Achieving Permanency for LGBTQ Youth*

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The 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 there has been considerable progress 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 over recent years, there has not been a focus on integrating these two movements. Services for LGBTQ youth have not focused on permanency and, as a consequence, these youth have continued to leave foster care, often through running away or through emancipation, 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, the use of these

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outcomes as permanency goals has been questioned, at least to the extent that they are utilized 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 to children and youth and that 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, upon enactment of ASFA (P.L. 105-89) in 1997, to statutorily delete long-term foster care as an accepted permanency option (Renne, 2002).

Adolescence is a critical period of self-development and, during that developmental phase, a key component is the formation and maintenance of quality relationships with adults (Charles & Nelson, 2000; Hair, Jager, & Garrett, 2002). Greater attention has been brought to the use of mentors and role models to help all youth bridge the transition to adulthood and emphasis has been placed to a growing extent on the development of strong youth-adult relationships that can provide a foundation for the young person’s psychological health, successful academic performance, and success in later marriage and family relationships (Hair, Jager, & Garrett, 2002). Poorer outcomes, both in terms of psychological well-being and subsequent involvement with the juvenile and criminal justice systems, have been associated with the absence of quality adult relationships in young people’s lives (Hair, Jager, & Garrett, 2002; Charles & Nelson, 2000).

For youth in foster care, these issues are particularly critical because family separations and placement disruptions have been found to 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, found that irrespective of whether the permanency goal was return to family, many youth went to live with relatives after
release or upon running away from foster care. They found that one quarter (26%) of the youth formerly in care were living with relatives after discharge, with 10% of the youth in 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 value of family for youth in foster care, more attention recently has been placed on the use of guardianship as a permanency option (Cohen & Testa, 2004), particularly for youth who do not wish to be adopted or who are placed with a family member or friend and are maintaining a relationship with birth parents (Roberts, 1999). Some states, for example, have established subsidized guardianship programs or revised existing programs to support guardianship arrangements (Cohen & Testa, 2004).

Although adoption as an option for adolescents has continued 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 adoption may be an underutilized permanency avenue for youth (Louisell, 2004). Data show that children’s and youth’s opportunities for adoption decrease significantly as they get older (Wertheimer, 2002). In 2003, for example, national data show that children in foster care between the ages of 11 and 15 represented 30% of adoption-eligible children but only 18% of all adoptions, and youth between the ages of 16 and 18 represented 6% of the adoption-eligible population but only 3% of all adoptions (U.S. Department of Health and Human Services, 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 adolescents and that support adoption as a viable option for youth (Lewis & Heffernan, 2000).

Youth in congregate care, compared to youth in family settings, are at particular risk of never achieving permanency. The National Survey of Child and Adolescent Well-Being (NACAW) (US Department of Health and Human Services [DHHS], 2003), for example, identified a number of aspects of youth’s experiences in foster care that worked against family connections and permanency. The NACAW found that children and youth in congregate care had
the lowest levels of contact with their biological families, were more likely to report never seeing their biological fathers or mothers, and were more likely than children in other types of care to report that visits with family members were cancelled by their caregivers (DHHS, 2003). Other studies suggest that 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) has described 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 it is discovered by a parent, 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 left home for reasons that initially seem unrelated to these issues but upon closer examination were associated with them, such as truancy or parent conflict that resulted 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 barriers in accessing these services because of their sexual orientation or gender identity (Freundlich & Avery, in press; Mallon, 1998).

There has been little emphasis on permanency-related services for LGBTQ youth. The few studies that have focused on permanency outcomes for this group of young people in foster care have found, consistent with Mallon’s categorization of LGBTQ youth based on their reasons for entering care, that LGBTQ youth often are not reunited with their birth families (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 have found 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 decisions by many LGBTQ youth to run away from their group homes rather than remain in hostile environments (Sullivan, Sommer, & Moff, 2001). Sullivan, Sommer, and Moff (2001) also found 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) found that LGBTQ youth often experience multiple, unstable placements. Mallon (2001) found that LGBTQ youth were ejected from some agency placements because staff members were uncomfortable with the youth’s sexual orientation. Mallon, Aledort, and Ferrera (2002) found in their sample of 45 LGBTQ youth that the average number of placements for LGBTQ youth was 6.35, a finding that the researchers associated with non-affirming placements that either passively encouraged LGBTQ youth to leave their placements by neglecting their needs or that actively discriminated against them. Mallon (2001) attributed the frequent moves for LGBTQ youth to four factors: staff members do not accept youth’s sexual orientation; youth feel unsafe because of their sexual orientation; youth’s 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 found that placement-related factors worked 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 that they were verbally harassed in those facilities by peers, facility staff and other providers on the basis of their sexual orientation or gender identity. Seventy percent reported physical violence
due to their sexual orientation or gender identity; 78% stated that they had been removed or had run away from their placements as a result of hostility toward their sexual orientation or gender identity; and 56% reported having spent time living on the streets because they felt safer there than they did in their group or foster homes (Urban Justice Center, 2001).

