavior management plans. Most important, shared parenting helps minimize “triangulation” and manipulation by the youth.

Understanding child development enhances parenting, but unique issues arise when widely accepted theories of child development, frequently used in foster parent training programs, do not necessarily factor in LGBTQ youth. Many training curricula use Erik Erikson’s (1950) stages of development as an information base. Erikson studied and wrote at a time when lesbian, gay, bisexual, and transgender issues were not included in discussion of normal healthy development. Consequently, his research is heterocentric, meaning that Erikson presumes all healthy children and youth are heterosexual.

For example, the first stage in Erickson’s stages of development is “trust verses mistrust.” This stage provides the key in the devel-
Development of the human being and is critically important to explore when considering the attachment needs of children and youth in out of home care. Infants learn about trust during their first two years of life. Children and youth who have shaky foundations may have gaps in their development as they grow. A young person in foster care can be chronologically 16 years old, but because of earlier sexual abuse may look physically younger or older, be younger intellectually, be older socially, and be much younger emotionally. Children and youth who have been abused and neglected do not grow and develop the same way other children do. Consequently, their needs are different from children who have not been abused or neglected. LGBTQ children may or may not be subject to various forms of abuse, but trust in family members, authority figures, or even themselves can be jeopardized by perceptions of being different or being treated differently at any point during development.

**Effects of LGBTQ Issues On Child Development**

For foster parents, several unique issues are associated with the development of LGBTQ youth:

- **Abuse by peers.** LGBTQ children and youth frequently experience both verbal and physical abuse from their peers.
- **Mental health concerns.** LGBTQ youth are more likely to suffer from anxiety and mood disordered conditions; they also may be three times more like to attempt suicide.
- **Oversexualization of identity.** The broader culture tends to identify and describe LGBTQ people in predominantly sexual ways. This oversexualization of LGBTQ identity is easily internalized by youth, affecting healthy development.
- **Institutionalization.** Families may attempt to place their LGBTQ youth in a residential treatment center or other institution, in an effort to change their orientation. Parents may disguise their real concerns by focusing on general mental health and behavioral issues. Institutionalization can be effective as a crisis intervention for severe emotional...
illness, but when a child is emotionally healthy but institutionalized because of perceived identity issues, trust and healthy growth and development is at high risk.

- **Targeting by people in authority.** Unfortunately, people in authority, such as teachers and principals, frequently target LGBTQ children and youth for verbal assaults, blaming, shifting blame, and harassment. When not targeting children directly, some people in authority permit abuse by other children and youth. When this happens, an environment of verbal and sometimes physical attacks affects the development of LGBTQ children and youth development.

- **Religious abuse.** Some denominations teach that LGBTQ youth must be changed from their orientation, because their orientation is sinful. Consequently, many LGBTQ youth find themselves sitting in religious services or educational settings being told (directly or indirectly) that they are the source of problems or destruction of their families, sinful, not religious, and more. Not only does religious abuse affect the young person’s moral and spiritual development, it can affect all areas of growth and development.

- **Sexual targeting by predatory adults.** Unfortunately, LGBTQ children and youth can be targets for adults with the inclination and desire to sexually abuse children. Often LGBTQ youth see themselves as different, experience isolation, or are consequently vulnerable to the attention and exploitation of predatory adults.

- **Surgical changes on transgender, dual gendered, or ambiguously gendered infants.** Infants who are born with genitalia of both genders (dual sexed) or with ambiguous genitalia (unusually large clitoris or unusually small penis) often face early surgery, with parents or surgeons making decisions that effect the development of the child powerfully. Sometimes these infants are rejected by their parents, resulting in lifetime issues of abandonment and loss and affecting healthy development. Rejection may be emotional, leading to physical abuse or emotional neglect, or rejection may be
actual, leading to legal relinquishment and subsequent adoption by another family.

- **Rejection of ambiguously gendered children.** Rejection of ambiguously gendered children also can occur when toddlers or school age children look, dress, or act in a gender ambiguous manner. Such children frequently are rejected by parents, other family members, friends, teachers, and others.

**Threats to Safety of LGBTQ Youth in Foster Care**

*Safety* is a term important to child welfare decisionmaking, and especially important when working with LGBTQ youth in out-of-home care. Safety refers to a set of conditions that positively or negatively describes the physical and emotional well-being of children. A child may be considered safe when no immediate threats of harm are present or when the protective capacities can manage any foreseeable threats of harm (Morton & Holder, 1999).

LGBTQ youth often keep their sexual orientation private; thus, they are invisible in the foster care system. This reality makes the task of identifying and ameliorating dangers and risks more difficult. Foster parent training must address the most common dangers and risks for LGBTQ youth, which include running away, suicide attempts, physical abuse, psychological neglect, sexual abuse, emotional abuse, multiple placements, and lack of understanding of professionals (Bagley & Tremlay, 1997).

