

Under the Radar: Exploring Support for Lesbian, Gay, Bisexual, Transgender, Queer and  
Questioning (LGBTQ) Youth Transitioning from Foster Care to Emerging Adulthood

By June Paul

A dissertation submitted in partial fulfillment  
of the requirements for the degree of

Doctor of Philosophy  
(Social Welfare)

at the  
UNIVERSITY OF WISCONSIN – MADISON  
2018

Date of final oral examination: 6/18/2018

The dissertation is approved by the following members of the Final Oral Committee:

Lawrence Berger, Professor, Social Work  
Kristen Slack, Professor, Social Work  
Elizabeth J. Kramer, Professor, Social Work  
Tracy Schroepfer, Professor, Social Work  
Gerald Mallon, Professor, Social Work  
Ramona Oswald, Professor, Human Development & Family Studies

© Copyright by June C. Paul 2018  
All Rights Reserved

## ACKNOWLEDGEMENTS

I want to offer my sincere gratitude to my faculty advisors Lonnie Berger and Kristen Slack. You have been amazing mentors and I am honored to have received your guidance, expertise, and support throughout my doctoral education. I would also like to thank the other members of my committee. To Tracy Schroepfer and Betty Kramer, thank you for sharing your knowledge and providing me with direction on the use of qualitative methods. I very much enjoyed engaging in the research process during this study and am excited to use what I have learned in my future scholarship. To Ramona Oswald, I am eternally grateful to you for your willingness to be a part of my dissertation committee, and for reaching out to me and allowing me to join your amazing group of scholars at the University of Illinois at Urbana-Champaign. Your experience and insights have been invaluable, and the biweekly LGBTQ seminar offered me vital opportunities to exchange ideas, review papers and projects, and get support from others that have similar research interests. Last but not least, to Gary Mallon, who unbeknownst to him has been my academic idol for years. I am incredibly honored to have had you on my committee. Your research on LGBTQ youth in the child welfare system has greatly impacted me and contributed to making this dissertation possible. I look forward to our ongoing friendship and collaboration in New York.

To Candace Peterson, Marijean Trew, Robin Matthies, and Rebecca Paradiso de Sayu, you were there with me every step of the way. You listened to me talk about my dissertation research repeatedly and provided me with much needed encouragement and laughter. Thank you. I could not have done this without your love and support. To my parents and sisters, for believing in me and making sure I knew they were there for me in whatever way I needed. To my loving son Taylor, who taught me firsthand about the challenges youth face during the transition to adulthood. I am so very proud of you. You are my greatest joy.

My fellow social work friends and colleagues Emma Kahle Monahan, Lanikque Howard, Yonah Drazen, Leah Gjertson, Tenah Acquaye Hunt, Ying-Chun Lin, Angela Guarin Aristizabal, Laura Cuesta, Emily Warren, and Andrea Larson. I am fortunate to have had such wonderful individuals walk this road with me. A very special thanks to Youhung Her who, in addition to being a friend and colleague, spent many hours reviewing transcripts, coding, and assisting me with analyzing the large amount of data I had collected.

Thank you to the leaders and members of the Community Advisors on Research Design and Strategies (CARDS) at the UW-Madison School of Nursing for your lively and candid feedback on my recruitment plan and data collection methods. The diversity of your backgrounds and perspectives were invaluable to making this project a success. To the staff at the Wisconsin

Department of Children and Families, especially Christine Lenske, Wendy Henderson, and Emily Tofte, thank you for your interest in my work, providing me with access to your statewide contacts, and offering important feedback on my research design.

Most importantly, I want to thank the incredible young people who made this research study possible. Rosie Rodriguez, thank you for your help with designing and developing the online screening form and Facebook webpage. You are a true rock star with social media! Dosha Joi, your insight, assistance, and dedication to the youth in Wisconsin's foster care system amazes me every day. The field of social work is lucky to have you as a future child welfare professional. To all of the former foster youth who helped me with the recruitment and data collection phases of this study. Your participation in reviewing and honing the study's design and materials was an incredible gift. I cannot thank you enough for your intelligent and insightful participation in this process.

Last, but definitely not least, to all of the participants who had the courage and strength to speak with me about their experiences in the foster care system: I see you, I hear you. I am sincere when I say that each of you has been an amazing inspiration to me. Your stories touched me in ways that I will never forget. I am eternally grateful for your candor and willingness to share this part of your lives with me. This is your study as much as it is mine and I wish you all of the peace and happiness in the world. You deserve it.

## Table of Contents

AKNOWLEDGEMENTS .....	i
TABLE OF CONTENTS .....	iii
LIST OF TABLES .....	viii
FIGURES .....	ix
LIST OF APPENDICES .....	x
ABSTRACT .....	xi
DEFINITIONS .....	xiii
<b>CHAPTER 1: INTRODUCTION AND KEY CONCEPTS .....</b>	<b>1</b>
BACKGROUND.....	1
SPECIFIC AIMS .....	2
EXPECTED CONTRIBUTIONS.....	3
POLICY AND PRACTICE LANDSCAPE.....	4
Federal and state frameworks for transitioning youth.....	4
Foster care and independent living programs in Wisconsin.....	5
Policy protections for LGBTQ youth in foster care.....	7
KEY CONCEPTS.....	8
Emerging adulthood.....	8
Support networks .....	10
Provisions of support.....	13
Young adult functioning.....	14
ORGANIZATION OF THE DISSERTATION.....	15

<b>CHAPTER 2. CRITICAL REVIEW OF THE LITERATURE AND CONCEPTUAL FRAMEWORK.....</b>	<b>16</b>
DISPROPORTIONALITY IN FOSTER CARE.....	16
INCREASED VULNERABILITY AND RISK.....	16
Youth transitioning from foster care to adulthood.....	16
LGBTQ youth in the general population.....	18
LGBTQ youth in foster care.....	20
Social and service disconnectedness among former foster youth.....	20
THEORY.....	22
Theory of Youth Mentoring.....	22
Model of youth mentoring, extended to youth in foster care.....	23
Application of the extended model of youth mentoring to LGBTQ foster youth.....	26
CONCLUSIONS FROM CRITICAL REVIEW OF THE LITERATURE AND THEORETICAL MODEL.....	27
<b>CHAPTER 3: RESEARCH DESIGN AND METHODS .....</b>	<b>28</b>
STUDY DESIGN.....	28
Rationale for a modified Community Based Research approach.....	28
Criticisms of Community Based Research.....	29
RESEARCH POSITIONALITY.....	30
Paradigm.....	30
Reflexivity.....	32
Biases and assumptions.....	34

METHODS .....	34
Sampling strategies .....	34
Recruitment procedures.....	36
Screening .....	38
Consent and scheduling.....	40
Location of/transportation to the interview .....	41
Incentives.....	41
Youth involvement in recruitment .....	41
Face-to-face interviews .....	42
Ecomaps.....	43
Structure of the interview guide and ecomap construction .....	43
Limitations of interviews and ecomaps.....	46
Questionnaire .....	47
Pilot phase.....	48
DATA ANALYSIS .....	48
Directed content analysis.....	48
Demographic data .....	50
Trustworthiness and strategies for rigor.....	50
YOUTH INVOLVEMENT IN DATA ANALYSIS .....	52
<b>CHAPTER 4: RESULTS AND DISCUSSION .....</b>	<b>54</b>
RESULTS.....	54

Description of participants.....	54
Findings .....	56
RESEARCH AIM 1: WHO PROVIDES LGBTQ YOUTH WITH SUPPORT AND WHAT TYPES OF SUPPORT DO THEY PROVIDE?.....	56
Support networks. ....	56
Support provisions, by category and type.....	58
Transitional support, by role/relationship.....	62
Transitional support types, provided by child welfare and other social work professionals.	63
LGBTQ-specific support, by role/relationship .....	69
LGBTQ-specific support types, provided by child welfare and other social work professionals. ....	70
RESEARCH AIM 2: WHAT ARE THE FACILITATORS AND BARRIERS TO RECEIVING AND MAINTAINING SUPPORTIVE RELATIONSHIPS FOR LGBTQ TRANSITIONING FOSTER YOUTH? .....	78
Facilitators to relationships.....	78
Barriers to relationships.....	83
RESEARCH AIM 3: WHAT ARE THE SUPPORT-RELATED NEEDS AND CHALLENGES OF LGBTQ TRANSITIONING YOUTH AND WHAT DO THEY RECOMMEND FOR ADDRESSING THESE ISSUES?.....	91
Unmet needs and challenges related to transitional supports .....	91
Unmet needs and challenges related to LGBTQ-specific support.....	92
Youth recommendations.....	101
<b>CHAPTER 5: DISCUSSION AND CONCLUSIONS .....</b>	<b>103</b>

SUMMARY AND DISCUSSION .....	103
LIMITATIONS OF THE STUDY .....	107
IMPLICATIONS AND RECOMMENDATIONS FOR SOCIAL WORK .....	108
Practice .....	108
Policy.....	111
Education .....	112
STUDY CONTRIBUTIONS.....	112
DIRECTIONS FOR FUTURE RESEARCH.....	113
CONCLUSION .....	115
<b>CHAPTER 6: REFERENCES.....</b>	<b>116</b>

### List of Tables

Table 1. Description of Themes from the Theory of Youth Mentoring .....	26
Table 2: Counties Selected for Recruitment.....	37
Table 3: Sample Characteristics.....	55
Table 4. Roles/Relationships of the Individuals Identified in LGBTQ Transitioning Foster Youths' Support Networks.....	58
Table 5. Types of Transitional Support Received by SGM Foster Youth .....	60
Table 6. Types of LGBTQ-Specific Support Received by SGM Foster Youth.....	61
Table 7. Facilitators to the Initial Connection .....	79
Table 8. Facilitators to the Ongoing Relationship .....	82
Table 9. Barriers to Initial Connection.....	85
Table 10. Barriers to Ongoing Relationship.....	89
Table 11: Unmet Needs and Challenges of Foster Youth in Transition to Adulthood: Transitional Supports .....	92
Table 12: Unmet Needs of Foster Youth in Transition to Adulthood: LGBTQ-Specific Supports .....	98