Research has clearly documented poor outcomes for youth when they leave foster care without the benefit of permanent family or committed adults. Studies have shown that youth who lack permanency face significant risks of poverty, homelessness, and victimization (Courtney, Piliavin, Grogan-Kaylor, & Nesmith, 2001; Courtney, Dworsky, Ruth, Keller, Havlicek, & Bost, 2005). 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 of the challenges in meeting the general service and permanency needs of LGBTQ youth is that although some youth will “come out” to their caseworkers or group care staff, many do not do so. It is essential that caseworkers and group care staff not make assumptions about a youth’s sexual orientation or gender identity, as either LGBTQ or not, based on a youth’s appearance, mannerisms or behavior. It is also important that caseworkers and group care staff 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 the needs of LGBTQ youth. Caseworkers and group care staff should approach their work with youth in one of two ways: they should assume that all youth need the
same level of safety, protection, and services or they should raise issues of
sexual orientation or gender identify 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 that the individuals
in their environments will positively respond to the disclosure. Youth’s 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 that they do indeed serve this population of
youth and they develop and implement policies and practices to ensure that
LGBTQ youth are well served by their agencies. 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 service providers
reported that their agencies did not have a policy regarding LGBTQ youth and
100% stated that they had insufficient training for staff regarding serving this
group of youth. Agencies need to develop and communicate to all staff clear
non-discrimination 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 AB 458, which went into effect in 2004, to
prohibit harassment and discrimination against youth and adults in the California
foster care system because they are lesbian, gay, bisexual, transgender or
because 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 because of 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.
Youth’s 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, it is imperative that caseworkers and group care staff 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 be of support to 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 of youth. 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 GLASS in Los Angeles. In addition, over recent years, many programs that serve the general population of youth in foster care 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 is often to keep youth safe until they emancipate from foster care as opposed to connecting youth with permanent families.

Having LGBTQ competent staff who provides individualized services for youth is essential to successful permanency efforts. Developing and providing permanency services for LGBTQ youth are often 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, and 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 youth’s permanency needs.

Staff must receive training and clinical supervision on the issues that LGBTQ youth face in the world and in 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 utilize 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 birth parents; 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, it is a permanent, loving and unconditionally affirming family that can best support the youth, and it is a family connection that the youth may be most fearful of attempting. 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 are often unwelcome in these settings. As a consequence, their needs for permanency, as well as their safety and well-being needs 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 find themselves homeless, resort to work in the sex industry for survival, and/or are incarcerated.

Permanency is particularly crucial for transgender youth because they require family support and advocacy to assist them in accessing the educational, health care, and mental health services that they need. 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 youth’s 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, a model that closely has resembled the witness protection program (new family, new community, new name, and new identity) and emancipation, that is, leaving foster care at age 18 with youth expected to live completely on their own 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. Permanency has been redefined and a range of permanency 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, 2004). Within this framework, there has been a further refinement of the range of permanent options for youth, with reunification recognized as the option to be pursued whenever possible, with adoption more broadly accepted as a viable option for youth, and with 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. It is not uncommon that parents’ initial reaction upon disclosure or discovery is 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 the home 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 assistance 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 and affirming churches and congregations. In addition, PFLAG (Parents and Friends of Lesbians and Gays), a volunteer organization with chapters throughout the United States of parents and family members of lesbians, gays, bisexuals and transgender people, can provide families with support.

When LGBTQ youth have been in foster care for a long period of time, it is important to reconsider the youth’s family of origin and re-evaluate 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 and/or gender identity. Counseling, education and support from LGBT competent organizations can be very helpful in this process.

**Permanency with Caring Adults in Youth’s Lives**

When reunification with a youth’s parent or extended family members is not possible, it is essential that other potential permanent resources for LGBTQ youth be identified. Across the United States, several new programs have been developed over recent years that utilize 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 work with youth over a period of time to assist youth in identifying important and significant adult relationships in their lives, including not only family members but 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 through reading the youth’s entire child welfare file to identify all important former relationships that the youth has had (Louisell, 2004). These practices can be particularly beneficial to LGBTQ youth because youth 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, he or she will be able to identify individuals who will be accepting and affirming.

When youth cannot return to their family of origin and other family members or other significant adults are not already available to them, it is essential that other caring adults 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 should 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, it is essential that they can 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 they have 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 youth’s 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 individual needs and desires into account. In the best interests of LGBTQ youth, it is essential that agencies approach the recruitment of LGBT families in an ethical manner, utilizing the same assessment and preparation process that is 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 the 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 health, mental health, and educational services that he or she needs; and equally important, benefits from concerted efforts to provide youth with a permanent, loving and affirming family.

References


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