Running away is one way many LGBTQ youth deal with their feelings of isolation. They are at greater risk and more vulnerable to harm "on the street," as attested to by the numerous case examples in Mallon's 1998 study. The ultimate running away tactic—the suicide attempt—is disturbingly frequent among LGBTQ youth, according to the *Youth in the Margins* report from the Lambda Legal Defense and Education Fund (2001). Another study of adolescents (Remafedi, French, Story, Resnick, & Blum, 1998) finds that 28.1% of bisexual and gay males and 20.5% of bisexual and lesbian females reported attempting suicide, which is in contrast to 4.2% of the heterosexual males and 14.5% of the heterosexual females in the same study.
LGBTQ youth in general may be at greater risk for physical abuse by family members or strangers. Gay, lesbian, and transgender youth are especially vulnerable to physical attack, especially if they are perceived as "effeminate," "butch," or "different."

LGBTQ youth also may be at greater risk of psychological neglect or emotional abuse by parents. Some parents find it difficult to recognize or accept their child's sexual orientation, and they are not available emotionally to their children. Because of youths' sexual orientation, some parents have emotionally abused their children. Young people may become accustomed or numb to this sort of abuse.

In foster care, LGBTQ youth may be more vulnerable to sexual abuse than other young people. Generally speaking, children and youth in foster care are more likely to have experienced some sort of sexual abuse in their lives than children who are not. Children who have been physically abused and neglected frequently have lived in chaotic and unprotected situations, leaving them vulnerable to predatory adults. Children and youth who have been sexually abused may be more vulnerable to future abuse because of their premature sexualization and other dynamics of sexual abuse. Moreover, predatory adults may be sensitive to the emotional vulnerability of some LGBTQ youth who feel different from other young people.

LGBTQ youth frequently experience multiple placements, which results in child vulnerability and increases risk of harm in many ways. For example, multiple placements may increase the likelihood of provocative "acting out" behaviors on the part of the young person, which can result in abuse by adults who do not understand the behaviors. Moreover, multiple foster care placements communicate to the young person that it is "normal" to live with strangers in serial relationship and, therefore, "numbs" or diminishes a young person's protective instincts and healthy boundaries.

Finally, LGBTQ youth find a limited number of professionals who understand or accept them as they are. Lack of understanding of the dynamics that emerge in a family when a child is perceived as "different" from other youth can contribute to a young person's vulnerability.
Challenges and Strategies for Preparing Foster Parents in Building Support Systems

Very few preservice training programs include case examples of LGBTQ youth in foster care. This is surprising and disturbing, given that more than half a million children are in foster care in the United States, and likely many of those identify themselves as LGBTQ. According to Children’s Bureau AFCARS Report (2003), 523,000 children were in foster care in the United States in 2003, and 48% were 11 years or older. Although no statistics are available to determine the number of youth in out-of-home care who identify as LGBT, it is safe to say that every public child welfare agency has LGBT youth in foster care. Given that approximately 5–10% of the general population is gay or lesbian (Gonsiorek & Weinrich, 1991), thousands of LGBT youth can be in care.

Moreover, being LGBTQ is a precipitating factor in some placements. Numerous case examples of family problems leading to foster care are described in Gerald Mallon’s (1998) research, cited in the Lambda Legal Defense and Education Fund’s report on foster care. The Lambda Legal report cites one survey reporting that 33% of gay men and 34% of lesbians suffered physical violence because of their sexual orientation (Hetrick & Martin, 1987). Underlying LGBTQ issues contribute to or exacerbate family problems, whether the young person is “out” as LGBT or not.

Just as agency staff cannot assure that a child has not been sexually abused, child welfare workers cannot assure foster parents of a youth’s sexual orientation. In reality, foster parents are frequently the first outside the child’s family to know that a child has been sexually abused. Although physical abuse and neglect are most frequently the precipitating factors for placement in out-of-home care, sexual abuse often has been a part of the child’s experience. Similarly, agency staff simply cannot know a young person’s sexual orientation in many situations. Because adolescence is a time for rapid human development, any young person in out-of-home care may identify as LGBTQ for the first time. As
trust builds in the foster family, the foster parent may be the first adult to know about a young person’s sexual orientation.