## Figures

Figure 1. Theory of Youth Mentoring .....	23
Figure 2: Model of Youth Mentoring, Extended to Youth in Foster Care.....	25
Figure 3: Wisconsin’s Child Welfare County/Regional Map .....	36
Figure 4. Recruitment and Screening Process Flowchart .....	40
Figure 5. Transitional Support by Role/Relationship, from Individuals within Youths’ Networks.....	63
Figure 6. Transitional Support by Type, from Child Welfare and Other Social Work Professionals. ....	64
Figure 7. LGBTQ-Specific Support by Role/Relationship, from Individuals within Youths’ Networks.....	70
Figure 8. LGBTQ-Specific Supports by Type, from Child Welfare Professionals and Social Work Professionals.....	71

## List of Appendices

APPENDIX A: Reseach Question Alignment.....	133
APPENDIX B: Recruitment Letter to Child Welfare Professionals .....	142
APPENDIX C: Recruitment Card .....	144
APPENDIX D: Online Form/Phone Screening Questions .....	145
APPENDIX E: Oral Informed Consent .....	147
APPENDIX F: Interview Scheduling.....	151
APPENDIX G: Resources for LGBTQ Youth.....	154
APPENDIX H: In-depth Interview Guide.....	172
APPENDIX I: Support System Ecomap.....	176
APPENDIX J: Trevor Project Sexual and Gender Identity Spectrum.....	173
APPENDIX K: Short Survey .....	173

## ABSTRACT

A growing literature illuminates the concern that youth who leave foster care as adults face tremendous obstacles upon exiting the child welfare system, including poor outcomes related to unemployment, low educational attainment, financial and housing instability, health problems, and criminal justice involvement (Collins, 2001; Courtney, Dworsky, Brown, et al., 2011; Pecora, White, Jackson, & Wiggins, 2009). In addition to these risks, former foster youth are often uniquely disenfranchised, with many suffering from a lack of support (e.g., financial, informational, emotional) as a result of their involvement with the child welfare system (Samuels & Pryce, 2008; Stein, 2006). This is of significant concern, as research indicates having access to supportive networks is critical for achieving independence in adulthood among transitioning youth (Jones, 2014).

Although all youth who exit foster care as adults may face challenges related to accessing the support they need to become healthy-functioning adults, these issues may be exacerbated for LGBTQ youth who are often exposed to victimization, isolation, and rejection associated with their sexual and gender minority statuses (Mallon, Aledort, & Ferrera, 2002; Woronoff, Estrada, & Sommer, 2006). Studies reveal LGBTQ youth in the general population are exposed to higher rates of harassment and abuse across multiple settings, and report having fewer numbers of social supports, decreased satisfaction with existing social networks, and fewer positive social events when compared to their heterosexual and cisgender peers (Factor & Rothblum, 2008; Munoz-Plaza, Quinn, & Rounds, 2002; Safren & Pantalone, 2006). Research further indicates that being in foster care may contribute to unique feelings of isolation and invisibility among LGBTQ youth, as some report experiencing a lack of understanding, indifference, and hostility

from caregivers, caseworkers, and service providers regarding their distinct service needs (Berberet, 2006; Clements & Rosenwald, 2008; Gallegos et al., 2011; Wilson, Cooper, Kastanis, & Nezhad, 2014).

Despite these added layers of concern, research focused on support systems for LGBTQ youth as they transition from foster care to young adulthood are extremely limited. To begin to address this gap, this study used a community-based approach to explore the support networks of LGBTQ youth as they prepared to exit the foster care system as young adults from the perspective of the youth themselves. Three aims were addressed: (1) identify and describe LGBTQ youths' support networks and the kinds of support provided to them; (2) describe any barriers or facilitators to establishing and maintaining supportive relationships among these youth and the role this plays in the care they receive and accessing to services; and (3) understand whether there are any specific support-related needs, priorities and challenges for LGBTQ transitioning youth and identify recommendations for addressing these issues.

Using a modified community-based approach, data was gathered through semi-structured, in-depth interviews conducted with 21 LGBTQ youth, aged 17-21, that were currently in some type of foster care placement (including supervised independent living) in the State of Wisconsin and were likely to exit the child welfare system as adults. Findings from this study generate new insights about LGBTQ individuals' experiences with support as they prepare to leave the foster care system as young adults and offer a useful framework for understanding and contextualizing how LGBTQ status may play out during this transition. Implications for child welfare policy, education, and practice are discussed.

## DEFINITIONS

**Cisgender:** refers to an individual whose gender identity is the same as their natal sex.

**Cisnormativity:** Assumes gender is separated into hierarchically organized categories of either male or female, with natural roles and behaviors in life that correspond to each binary gender. A

"cisnormative" view assumes male or female identification and presentation is normal, and preferred.

**Coming Out:** refers to the process of accepting one's own sexuality, gender identity, or status (e.g. intersex) and/or revealing one's sexuality, gender identity, or status to others; this is often thought to be a one-time event, but in fact, is a lifelong and sometimes daily process.

**Gender Expression:** is the external display of gender, through a combination of dress, demeanor, social behavior, and other factors.

**Gender Identity (GI):** is a person's internal sense of gender (i.e. male, female or other gendered), and how they label themselves. When one's gender identity and biological sex are not congruent with how they identify, the individual may identify as transgender or as another gender category.

**Gender Variant/Gender Nonconforming:** refers to persons who either by nature or by choice do not conform to gender-based expectations of society (this includes people who identify with labels such as agender, non-binary, bi-gender, gender expansive, genderqueer, gender fluid). Gender variant/nonconforming individuals may also be referred to as gender expansive.

**Heteronormativity:** assumes heterosexuality is the only sexual orientation, and that sexual and marital relations are most (or only) fitting between people of opposite sexes. A "heteronormative" view assumes heterosexual identification and presentation is normal and preferred.

**Heterosexism:** is a behavior that grants preferential treatment to heterosexual people, reinforces the idea that heterosexuality is somehow better or more "right" than queerness, or ignores/doesn't address queerness as existing.

**Homophobia:** a range of negative attitudes (i.e. fear, anger, intolerance, resentment, or discomfort) about sexual minority individuals.

**LGBTQ:** refers to participants in this study that identify as lesbian, gay, bisexual, transgender, queer, questioning, and/or any other non-binary sexual orientation or gender identity. Youth who identify as LGBTQ in this paper are also referred to as sexual and gender minorities.

**Questioning:** the process of exploring one's own sexual orientation or gender identity/expression.

**Queer:** an inclusive term used for sexual and gender minorities that are not heterosexual or cisgender; and often used to highlight intersectional identities.

**Sexual Orientation (SO):** the type of sexual, romantic, physical, and/or spiritual attraction one feels for others, often labeled based on the gender relationship between the person and the people they are attracted to.

**SGM:** an acronym used to refer to sexual and/or gender minorities.

**Transgender:** an umbrella term used to describe all people who are not cisgender (including gender variant/gender nonconforming individuals); often confused with the concept of sexual orientation.

**Transphobia:** refers to a range of negative attitudes (i.e. fear, anger, intolerance, resentment, or discomfort) about gender minority individuals.

## Chapter 1: Introduction and Key Concepts

### Background

Studies consistently find that the majority of individuals who exit foster care as young adults face tremendous obstacles upon exiting the child welfare system, including poor outcomes related to employment, educational attainment, income, housing, and health (Courtney, Dworsky, Cusick, et al., 2011; Dworsky & Courtney, 2009; Pecora et al., 2006; Pecora et al., 2009). In addition to these risks, former foster youth are often uniquely disenfranchised, with many suffering from a lack of support (e.g., financial, informational, emotional) as a result of their involvement with the child welfare system (Samuels & Pryce, 2008; Stein, 2006). This is of significant concern, as studies indicate access to supportive networks is critical for achieving independence in adulthood among transitioning<sup>1</sup> youth (Jones, 2014; Perry, 2006; Propp, Ortega, & NewHeart, 2003).

Although many youth who have spent time in foster care face challenges related to support and healthy adult functioning, these issues may be exacerbated for foster youth who identify as sexual and gender minorities<sup>2</sup>. Research using samples of LGBTQ youth in the general population reveal that these young people are exposed to elevated levels of mistreatment and violence associated with their sexual and gender minority statuses. As such, they are at greater risk of experiencing physical, mental, and behavioral health problems, academic failure and homelessness, and are more likely to be socially isolated than their heterosexual and cisgender

---

<sup>1</sup> In this paper, the term ‘transitioning youth’ refers to young people that are in the process of leaving foster care. It should not be confused with the process of changing one’s gender.

<sup>2</sup> Subpopulation samples of lesbian, gay, bisexual, transgender, queer and questioning individuals vary by each study.

peers (Factor & Rothblum, 2008; Institute of Medicine, 2011; Kosciw, Palmer, Kull, & Greytak, 2013; Munoz-Plaza et al., 2002; Safren & Pantalone, 2006). Adding to these challenges, a significant number of LGBTQ youth report experiencing discrimination and mistreatment while in foster care from caregivers, service providers, and other youth in care (Berberet, 2006; Clements & Rosenwald, 2008; Gallegos et al., 2011; Gates, 2011; Wilson et al., 2014).

Despite these concerns, there are currently no studies known to this writer that investigate the support systems of LGBTQ youth as they transition from foster care to young adulthood. Nor are there any federal standards or best practices specified for working with this population. Although there has recently been more interest among some public and private child welfare agencies to provide better care for LGBTQ youth in foster care, a lack of knowledge or experience among social work professionals about how work with sexual and gender minority youth may result in inadequate or inappropriate supports and services. Hence, it is not clear whether the support LGBTQ youth receive (if any) is meeting their needs.

These gaps suggest that research is essential for understanding how LGBTQ youth experience relationships with the people in their support networks, the types of resources they may receive during this critical time, and identifying what works well and what could be done better to assist them with this transition.

### **Specific Aims**

The purpose of this study was to explore LGBTQ youths' perspectives and experiences with the support they receive from professional social workers and other non-related adults, especially within the child welfare system, as they transition from foster care to independence in Wisconsin. This study also aimed to generate knowledge about how supportive resources and relationships may be cultivated for LGBTQ transitioning youth in order to facilitate positive

outcomes for this population. The primary objectives of the study included: (1) identifying who provides support for these youth and what types of support they provide; (2) understanding whether there are any barriers or facilitators to receiving and maintaining supportive relationships; and (3) identifying any specific support-related needs and challenges for LGBTQ transitioning youth—including recommendations for addressing these issues.

### **Expected Contributions**

Findings from this study generate new insights about LGBTQ youths' perspectives and experiences as they prepare to leave the foster care system as young adults and offer a useful framework for understanding and contextualizing how LGBTQ status may play out during their transition to adulthood for these youth. By providing a rich description of who provides LGBTQ foster youth with support, how these young people describe and view the support they receive, and reasons for why LGBTQ youth may not get support from social workers and service providers in the child welfare system (even when they have access to it), this study presents social work researchers with an understanding and awareness of some of the unique issues and challenges for LGBTQ transitioning youth and identifies topics for future research. Results also build upon an existing model of support for youth in foster care in order to more fully capture experiences and relational processes that are salient to sexual and gender minority youth.

In addition to potential contributions for research, this study has important implications for social work policy, education, and practice. Child welfare staff and other social work professionals are key sources of support for youth leaving foster care and play one of the most important roles in the delivery of care and services to this population. By gaining an understanding of LGBTQ foster youths' perspectives about the support provisions they receive

and their relationships with the people in their support networks, knowledge from this study may be used to assist policymakers, social work educators, and child welfare practitioners with identifying and developing safer and more supportive care and services. This study concludes by highlighting helpful approaches to addressing the needs of LGBTQ individuals emancipating from foster care and identifies areas where more culturally appropriate resources and responses are needed.

Lastly, this study supports the central mission of social work which is “to enhance human wellbeing and help meet the basic needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty” (NASW Code Ethics 2017). Understanding the specific needs and challenges of LGBTQ youth during this transition period is necessary for ensuring that social work policies and practices meet their basic needs and enhances the wellbeing of this particularly vulnerable group of young people.

### **Policy and Practice Landscape**

**Federal and state frameworks for transitioning youth.** Each year approximately 20,000-30,000 youth exit the foster care system after reaching the age of majority (often referred to as “aging out”) in the United States (typically 18, 19, 20 or 21) and are no longer eligible to receive services from child welfare agencies. The preponderance of these youth, however, leave care without the skills or support systems necessary to meet the demands of living on their own as young adults (Courtney, Dworsky, Brown, et al., 2011; Pecora et al., 2006).

To address this problem, the federal government provides a general framework of oversight and funding to assist states with delivering resources and services to help youth make this transition. As a part of this platform, the Federal Fostering Connection to Success and

Increasing Adoptions Act of 2008 mandates the provision of certain types of supports and allows states to extend foster care placement by providing Title IV-E reimbursement for foster care, adoption, or guardianship assistance payments for youth up to age 21.

In addition to Title IV-E, the John H. Chafee Foster Care Independence Act of 1999 provides funds to support activities that promote self-sufficiency such as educational attainment, job training and employment, financial management, locating and maintaining stable housing, and developing supportive relationships (Stein, 2012; U.S. Department of Health & Human Services, 2012). In turn, state child welfare departments are responsible for ensuring that youth who are likely to leave the system as adults have comprehensive transition plans and are provided with programs and services that address their unique needs in the areas of housing, health care, education, employment, and other areas as identified by youth and their providers.

Although research shows youth residing in states with an extended foster care program often experience better outcomes, the age at which youth exit foster care varies widely across states (Courtney, Dworsky, & Pollock, 2007; Fernandes-Alcantara, 2012). In some states, youth may be able to remain in voluntary foster care beyond the age of 18, whereas others still require emancipation once a youth reaches their 18<sup>th</sup> birthday<sup>3</sup>. According to National Conference of State Legislatures (2017), only 25 states have enacted legislation or adopted policies authorizing extending care to youth up to age 19, 20 or 21.

**Foster care and independent living programs in Wisconsin.** Child welfare services in Wisconsin (including foster care programs) are supervised by the Department of Children and

---

<sup>3</sup> States that legislate emancipation at age 18 can grant exceptions to this requirement. For example, many allow youth to remain in care for reasons such as being enrolled in school, participating in vocational training or part-time employment, having medical condition or a disability, etc. (Fernandes-Alcantara, 2012; Stott, 2013).

Families and, for the most part<sup>4</sup>, provided by the county in which the youth resides. Transitional living programs are also under state supervision; however, services are offered regionally. In Wisconsin, youth are expected to transition out of foster care at age 18. Youth who are full-time students enrolled in a secondary school or its vocational or technical equivalent, in good academic standing, and have participated in an Individualized Education Program are eligible to voluntarily remain in foster care until age 21 ("Wisconsin State Statute §48.366,").

Care and services for youth in foster care are typically provided by three key groups of formal service providers: Child Protective Services (CPS) Caseworkers<sup>5</sup>, Foster Care Coordinators (FCCs), and Transitional Living Program (TLP) staff. CPS Caseworkers' duties may include but are not limited to providing the youth on their caseloads with counseling and support services, placement into foster care, referrals to other services (as necessary), finding an adoptive home, and monitoring of their safety and wellbeing. FCCs are responsible for recruiting, licensing and managing county-based foster care placements and frequently work with youth who struggle with persistent mental illness, serious behavioral problems, and adjudicated youth. TLP staff are responsible for assisting youth with accessing services and supports related to housing, health care, education, employment, financial literacy, and social/emotional wellbeing to prepare them for the transition from foster care to young adulthood.<sup>6</sup>

---

<sup>4</sup> Services in Milwaukee County are provided by the State of Wisconsin's Division of Milwaukee Child Protective Services.

<sup>5</sup> Titles vary by county and may include titles such as case manager, county social worker, consultant or coordinator.

<sup>6</sup> Smaller counties often have fewer staff and may place all of these duties under the CPS caseworker.

**Policy protections for LGBTQ youth in foster care.** In addition to the variation in state provisions for former foster youth, protections for LGBTQ individuals differ by state. Although there are currently no federal laws or policies that protect the rights of LGBTQ youth involved in the child welfare system, nearly one-third of states have explicit policies for protecting sexual and/or gender minority youth in foster care (Bettencourt, 2014). For example, states like Colorado and Massachusetts specify that foster youth have the right to be protected against discrimination on the basis of sexual orientation and gender identity, whereas Alaska and Wisconsin only offer state-level anti-discrimination laws and not include protections for gender minorities.

Additionally, some states such as California, Illinois, and Minnesota offer further protections to LGBTQ youth in child welfare by codifying language that mandates activities such as training caregivers or child welfare professionals on issues concerning LGBTQ youth, and the provision of resources and services that address any special needs or concerns related to sexual orientation and gender identity or expression (e.g., safe and supportive placements, healthcare providers that are sensitive and knowledgeable about the needs of transgender persons). It is important to note, however, that although these states have progressive protections for LGBTQ youth in child welfare, some still lack general anti-discrimination laws at the state-level to protect the rights of LGBTQ persons (Lorenz, 2015).

Local governments may also choose to implement policies protecting LGBTQ youth in order to reinforce or strengthen existing legislation, or to provide local safeguards when state laws or policies are absent (Lambda Legal, 2015). For example, more and more communities (e.g., Philadelphia, Miami-Dade and Nashville) are enacting rules that protect LGBTQ youth

from bullying and other forms of mistreatment in schools and other settings as a way to address the lack of state-level regulations.

### **Key Concepts**

Four concepts—emerging adulthood, support networks, provisions of support, and young adult functioning—require further explanation to better understand and interpret the literature and analyses presented in this study.

**Emerging adulthood.** Emerging adulthood is a time where youth start to take the necessary steps towards autonomy for the purpose of preparing themselves for self-sufficiency during adulthood and transitioning away from dependence on parental networks (Arnett, 2000). During this time, young people gradually take on more responsibilities including establishing post-secondary education, employment, and individual support networks that help them to meet the expectations for independence until they eventually leave their parent's home.

Recently, this transition period has been expanded to include the growing population of young adults who are still in the process of leaving home. According to Arnett (2000), the process of transitioning from adolescence to young adulthood often extends beyond age 18 and continues up to age 25 or beyond. Thus, it is no longer appropriate to expect young people to complete the path to adulthood by age 18. During this period, Arnett states that a young person's main developmental focus is to explore identity and navigate the world by considering a variety of differing life directions such as vocation, marriage, and parenthood.

Support from parents and family members is critical during this developmental phase, as young people are in the process of a healthy separation from parents, but if needed, have the option of continued reliance on adults along the way (Arnett & Tanner, 2006). Evidence suggests that when this process of progressive autonomy is encouraged and supported, youth are more

like to achieve healthy personal adjustment and successful individuation from their family of origin (Eccles et al., 1993).

Findings from studies in the field of psychology and other related fields suggest Arnett's concept of emerging adulthood may be correct, at least for a significant portion of young adults in the United States. Indeed, research documents that biological processes such as emotional regulation and cognitive ability are still developing during this period, and often impede a young person's problem-solving and decision-making abilities (Arnett & Tanner, 2006). Additionally, developmental studies focused on early adulthood find that parents continue to provide high levels of informational and emotional support to their young adult children during this period (Fingerman et al., 2012; Fingerman et al., 2015; Veevers & Mitchell, 1998). In a recent poll of over 1,000 parents with children aged 18-29 years-old, 44 percent reported that they either frequently or regularly provided financial support to their children (Arnett & Schwab, 2013). This study also suggests that parental financial support comes in many different forms and includes regular cash payments, as well as things like staying on the family's cell phone or health insurance plan and one-time payments for security deposits or car repairs.

Moreover, youth who have access to extended informational, emotional, and financial support from their families during the transition to adulthood may be more likely to delay parenthood, attend college, avoid involvement in the juvenile justice system, and experience increased psychological wellbeing than youth who do not have access to such support (Furstenberg, Rumbaut, & Settersten, 2005; Osgood, Foster, & Courtney, 2010; Schoeni & Ross, 2005). Although there is not enough empirical evidence to determine whether this assertion is true for all youth, research findings on the developing brain suggests it is logical to conclude

most young people in the U.S. are not yet ready to assume adult responsibilities at age 18 (Avery, 2010).