Adolescence is a time for questioning, and youth may or may not clearly identify their orientation. During a large-scale study of Minnesota junior and senior high school students (Remafedi, Resnick, Blum, & Harris, 1992), 88.2% described themselves as predominately heterosexual, 1.1% said they were either bisexual or predominately homosexual, and 10.7% were unsure of their sexual orientation. Uncertainty about sexual orientation declines with age, from 25.9% of 12-year-old students to 5% of 17-year-old students (Remafedi et al.). On the other hand, many young people know their sexual orientation early in life. According to Elliot and Brantly (1997), 20% of self-identified gay and bisexual men surveyed on college campuses knew they were gay or bisexual in junior high school, while 17% said they knew in grade school. Seventeen percent of women knew they were gay or bisexual early in life: 6% of self-identified gay or bisexual women surveyed on college campuses knew that they were gay or bisexual in junior high school, while 11% knew in grade school (Elliot & Brantly). In Mallon’s (1998) study of LGBTQ youth in out-of-home care, males indicated that they knew of their gay sexual orientation at a mean age of 10 years, while females reported they developed a sense of awareness at a mean age of 13. Four youngsters indicated that they always knew their sexual orientation (Mallon).

LGBTQ youth have unique needs, and most foster parents will require training to help them meet these needs. Building trust is the first step of any foster parents training program. Talking about sexuality produces anxiety for many people. Consequently, beginning a session that deals with issues of sexual orientation may produce tension in the training group. The trainer’s task is to reduce tension and build trust. Trainers can begin to establish comfort by verbally acknowledging different levels of comfort and discomfort, personally disclosing their own levels of comfort or discomfort, defining terms, and mutually establishing ground rules with the group members.
Strategies to Address Issues of Safety

Foster parents can most easily address issues of safety through analyzing real stories or case examples of LGBTQ youth. From real life stories emerge several important questions dealing with issues of safety (immediate threats of harm) as well as risks of harm (potential for future harm). Examples of important questions include:

- If a parent has physically abused an LGBTQ youth, what role might the child’s sexual orientation have played?
- How might a foster parent talk with a LGBTQ youth about physical abuse to help assure future safety?
- In what ways might psychological neglect contribute to a LGBTQ youth’s safety?
- What is the role of the foster parent in assuring that a psychologically neglected LGBTQ youth is safe?
- What can foster parents do to help create sexual safety for the LGBTQ youth?
- How can the foster parents work with the birthparents to create sexual safety for the youth?
- To what degree does previous emotional abuse affect a LGBTQ youth’s safety and what can foster parents do to prevent emotional abuse and promote safety?
- What can foster parents do to minimize stress and isolation for LGBTQ youth?
- What can foster parents do to minimize multiple placements for LGBTQ youth in foster care?
- How does the worker’s understanding of a family’s dynamics when a child is perceived as “different” contribute to a young person’s safety?
- What is the role of foster parent in helping other professionals understand the dynamics in families of LGBTQ youth?

Foster parents should be trained in helping develop safety plans to assure and control for the immediate safety of children and youth. Plans should consider multiple safety factors in a family and document the protective capacities within and outside the family system.
Additionally, training should help parents understand the development of risk management plans, developed to manage the risk of future harm. A risk management plan for a LGBTQ youth is developed with the youth and with the youth's parents if possible.

Foster parents can contribute to the safety or risk management plan of a young person by assessing what they know about the birthparents, the family as a system, the child or young person, and the environment in which the family lives. Most important, they can plan to assure the safety of the young person in the foster home and contribute to safety during visitation.

**Strategies to Promote Shared Parenting of LGBTQ Youth in Foster Care**

Foster parents, supported by other agency foster care team members, are stronger in their roles when they develop effective strategies for shared parenting. General shared parenting strategies for LGBTQ youth in foster care include recognizing and supporting birthparent strengths, using strengths to engage parents, maintaining confidentiality, managing personal emotions, sharing power and control, modeling effective parenting skills, and mentoring or teaching birthparents and maintaining healthy boundaries (Craig-Oldsen, 2004).

Recognizing, supporting, and using strengths contribute to effective shared parenting. For example, the parent of a LGBTQ youth may express a great deal of concern about the child's future and success. Concern for one's child is strength, on which an alliance can be built. It also can be a challenge for the foster parent, balancing the shared concern for the youth and the tendency of some parents to be homophobic, fearful, and opposed to the youth's sexual orientation.

There are rules and restrictions about confidentiality and what information agency staff can share, even with fellow team members such as foster parents. Even when policy supports agency staff sharing certain information with foster parents, some agencies may interpret policy conservatively. In these circumstances, the agency's procedures restrict sharing information; the agency perceives a barrier to sharing such information, though, in reality, no legal or policy barrier exists.
Agencies need to revisit their procedures around sharing information to ensure that they are not being counterproductively restrictive. Foster parents should have complete access to information that is relevant. Of course, the obvious question arises about what is or is not “relevant.” Foster parents need to know how a birthparent perceives his or her child who identifies as LGBTQ. Foster parents also need to respect the birthparent’s desire to keep the family’s information private from those outside the family or who are not part of the helping team. Maintaining confidentiality builds trust over time.