**Support networks.** Scholars generally agree that individual support networks consist of the relationships and resources that make up one's connections to the world. Increasingly, research has extended our understanding of how support networks may be linked to life outcomes, often documenting inverse associations between an individual's access to systems of support and various facets of physical, social and emotional health (Cohen & Wills, 1985), as well as to performance outcomes such as employment status and academic achievement (Friedlander, Reid, Shupak, & Cribbie, 2007; Krantz & Östergren, 2000; Sparrowe, Liden, Wayne, & Kraimer, 2001). In fact, research reveals that having at-least one adult to rely on and feel connected to during adolescence is associated with overall improvements to physical health and reductions in work, family, and relationship problems, substance abuse, risky sexual behavior, and emotional distress (Ahrens, DuBois, Richardson, Fan, & Lozano, 2008; Beier, Rosenfeld, Spitalny, Zansky, & Bontempo, 2000; DuBois & Silverthorn, 2005; Newcomb & Bentler, 1988).

Evidence suggests supportive relationships are especially important to identity development and emotional wellbeing, as youth begin to individuate from their families; explore sexuality, gender identity and expression<sup>7</sup>; and develop a unique sense of themselves (Ghavami, Fingerhut, Peplau, Grant, & Wittig, 2011; Steinberg & Sheffield-Morris, 2001). For instance, there is data suggesting that supportive networks may act as a powerful protective factor during this key transition period, by contributing to feelings of belonging, increasing self-esteem,

---

<sup>7</sup> Research suggests exploration of gender identity and expression, occurs earlier in the developmental process than exploration sexuality or sexual orientation (Bockting & Coleman, 2007).

improving one's outlooks towards future, and ultimately to more positive outcomes during young adulthood (Chu, Saucier, & Hafner, 2010; Newcomb & Bentler, 1988). Alternatively, when access to supportive relationships is lacking, youth may struggle to develop a sense of competence and character which often has negative implications for young adult development (Friedlander et al., 2007; Greeson & Thompson, 2014).

Studies investigating linkages among supportive relationships, identity development, and wellbeing have also found that support distinct to sexual orientation and gender identity may be critically important for youth who identify as LGBTQ<sup>8</sup>. For example, in a study by Doty et al. (2010) the authors documented that the provision of sexuality-specific support to lesbian, gay, and bisexual (LGB) young adults aged 18-21 resulted in reduced levels of emotional distress and acted as a protective factor against the harmful effects of stigma and discrimination-related stress on psychological wellbeing. Similarly, Snapp and colleagues (2015) found sexuality and gender-related support to be a strong predictor of outcomes related to positive adjustment (e.g., life situation, self-esteem, LGBT-esteem) in young adulthood for LGBT youth. Studies have also revealed that receiving support from individuals who identify as sexual and gender minorities themselves may have added value for LGBT adolescents in terms of their socioemotional and identity development (Greywolf, 2007; Munoz-Plaza et al., 2002).

Although research generally show that various types of support from caring adults is beneficial for both LGBTQ and non-LGBTQ youth, and that the magnitude of these associations increase with a young person's age, evidence regarding links between support and wellbeing are not always positive (Chu et al., 2010). In fact, a meta-analysis investigating mentoring programs

---

<sup>8</sup> Studies examining support specific to sexual and gender minorities did not include individuals who identified as queer or questioning.

and wellbeing showed that in some cases these relationships had either no effect or a negative influence on vulnerable youth and varied based on a number of different factors (e.g., the length and consistency of the relationship, relational skills of the adult, type of support provided) (Chu et al., 2010; DuBois, Holloway, Valentine, & Cooper, 2002).

Although not a specific focus of this study, researchers have also documented concerns about the negative influences of peer relationships on adolescent behaviors such as substance abuse, school dropout, and delinquency. For example, in a longitudinal study of 475 adolescents, the authors indicated that youth with friends who exhibited aggressive behaviors (e.g., arguing, fighting) experienced high rates of dropping out of school (Farmer et al., 2003). Likewise, in a randomized study of over 1,000 school-age boys, researchers found a significant predictive relationship between exposure to peer deviance and delinquent behavior (Keenan, Loeber, Zhang, Stouthamer-Loeber, & Van Kammen, 1995).

Additionally, studies documenting associations between youths' relationships with family members and their outcomes in emerging adulthood vary based on multiple different factors, particularly among at-risk youth. For example, parental factors such as substance abuse, domestic violence, poverty, and lack of supervision are closely related to diminished wellbeing among vulnerable youth, whereas higher levels parent-child attachment and parental monitoring, parental access to financial resources have been linked to greater youth functioning (Furstenberg Jr & Hughes, 1995; Russell, 2003; Smith, Lizotte, Thornberry, & Krohn, 1995).

Among LGBTQ youth, a handful of scholars have shown that relationships with individuals in youths' networks that are not particularly aware or empathetic about sexual or gender-minority related issues offer little to no buffering effect on experiences of psychological distress (Grossman & Kerner, 1998; Hershberger & D'Augelli, 1995; Munoz-Plaza et al., 2002;

Snapp, Watson, Russell, Diaz, & Ryan, 2015; Szymanski, 2009). There is also some data to suggest that having a strong connection to the LGB community can result in increased sexual risk behaviors among youth within this population (Wright & Perry, 2006).

**Provisions of support.** Benjamin Gottlieb, a prominent scholar interested in the relationship between support and wellbeing, defines provisions of support as “verbal and non-verbal information or advice, tangible aid, or action that is proffered by social intimates or inferred by their presence and has beneficial emotional or behavioral effects on the recipients” (Gottlieb, 1983). Although classifications vary somewhat by study, researchers investigating the types of support provided to youth leaving foster care by individuals in their networks generally classify these provisions within the following categories: 1) *emotional* support which consists of being encouraged, listened to, and cared for; 2) *informational* support which involves guidance or information related to transitional tasks such as how to open a bank account, find a doctor, apply for college, or get a job; 3) *concrete* support which includes assistance in the form of money and resources; 4) *role modeling* support which includes being a positive force in such a way that motivates or inspires emulation; and 5) *parent-like* support which is described as someone who serves as a substitute parental figure (Ahrens et al., 2011; Collins, Spencer, & Ward, 2010; Daining & DePanfilis, 2007; Dworsky & Courtney, 2009; Jones, 2014).

A review of existing literature also suggests there are several support needs that are distinct to LGBTQ youth including: 1) *romantic* support such as discussion and guidance related to intimacy and relationships; 2) *identity* support around what it means to identify as someone who is LGBTQ, like how to come out to family or friends; 3) *anti-bias* support such as help in dealing with experiences of stigma and discrimination associated with one’s sexual orientation or gender identity; 4) *community* support related to meeting and/or connecting with other people

that identify as LGBTQ; and 5) *practical* support such as having knowledge about where to go to get help or services from professionals who are knowledgeable about and affirming of people who are LGBTQ (D'Augelli & Hart, 1987; Doty, Willoughby, Lindahl, & Malik, 2010; Friedman & Morgan, 2009; Munoz-Plaza et al., 2002; Nesmith, Burton, & Cosgrove, 2008; Scourfield, Roen, & McDermott, 2008; Sheets & Mohr, 2009; Shilo & Savaya, 2011; Snapp et al., 2015).

**Young adult functioning.** Although this study is focused on the role of support in the lives of LGBTQ youth transitioning from foster care, and not their outcomes, it is important to have a conceptual understanding of how developmental functioning (e.g. socioemotional, cognitive) in adolescence relates to outcomes in young adulthood, and the role that support systems may play in mediating this relationship during the transition period.

Social science defines successful functioning in early adulthood as a young person's ability to begin to live as an independent adult and is often measured using outcomes related to self-sufficiency and wellbeing. Self-sufficiency typically includes a set of standard performance outcomes that represent ordinary tasks and experiences such as educational attainment, employment status, financial stability, etc. that are required for youth to successfully negotiate the transition from foster care to young adulthood. Studies that focus on the transition to young adulthood also often include outcomes related to wellbeing (e.g. physical, behavioral, psychological). Although not direct measures of self-sufficiency, they are considered to be major mechanisms that influence overall achievement and young adult functioning (Needham & Austin, 2010). Wellbeing outcomes, and in particular psychological wellbeing, are especially prevalent in research that focuses on LGBTQ youth during this developmental period (Schulenberg, Bryant, & O'Malley, 2004) given strong associations between this construct and

exposure to stigma and discrimination.

### **Organization of the Dissertation**

This dissertation begins with a review of existing and relevant literature for understanding interviews with study participants and their analysis, followed by a description of the study's methods and procedures for collecting and analyzing data. Next, findings are introduced and explored while highlighting responses that fall both within and outside of the theoretical framework outlined within the study. The study closes with a discussion of these findings, in which recommendations are made for improving services and supports for LGBTQ transitioning youth and proposed next steps for research in this area.

## Chapter 2. Critical Review of the Literature and Conceptual Framework

### Disproportionality in Foster Care

Estimates suggest approximately 7 to 11 percent of youth the United States identify as lesbian, gay, bisexual, transgender, queer, and/or questioning (LGBTQ) (IOM, 2011; Jones & Cox, 2015). However, a substantial number of child welfare experts believe LGBTQ youth are overrepresented in the foster care system and that a significant percentage enter after being forcibly displaced from their own biological families (Jacobs & Freundlich, 2006; Mallon, 1998; Mallon & Woronoff, 2006; Mountz, 2011; McHaelen, 2006; Ragg, Dennis, & Ziefert, 2006; Woronoff et al., 2006).

Although the actual number of LGBTQ youth in foster care in the U.S. is unknown, a recent study using data from a nationally representative sample of young people in foster care, found nearly 23 percent identified as LGBQ (Martin, Down, & Erney, 2016). Another study of LGBTQ youth in Los Angeles County found that 13.4 percent of youth in foster care were lesbian, gay, bisexual or questioning, and 5.6 percent were transgender (Wilson et al., 2014). Additionally, because LGBTQ youth in foster care are less likely to find a permanent home than heterosexual and cisgender youth (Freundlich & Avery, 2004), it is reasonable to suggest they are also likely to be overrepresented in the proportion of young people that emancipate from foster care.

### Increased Vulnerability and Risk

**Youth transitioning from foster care to adulthood.** As previously noted, research consistently documents that youth who reach the age of majority while still in foster care experience multiple difficulties as they transition from foster care to young adulthood. As a

group, young people that have left the foster care system as adults suffer from a myriad of developmental struggles when compared to their peers, including being at high risk for problems such as homelessness, financial instability, unemployment, poor physical and mental health, unplanned pregnancy, and involvement with the criminal justice system (Brandford, 2002; Collins, 2001; Courtney, Dworsky, Brown, et al., 2011; Dworsky, 2013; Pecora et al., 2009; Scannapieco, Connell-Carrick, & Painter, 2007; Tweddle, 2007).

In terms of their health, studies reveal foster youth have a higher prevalence of chronic medical problems than their non-foster peers such as hypertension, high cholesterol, diabetes, asthma and epilepsy (Ahrens, Garrison, & Courtney, 2014; Courtney, Dworsky, Brown, et al., 2011) and a substantial proportion exhibit psychological disorders (Clausen, Landsverk, Ganger, Chadwick, & Litrownik, 1998; Garland, Landsverk, & Hough, 1996; Rubin et al., 2004). More specifically, evidence shows older youth in care experience greater rates of inpatient psychiatric care, residential services, outpatient therapy and psychotherapeutic medication than their younger counterparts (McMillian, 2004), as well as more frequent instances of substance use disorders than youth who were not in care (Vaughn, Ollie, McMillen, Scott, & Munson, 2007).

Moreover, studies focused on financial wellbeing, employment, and housing stability among former foster youth consistently indicate that young people in this population have greater rates of homelessness and housing instability, and are more likely to have lived in poor quality neighborhoods and rely on public housing assistance than their peers in the general population of youth (Berzin, Rhodes, & Curtis, 2011; Fowler, Marcal, Zhang, Day, & Landsverk, 2017; Shah et al., 2017). Relatedly, studies documenting former foster youths' challenges related to employment find they are less likely to be employed, and earn significantly

less income when they do find jobs than youth from low income families and youth that were not in foster care (Hook & Courtney, 2011; Stewart, Kum, Barth, & Duncan, 2014).

In addition to these difficulties, scholars document that former foster youth are more likely to experience circumstances related to social exclusion such as early parenthood, dependency on public benefits, involvement with the criminal justice system, and low educational attainment when compared to their peers who did not leave care as adults, largely as a result of being unprepared to live independently after leaving formal caring systems (Stein, 2006). Taken together, such challenges are cause for significant concern, as all of these factors are suggestive of long-term disadvantages that yield substantial individual and societal costs (Catalano et al., 2011; Courtney, Dworsky, Brown, et al., 2011; Freudenberg & Ruglis, 2007; Gilman, Hill, & Hawkins, 2015; Wilkinson & Marmot, 2003).

**LGBTQ youth in the general population.** A large body of literature documents that LGBTQ youth are exposed to elevated levels of mistreatment and violence associated with their sexual and gender minority statuses. Moreover, these experiences are ongoing and wide-spread, occurring at home, at school and in their communities (D'Augelli, Grossman, & Starks, 2006; Kosciw, Greytak, Giga, Villenas, & Danischewski, 2016; Pilkington & D'Augelli, 1995; Toomey, Ryan, Diaz, Card, & Russell, 2010). In a recent study of 425 sexual minority youth, aged 16-24 years-old, results showed that 94 percent had reported experiencing some type of victimization related to their sexual orientation (Mustanski, Newcomb, & Garofalo, 2011). Although studies exploring rates of victimization among transgender youth are generally lacking, qualitative research suggests this subgroup may be located at the extreme margin of LGBTQ social exclusion, as they report high levels of exposure to all forms of abuse (e.g., verbal, physical, and sexual abuse) in nearly every environmental setting (Garofalo, Deleon, Osmer,

Doll, & Harper, 2006; Grossman & D'Augelli, 2006). This is further evidenced by surveys of transgender adults that document between 43 and 60 percent report past experiences with physical violence, and between 43 and 46 percent report being victims of sexual assault (Testa et al., 2012).

Such chronic and pervasive exposure to victimization and mistreatment places LGBTQ youth at greater risk of experiencing challenges related to healthy development and functioning (Mustanski, Andrews, & Puckett, 2016). For example, studies repeatedly document that many sexual and gender minority youth suffer from psychological and developmental problems including low self-esteem, depression, shame, delay in identity formation, post-traumatic stress disorder, and poor psychosexual development (D'Augelli et al., 2006; Horn, Kosciw, & Russell, 2009; Maguen, Floyd, Bakeman, & Armistead, 2002; McCarn & Fassinger, 1996; Mohr & Fassinger, 2003), as well as behavioral concerns such as substance abuse, suicidal ideation, eating disorders, and risky sexual activity (Dean et al., 2000; Fergusson, Horwood, & Beauvais, 1999; Mustanski, Garofalo, & Emerson, 2010).

LGBTQ youth are also at greater risk of experiencing poor physical health (e.g., cardiovascular disease, obesity, asthma), homelessness, academic failure (e.g., truancy, dropping out of school), social isolation, and a lack of connection to adult role models than their heterosexual or cisgender peers (Cochran, Stewart, Ginzler, & Cauce, 2002; IOM, 2011; Kosciw et al., 2013; Lick, Durso, & Johnson, 2013; Potoczniak, Aldea, & DeBlaere, 2007; Saewyc, Poon, Homma, & Skay, 2008; Safren & Pantalone, 2006). Lastly, a small but significant set of studies suggest that LGBTQ youth may be at greater risk for unplanned pregnancies and early parenthood than non-LGBTQ youth (Saewyc, Bearinger, Blum, & Resnick, 1999; Saewyc et al., 2008; Saewyc et al., 2006).

**LGBTQ youth in foster care.** While all youth who have spent time in foster care risk facing multiple negative life outcomes as adults, these issues are likely to be worse for LGBTQ youth as a result of heightened levels of mistreatment, isolation, and rejection (Mallon et al., 2002; Woronoff et al., 2006). A growing number of studies reveal that in addition to being significantly more likely than heterosexual or cisgender youth to be victimized by peers and family members, LGBTQ youth report experiences of homophobic or transphobic discrimination and victimization from professionals within child-serving institutions, including the child welfare system (Estrada & Marksamer, 2006; Feinstein, Greenblatt, Hass, Kohn, & Rana, 2001; Toomey, McGuire, & Russell, 2012). For example, studies have shown LGBTQ youth in foster care experience lower levels of placement stability, higher rates of placement into congregate care, and report frequent exposure to verbal harassment and physical violence from caregivers, service providers and other youth in care (Freundlich & Avery, 2004; Mallon et al., 2002). LGBTQ foster youth may also face a lack of understanding, indifference or hostility from child welfare professionals with regard to their distinct service needs (Clements & Rosenwald, 2008; Gallegos et al., 2011; Rosenwald, 2009; Wornoff & Estrada, 2006). A small number of studies show that mistreatment experienced within these environments is even worse for individuals who are transgender and for LGBTQ persons with intersecting minority statuses (e.g. race/ethnicity, disability) (Garofalo et al., 2006; Gattis & McKinnon, 2015; Grossman & D'Augelli, 2008; Koken, Bimbi, & Parsons, 2009; Stotzer, Silverschanz, & Wilson, 2013).

**Social and service disconnectedness among former foster youth.** Youth exiting the foster care system often face the transition to adulthood at an earlier time period, and with fewer support persons, than their peers in the general population (Collins et al., 2010). Research

suggests that having access to resources and supportive relationships may be more difficult for these youth for a variety of reasons.

First, standards of care and the availability of services vary widely across state and local jurisdictions. While some youth are directly connected to supports and services that help to meet their physical, emotional and developmental needs, others only have access to a case manager who provides them with referrals (Stott, 2013).

Second, prior literature suggests youth that have child maltreatment and foster care histories frequently suffer from feelings of low self-esteem and have difficulties establishing trusting relationships with adults (Kools, 1997; Metzger, 2006; Salah-Din & Bollman, 1994). This is further indicated by evidence that suggests youth who are in the process of leaving care tend to emotionally and psychologically disconnect from others over time. As a result, they may become overly focused on self-reliance and autonomy and may distance themselves from accessing supportive resources (Samuels & Pryce, 2008).

Third, youth in foster care experience disruptions to their connections with family, friends, and others in their communities after spending time in foster care which often results in weakened networks and ongoing psychological distress (Perry, 2006). Although some former foster youth may be able to reestablish connections with supportive parents and other family members once they leave care, others find that individuals in their biological families are not able to provide them with the support they need (Collins, Paris, & Ward, 2008).

Given these challenges, support networks for youth in foster care tend to include formal providers such as caseworkers, foster parents, teachers, and therapists as their primary sources of support (Collins et al., 2010; Munson, Smalling, Spencer, Scott Jr, & Tracy, 2010). Upon leaving care, however, studies reveal exits from the foster care system may lead to abrupt transitions and

as such, most youth find themselves unprepared to live as independent adults and without the safety net of supports provided while they were in care (Courtney, Dworsky, Cusick, et al., 2007; Samuels & Pryce, 2008).

LGBTQ youth leaving care may be even more disconnected from support systems than non-LGBTQ foster youth. For instance, research has documented that LGBTQ youth continue to report significant gaps in the types of support available to them and often feel isolated within their own social networks (Munoz-Plaza et al., 2002). Studies further indicate that in addition to having fewer numbers of social supports, LGB adolescents experience decreased satisfaction with existing social networks and fewer positive social events when compared to their heterosexual counterparts (Safren & Pantalone, 2006). This is especially true for transgender youth who report having less social support than their heterosexual and sexual minority cisgender peers (Factor & Rothblum, 2008).