Issues of power and control may be of special concern for birthparents of LGBTQ youth. They may feel that they lost control as parents because they cannot influence the sexual orientations of their children. Then, combined with abuse or neglect leading to foster care placement, they experience all control being taken from them. When parents are brought into decisionmaking, they will be more invested in contributing to a process. In addition, more information is available in the partnership/teamwork approach. First, caseworkers and foster parents gain more firsthand information from interacting with parents, which aids in decisionmaking. Second, when parents are included in partnership, they gain more firsthand information about the caseworker and foster parents, which contributes to the building of trust.

When foster parents and birthparents have direct contact, the foster parents often serve as mentors or teachers. Minimally, they model effective parenting for the parents whose children are in foster care. Sometimes the process is formal, sometimes not. For example, foster parents may be in a position to formally and informally teach a parent about grieving behaviors to normalize angry and depressed behaviors in children. LGBTQ youth often grieve the loss of what society labels “normal sexual orientation.” It would be much easier to be straight (heterosexual) in a predominantly straight world. Combined with placement in foster care, that young person may grieve multiple losses. Foster parents can help birthparents understand and deal with grief.

For those who foster LGBTQ youth, issues of healthy boundaries can be complicated by ambivalence about the sexual orien-
tation of the youth. For example, a foster parent who is ambivalent about a young person's sexual orientation can form an alliance with the birthparents who are also ambivalent or upset, to the detriment of the young person. Healthy boundaries respect that the two families of the young person in foster care may have differing needs and strengths and are two unique family systems. Fostering brings the two unique family systems together in shared parenting. The focus of the shared parenting must be the well-being of the young person in foster care.

Issues of boundaries also are complicated for foster parents of LGBTQ youth whose parents are grieving their own losses. The young person has to deal with his or her parent's grief and loss of the "dream" child, without contributing to the negatives society places on LGBTQ youth. For example, a mother may grieve because she will not have a daughter-in-law, or may be rejected by friends or church members, or may assume she will not have grandchildren. Healthy LGBTQ youth can understand that loss, without taking on the blame or responsibility. Foster parents may play an important role in this healing process, while maintaining healthy boundaries between themselves, the youth in foster care, and the youth's birthparents.

**Strategies for Building Support Systems for LGBTQ Youth and Families**

Foster parents of LGBTQ youth need to be aware of and learn how to help LGBTQ youth access support systems in the community, such as LGBTQ-friendly or -affirming youth centers, as well as mentoring programs for LGBTQ youth. Local groups such as Parents, Families, and Friends of Lesbians and Gays (PFLAG) may be able to sponsor mentoring programs. Many communities have LGBTQ support groups through local churches. Examples include Integrity of the Episcopalian church, Dignity of the Catholic church, and Affirmation of the United Methodist Church. These
groups and others welcome people of various denominations. An increasing number of congregations have public policy statements that welcome LGBTQ people and their families. Local mental health centers or child and family services agencies may sponsor LGBTQ support groups. Many schools sponsor the Safe Zone Program and Gay/Straight Alliances. For those families who are geographically isolated, Internet support groups are helpful.

Training programs can provide lists of resources, but hands-on use of the resources is more likely to assure that foster parents will help youth access the support system. Training activities might include roleplaying the development of a support system plan with a LGBTQ youth in out-of-home care. Featuring guest speakers who promote their programs allows foster parents to become comfortable with the individuals who are available as support in the community.

Because shared parenting is so important to best practice, training activities should focus on ways foster parents can include birthparents in planning support systems with their children. Introducing to the training group real birthparents of LGBTQ youth who have been supported and helped in their positive relationships with foster parents provides the most powerful testimony to the effectiveness of shared parenting.

In summary, issues of safety, well-being, and permanence are critical for any child in foster care. For LGBTQ youth in foster care, their families, and their foster families, the issues are increasingly complex and challenging. Foster families can be prepared to contribute to the safety, well-being, and permanence of all children, regardless of their sexual orientations. To accomplish those challenging tasks, foster parents must understand the strengths and needs of the children and youth in their homes who may now, or in the future, identify themselves as LGBTQ. Most important, foster parents must be prepared to contribute to the healthy growth and development of LGBTQ youth in foster care.
References


Craig-Oldsen, H. (2004). *Shared parenting to foster or adopt youth who are gay, lesbian, bisexual, transgender, and questioning (GLBTQ)*. Atlanta, GA: Child Welfare Institute.