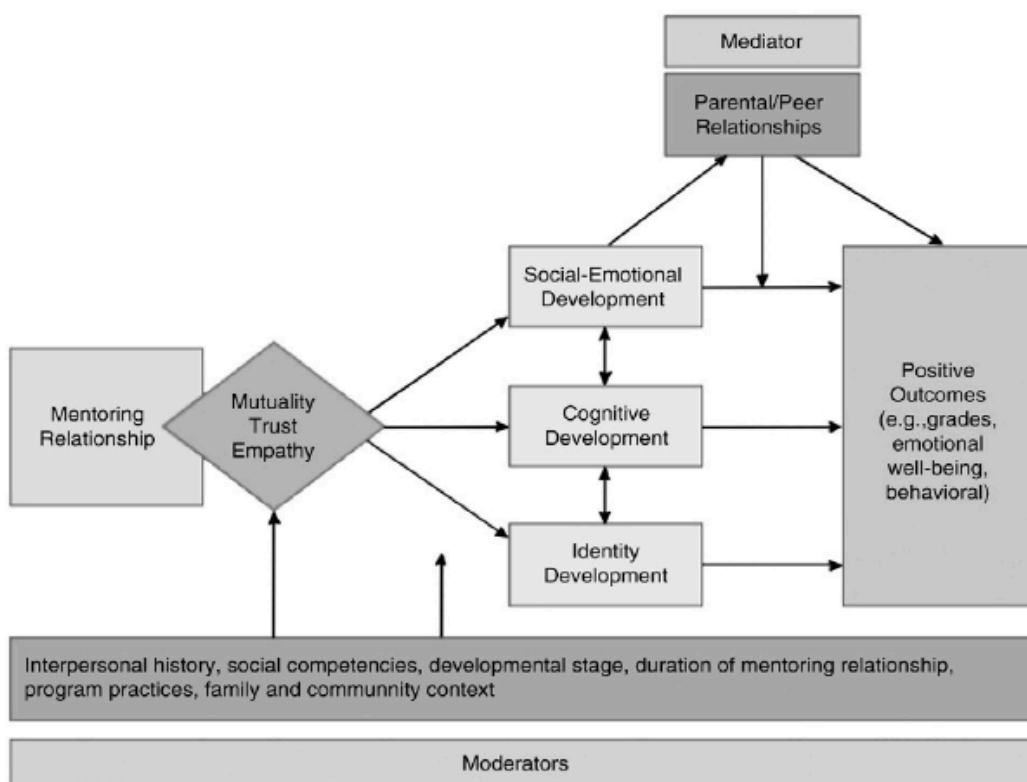
## **Theory**

The extended model of the Theory of Youth Mentoring was used as the theoretical background of this study, as it provided a useful model to begin exploring the specific ways in which support may function for this population. To understand how the theory was applied, I briefly review the original model, the Theory of Youth Mentoring, and then discuss how the extended framework was used to guide the conceptualization of support for LGBTQ transitioning youth.

**Theory of Youth Mentoring.** The Theory of Youth Mentoring (see Figure 1), originally proposed by Jean Rhodes, conveys how young peoples' connections to a trusted adult mentor—established through a formal mentoring program—can positively influence their wellbeing outcomes (Rhodes, 2002, 2005). More specifically, this theory posits that meaningful

interactions with mentors can create a sense of trust and unity that leads to improved socio-emotional, cognitive and identity development which ultimately acts as a mediating pathway to improved outcomes across a number of different contexts. Rhodes further suggests that support during this transition may be moderated by multiple individual, family and contextual factors, whereas outcomes may be mediated by various aspects of a young person's peer and family relationships.

**Figure 1. Theory of Youth Mentoring**



Source: (Rhodes, 2005)

**Model of youth mentoring, extended to youth in foster care.** Given its suitability for understanding how relationships with formal adult mentors may contribute to healthy youth development, researchers have begun to consider the Theory of Youth Mentoring as a framework

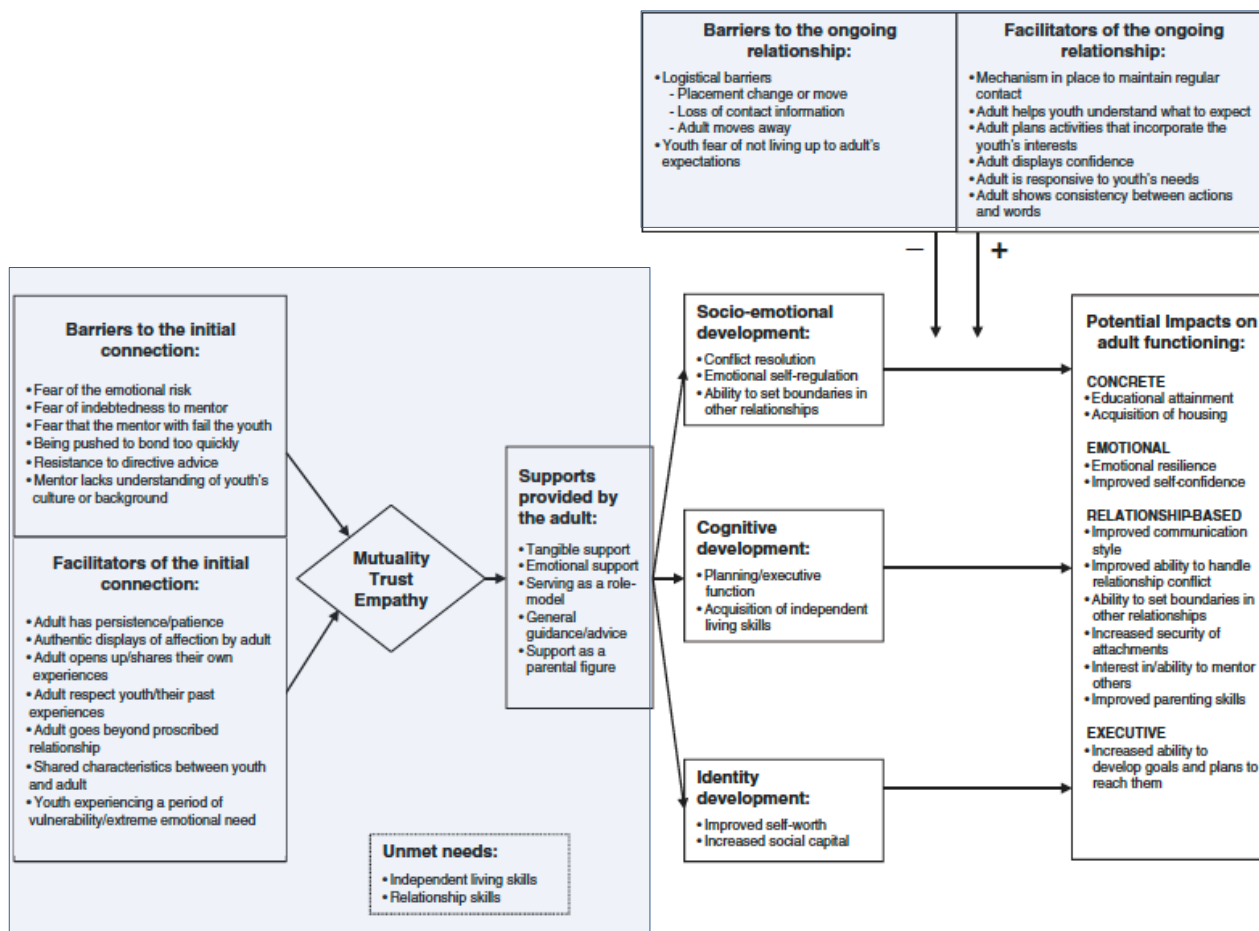
for conceptualizing how similar types of relationships with caring adults may influence a young person's capacity to live independently after exiting foster care.

Scholars have argued that youth in foster care may not experience the same level of benefits from formal mentoring systems as youth who are not in care (Spencer, Collins, Ward, & Smashnaya, 2010). Given the frequency with which formal mentoring relationships disrupt, these programs could potentially have negative effects for foster youth who already have fractured connections with family and friends, and/or have difficulties establishing trusting relationships with caring adults.

In line with these arguments, Ahrens et al. (2011) used the Theory of Youth Mentoring as the basis for examining how relationships with non-parental adults functioned for young people in foster care for the purpose of guiding interventions and improving youth outcomes. By expanding the definition of a mentoring relationship to include both formal and informal non-parental support figures, Ahrens and colleagues allowed for the inclusion of child welfare professionals and informal adult support figures as "mentors". According to the authors, these extensions were necessary given differences in the characteristics of the adults that are involved in the lives of foster youth, the scope of their relationships, and the types of support provided to youth who are nearing the age of emancipation from foster care (Ahrens et al., 2011).

In addition, researchers in the Ahrens study asked youth to talk about experiences that were helpful and not helpful in terms of developing relational ties to the non-parental adults in their support network as a way to ascertain what types of factors may have influenced their ability to establish and maintain these relationships and in turn, young adult functioning. As is illustrated in Figure 2 below, this extended framework resulted in a number of specific categories and themes that related to and/or expanded on Rhode's original model.

**Figure 2: Model of Youth Mentoring, Extended to Youth in Foster Care**



Source: (Ahrens et al., 2011)

Specifically, three main categories were added 1) barriers and facilitators that may impact the mentor-mentee relationship, both initially and on an ongoing basis, 2) the nature of support provisions provided by the adult, and 3) unmet needs youth experienced despite having access to these relationships. A description of the themes in each of these categories is provided in Table 1 below.

**Table 1. Description of Themes from the Theory of Youth Mentoring**

<b>Category</b>	<b>Theme</b>	<b>Description</b>
Barriers and facilitators that may impact to the mentor-mentee relationship	<b>Barriers to initial connection</b>	Factors that made it difficult for youth to develop a relationship with the non-parental adult
Barriers and facilitators that may impact to the mentor-mentee relationship	<b>Facilitators to initial connection</b>	Factors that made it easier for youth to develop a relationship with the non-parental adult
Barriers and facilitators that may impact to the mentor-mentee relationship	<b>Barriers to ongoing relationship</b>	Factors that made it difficult for youth to maintain their relationship with the non-parental adult
Barriers and facilitators that may impact to the mentor-mentee relationship	<b>Facilitators to ongoing relationship</b>	Factors that made it easier for youth to maintain their relationship with the non-parental adult
The nature of support provisions provided by the adult	<b>Supports provided by the adult</b>	Specific ways in which non-parental adults were perceived to have provided support to youth
Unmet needs youth experienced, despite having access to these relationships	<b>Unmet Needs</b>	Types and degrees of unmet needs described by the youth.

Source: Ahrens, et al. (2011)

### **Application of the extended model of youth mentoring to LGBTQ foster youth.**

Although the extended theory of mentoring youth is well-fitted to youth transitioning from foster care, it is unclear whether it fully captures how support functions for these youth that also identify as LGBTQ and thus, its potential for impacting their wellbeing. Indeed, it is not clear whether LGBTQ youth nearing emancipation from foster care have unique experiences around establishing and maintaining trusting relationships with adult support figures both within and outside of the child welfare system, or the extent to which existing provisions of support are appropriate and accessible to them.

Accordingly, this study draws on the first half, and the upper section, of the extended model of the Theory of Youth Mentoring (shaded in blue) to explore: 1) whether any additional barriers and facilitators exist around LGBTQ transitioning youths' relationships with adult support figures in their networks, 2) the types of support provided to LGBTQ transitioning youth by way of these relationships, and 3) whether LGBTQ youth experience any additional unmet needs. A

table outlining how each of the model's categories aligned with the study's key research questions is provided in Appendix A.

### **Conclusions from Critical Review of the Literature and Theoretical Model**

Social science has a reasonably well-developed understanding of the risks and challenges faced by youth transitioning from foster care to young adulthood and by LGBTQ youth in the general population. Despite this knowledge, the child welfare system has not adequately considered how youth who hold both of these identities are managing this transition.

There is also strong evidence to suggest that the relationships foster youth develop with the non-parental adults in their support networks have a unique and important role to play in assisting them with this transition (Ahrens et al., 2008; Collins et al., 2010). Moreover, because child welfare professionals make up a significant portion of foster youth's support networks, a concentrated focus on their relationships with LGBTQ transitioning youth, and the support they provide, is warranted.

To address these gaps, this study adapted its approach to inquiry from Ahrens and colleagues' extended model of the Theory of Youth Mentoring, as well as from relevant concepts gleaned from a review of the literature. Additionally, although support persons both within and outside of the child welfare system are considered for LGBTQ foster youth, the focus of this study was to understand youth's relationships with the child welfare professionals (e.g., caseworkers, foster parents and caregivers, independent living staff) and other social work practitioners whose jobs were to support them. My rationale for this decision was linked to the primary purpose of this study, which was to create meaningful and actionable policy/practice recommendations about what works well and what could be done better to support LGBTQ transitioning youth in foster care.

## Chapter 3: Research Design and Methods

### Study Design

This qualitative dissertation is Phase 1 of a 3-stage study that is guided by a modified Community Based Research approach. Phase 1 occurred prior to study participants' emancipation from foster care. Phases 2 and 3, will occur, at 12 and 24 months post emancipation and are not a part of this dissertation.

**Rationale for a modified Community Based Research approach.** My decision to use a modified Community Based Research (CBR) approach for examining the support systems of LGBTQ young adults leaving foster care was largely due to the lack of research on this topic and the focus of my research questions. Qualitative research designs are suitable when a study aims to explore, explain, or understand a phenomenon in which little is known (Padgett, 2008). Equally important, qualitative studies offer rich descriptive content from the participants' perspectives and enable researchers to provide detailed representations of factors that pertain to the study's research aim(s) (Colorafi & Evans, 2016; Sandelowski, 2000, 2010).

CBR draws upon the constructivist theoretical perspective, and has the primary objective of conducting research that benefits study participants, either through direct intervention or by using the results to inform action for change (Israel, Schulz, Parker, & Becker, 1998). Indeed, CBR activities are widely used in field of public health to enhance the researchers understanding of an issue or problem and translate study findings in ways that are most beneficial to the community involved (Dressler, 1993; Israel et al., 1998). Moreover, CBR improves the quality and applicability of the research by incorporating the knowledge of the community being studied. Specifically, CBR has four key characteristics 1) it is a fully collaborative endeavor

between the researcher and community members to create knowledge, 2) academic and community knowledge are valued equally, 3) research questions are investigated using a variety of methods, and 4) the primary goal of the study is to achieve some form of social justice change (Israel et al., 1998; Strand, Marullo, Cutforth, Stoecker, & Donohue, Spring 2003).

Although each of these characteristics are valuable, it is important to note that youth were not involved in every aspect of this study (as would be the case in a true CBR approach) due to budgetary limitations. They were however, actively involved in the recruitment phase, development of the research tools, and interpretation and dissemination of the findings, and made themselves available to me on an “on-call” basis to provide input and offer suggestions about the study. Further, I was only able to incorporate two data collection methods (interviews and ecomaps) in Phase 1. However, additional methods will be integrated in future phases of this study (Phases 2-3)<sup>9</sup>.

**Criticisms of Community Based Research.** Despite the benefits of CBR, there are some key disadvantages. First, CBR requires that all partners work together, which at times, can make the research process prone to conflict—and present particular challenges for dealing with differences in experiences, perspectives, and priorities (Israel et al., 1998). Although these differences were not much of an issue in this study, I needed to be very thoughtful about creating an environment where all youth felt safe enough to ‘speak up’ and share their thoughts and perspectives. Fortunately, I believe my experience working with youth and my university teaching background, helped to make my efforts a success.

---

<sup>9</sup> I had originally planned to hold focus-groups for both child welfare professionals and foster parents/caregivers, in addition to one-on-one interviews with youth, in Phase 1 of the study. However, during the dissertation planning process, it was determined that it would not be feasible, due to additional timing and costs. I hope to conduct focus groups in Phases 2 and/or 3 depending on resources and funding.

Second, CBR can be a time consuming and expensive process (Strand et al., Spring 2003). As mentioned in the prior section, limitations in the monetary resources that were available for this study resulted in my decision to use a modified CBR approach. Time was also a factor, as the incorporation of multiple data collection methods (focus groups, observations, etc.) would have required a much lengthier data collection and analysis process.

Finally, CBR requires a significant commitment from non-academic participants. Indeed, it may be difficult for sample members to consistently devote the time and effort needed throughout the study. Although I discovered ways to keep youth engaged, I found this limitation to be especially challenging. Nonetheless, I do not believe this was due to a lack of investment on the part of the youth. On the contrary, they seemed to be highly motivated and excited about their participation in the project. Rather, the challenges that arose for youth were quite tangible and included problems such as conflicts with school or work and a lack of transportation.

### **Research Positionality**

**Paradigm.** This study was designed and conducted from the moderate constructivist approach, which endorses a middle-ground approach to bridging rational and social aspects of knowledge (Schwandt, 2000). Epistemologically, this paradigm represents the view that knowledge can be community-based and derived from empirical data that is bounded by subjectivity. More specifically, moderate constructionists believe that there are multiple knowledge bases, and that it is possible to understand ‘local truths’ through the empirical examination of individual experiences and the collaborative construction of knowledge between interviewer and interviewee (Holsten & Gubrium, 1997; Järvensivu & Törnroos, 2010).

My reasons for choosing this approach are threefold. First, I am able to align myself with the moderate constructivist world-view that rejects the idea of a universal truth and

acknowledges the possibility of specific local, personal, and community forms of knowledge. Second, this approach is methodologically congruent with research studies that explore a phenomenon using an existing theory that may be incomplete, and/or needs further description (Coffey & Atkinson, 1996; Järvensivu & Törnroos, 2010; Lincoln, Lynham, & Guba, 2011). Third, this study uses qualitative content analysis: a method of text analysis that is not rigidly delineated and accepts both inductive and deductive processes. Given such methodological flexibility, experts who use this technique urge investigators to approach their research from a moderate constructivist position as a way to ensure rigor (Mayring, 2014).

The framework of moderate constructivism was applied by using active interviewing techniques that encouraged youth to tell their stories. This meant that I conducted each interview as a conversation, while at the same time, carefully guiding youth as they constructed their story and its meaning (Holsten & Gubrium, 1997). This style of interviewing also required that I pay close attention to my own behaviors, and the behaviors of the respondent, in order to limit any potential bias and ensure that the interview remained collaborative (Gorden, 2013). Accordingly, I listened carefully to youths' views and interpreted the findings within the context of their background and experiences (Creswell, 2013).

Interviews began with open-ended questions about LGBTQ youths' views and experiences related to their systems of support in foster care, followed by more targeted questions or "probes" associated with the categories outlined in the extended version of the Theory of Mentoring Youth (Creswell, 2017). Open-ended questions allowed the youth to fully and freely describe their viewpoints and experiences, whereas probing questions allowed for more specific exploration of the a priori categories identified within existing theory (Hsieh & Shannon, 2005). Together, these questions led to rich and meaningful descriptions of

participants' experiences with and perceptions of the transition process as sexual and gender minorities (Creswell, 2017).

**Reflexivity.** Qualitative investigators need to evaluate how inter-subjectivity may influence the research process. This process, known as reflexivity, is necessary for minimizing bias and increasing the integrity and trustworthiness of the study (Finlay, 2002; Mantzoukas, 2005; Miles & Huberman, 1994). Prior to becoming a researcher, I worked in the field of human services in the State of Wisconsin for over 17 years as a direct service practitioner, policy advisor, and statewide manager in public child welfare.

Towards the beginning of my career, I was an ongoing child protective services caseworker in Sauk County, Wisconsin, and later, the Program Director at a tri-county agency that concentrated on runaway and homeless youth. Subsequent to these positions, I was the statewide manager for out-of-home care and community services at the Wisconsin Department of Children and Families. My primary role was to address the unmet needs of children, youth, and families involved in the child welfare system and to identify key areas for prevention and intervention. Specifically, I managed Wisconsin's programs, policies, and funding for foster care, kinship care, independent living (youth transitioning from foster care), and runaway and homeless youth programs, as well as a variety of community-based services and supports. Most recently, I worked as a youth group specialist, providing supportive programming (e.g., case management, crisis intervention, group counseling, advocacy) for LGBTQ youth, aged 13-19, living in South Central Wisconsin, and currently conduct trainings for professionals in child welfare, juvenile justice, and other related fields on best practices for working with LGBTQ youth.

Throughout my career, I have had the opportunity to work with many LGBTQ youth and their families. As result I have developed a critical understanding of the strengths and challenges SGM youth may face when involved in these systems. Ultimately, these experiences became a driving force behind my research interests in this area. In addition to my background, I have well-established relationships with state and county government staff, child welfare professionals, and agency-based providers throughout the state, which offered me significant advantages when asking for their assistance with distributing information about this study to foster youth.

It is also important to note that I identify as sexual minority and was open about this with my participants during the recruitment stage. Together, I believe my background in child welfare, my knowledge for working with LGBTQ youth, and the disclosure of my own status made it easier to develop a rapport with the stakeholders and youth involved in the study.

The idea of conducting research on a topic that I have extensive experience with and on a population that I am close to was appealing to me. I feel I have much to offer the field of social work in this area—both personally and professionally. That said, like all qualitative researchers, it was critical that I remained consistently aware of my bias and its potential influence on my research findings (Roller, 2012). In an effort to address these threats, I employed several tactics for enhancing the quality and rigor of this study including triangulation, member-checking, having a second trained coder, and audit-trail strategies (Creswell, 2017; Padgett, 2008). I also used a reflexivity journal throughout each stage of the study, including after each interview, to document my thoughts and perspectives to reduce bias or distortion of the study's findings (University of Huddersfield, 2017). Entries in the journal described my preconceptions as the

researcher, how these biases may have influenced my sample recruitment, data collection and analyses, and the steps that were taken to limit such influence.

**Biases and assumptions.** Given my education and training, experience working with LGBTQ youth and their families, and my own SGM status, it is necessary for me to articulate my bias and assumptions. First, my experience with LGBTQ young people, and in particular, youth in foster care, has led me to believe that many of these individuals have unique needs that are not being met in by the professionals who work in the child welfare system. At the same time, I recognize that many child welfare workers, foster parents, independent living program staff, and other related practitioners would be willing and able to provide this support if they had a greater understanding about what was needed and how to provide it. That said, I also believe that there are many child welfare professionals who are knowledgeable about and supportive of LGBTQ youth in foster care, and/or have the desire to learn more about how to work more effectively with this population as they journey from foster care to adulthood.

In addition to assumptions, I believe that many professionals in the field may, intentionally and/or unintentionally, make decisions and engage in behaviors that place this vulnerable population of youth at further risk. This is especially concerning to me, as it is the responsibility of the child welfare system to ensure that all youth in their care receive fair and equitable treatment and are provided with the support and resources they need to be successful in young adulthood.

## **Methods**

**Sampling strategies.** Study participants were recruited statewide using purposive sampling strategies. Purposive sampling is a process whereby the researcher uses non-random strategies to select information-rich cases to ensure certain types of individuals are included in

the sample (Patton, 1990). In line with this, efforts were made to recruit participants that were diverse on key demographic characteristics (e.g., sexual and gender identity, geographic location, placement type, race). My rationale was based on my a-priori theoretical understanding of LGBTQ youth in foster care and wanting to ensure (as much as possible) that the individuals in my sample represented a range of these youth from Wisconsin's foster care population (Mason, 2017; Robinson, 2014).

Sample size was determined using an iterative approach that consisted of my moving back and forth between recruiting participants and conducting preliminary data analysis until no new themes emerged (Murphy, Dingwall, Greatbatch, Parker, & Watson, 1998). This approach is recommended for qualitative studies, as the level of variation needed within the sample is unknown at the start of a study (Miles & Huberman, 1994; Murphy et al., 1998). Hence, researchers develop an initial understanding of the perspectives of study participants, and then verify and adjust these interpretations through additional sequences of recruitment, data collection and analysis until theoretical saturation occurs.

Youth that were eligible for the study were aged 17-21; currently placed in out-of-home care<sup>10</sup> (i.e. foster care) in Wisconsin; identified as lesbian, gay, bisexual, transgender, queer or questioning (LGBTQ); and were likely to leave the child welfare system as young adults. Youth who were currently living in temporary or transitional living arrangements (e.g., shelters, correctional facilities, supervised independent living) were eligible for the study, as long as they

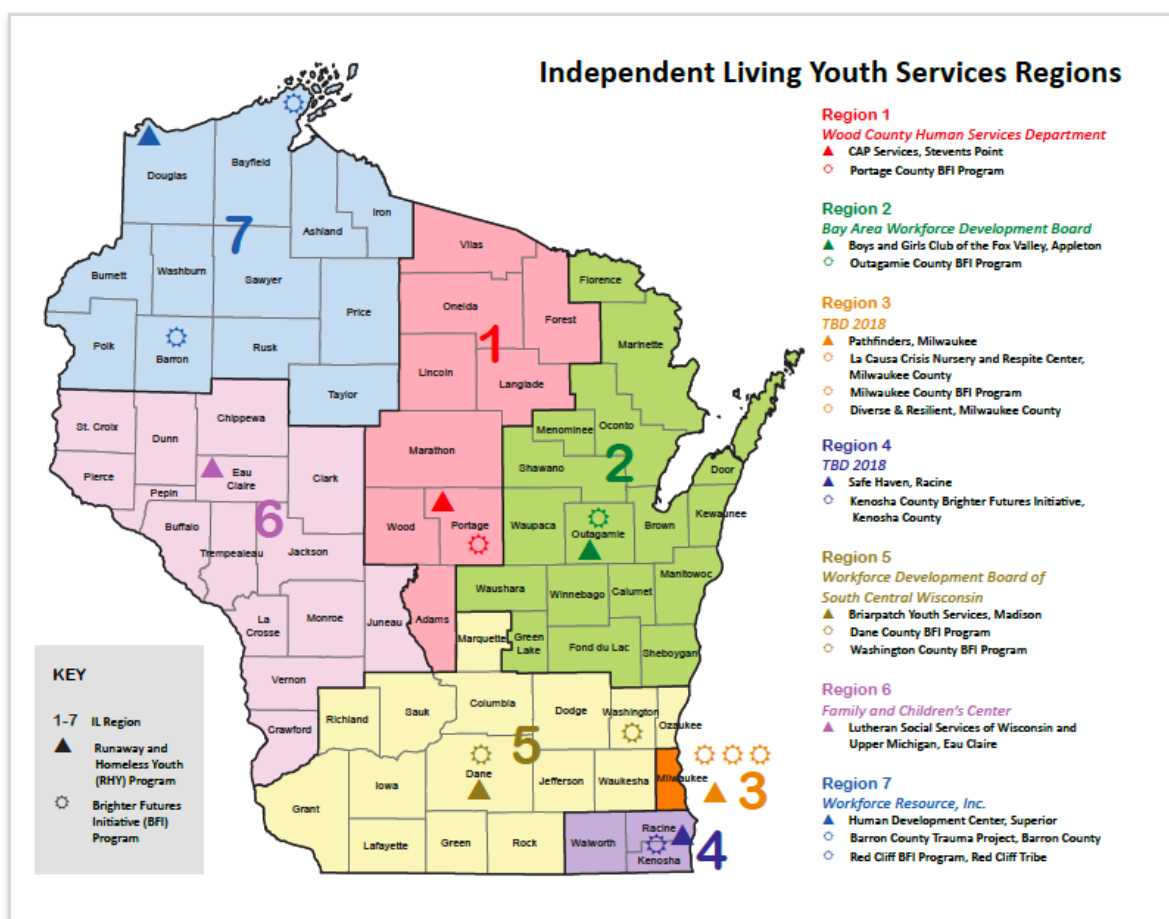
---

<sup>10</sup> Out-of-home care in Wisconsin includes the placement of children into licensed family foster care, treatment foster care, pre-adoptive foster homes, group homes and residential care centers, and court-ordered placements with relatives.

were legally considered to be a part of the foster care system. Individuals who were not currently in foster care in Wisconsin or did not identify as LGBTQ were not eligible to participate.

**Recruitment procedures.** Study participants were recruited from foster care and independent living programs in 20 counties that were located in all seven regions of the State of Wisconsin (see Figure 3 below). The process for selecting counties within each region was based on information provided by the Wisconsin Department of Children and Families (WIDCF) documenting the prior year's number of youth that had transitioned from foster care to young adulthood, by county (calendar year 2016).

**Figure 3: Wisconsin's Child Welfare County/Regional Map**



Source: Wisconsin Department of Children and Families (WIDCF), Office of Youth Services (2017)

Counties were first categorized as small (1-20 transitioned youth), medium (21-50 transitioned youth), and large (51 transitioned youth or above). I then selected counties from each category, within different geographical locations (whenever possible), to ensure participants were recruited from various county/regional foster care and independent living programs throughout the state. Selected counties and their corresponding regions, size classifications, and emancipated foster youth populations are listed in Table 2.

**Table 2: Counties Selected for Recruitment**

County	Region	No. of former foster youth <sup>a</sup>	Classification
Bayfield	7	8	Small
Barron	7	17	Small
Brown	2	31	Medium
Dane	5	121	Large
Dunn	6	9	Small
Dodge	5	21	Medium
Eau Claire	6	46	Medium
Fond Du Lac	2	30	Medium
Green	5	6	Small
Kenosha	2	61	Large
Langlade	1	5	Small
Milwaukee	3	477	Large
Oneida	1	9	Small
Outagamie	2	29	Medium
Price	7	8	Small
Racine	4	51	Large
Rock	5	34	Medium
Walworth	4	12	Small
Waupaca	2	11	Small
Wood	1	37	Medium

<sup>a</sup>Determined by the WIDCF using numbers from calendar year 2016.

WIDCF further assisted with the recruitment process by providing me with updated contact information for CPS Caseworkers, FCCs, and ILP staff throughout the state, reviewing

letters and materials for engaging these contacts, and featuring the study at public child welfare and foster youth meetings and conferences. I also attended stakeholder meetings and conferences in-person, whenever possible.

Upon receipt of the contact information, I sent the letter describing the study, in both electronic and printed form (Appendix B) and several copies of 4x5 recruitment cards (Appendix C) to the identified county and regional-level child welfare professionals. The letter asked these individuals to assist me by distributing recruitment cards to youth, age 17-21 years-old, who were currently placed in out of home care through their agency. To protect the confidentiality of participants and to ensure the fidelity of the study, instructions within the letter requested that child welfare professionals not attempt to identify or actively recruit youth who identify as LGBTQ or answer any questions about the study. Professionals who received the letter were asked to direct any questions about the study to me. Additionally, I spoke with the supervisors and managers of these programs, as needed, to ensure the agency was able and willing to participate in the distribution process.

**Screening.** Youth who received the recruitment cards and were interested participating in the study were asked to contact me by phone/text<sup>11</sup> to see if they were eligible (Appendix D). Potential participants were also offered the option to scan a QR code or click on the link that took them to the study's Facebook webpage (<http://www.facebook.com/WILGBTQResearchStudy>) to watch a short video and learn more about the study. At the end of the video, interested youth were prompted to complete an online

---

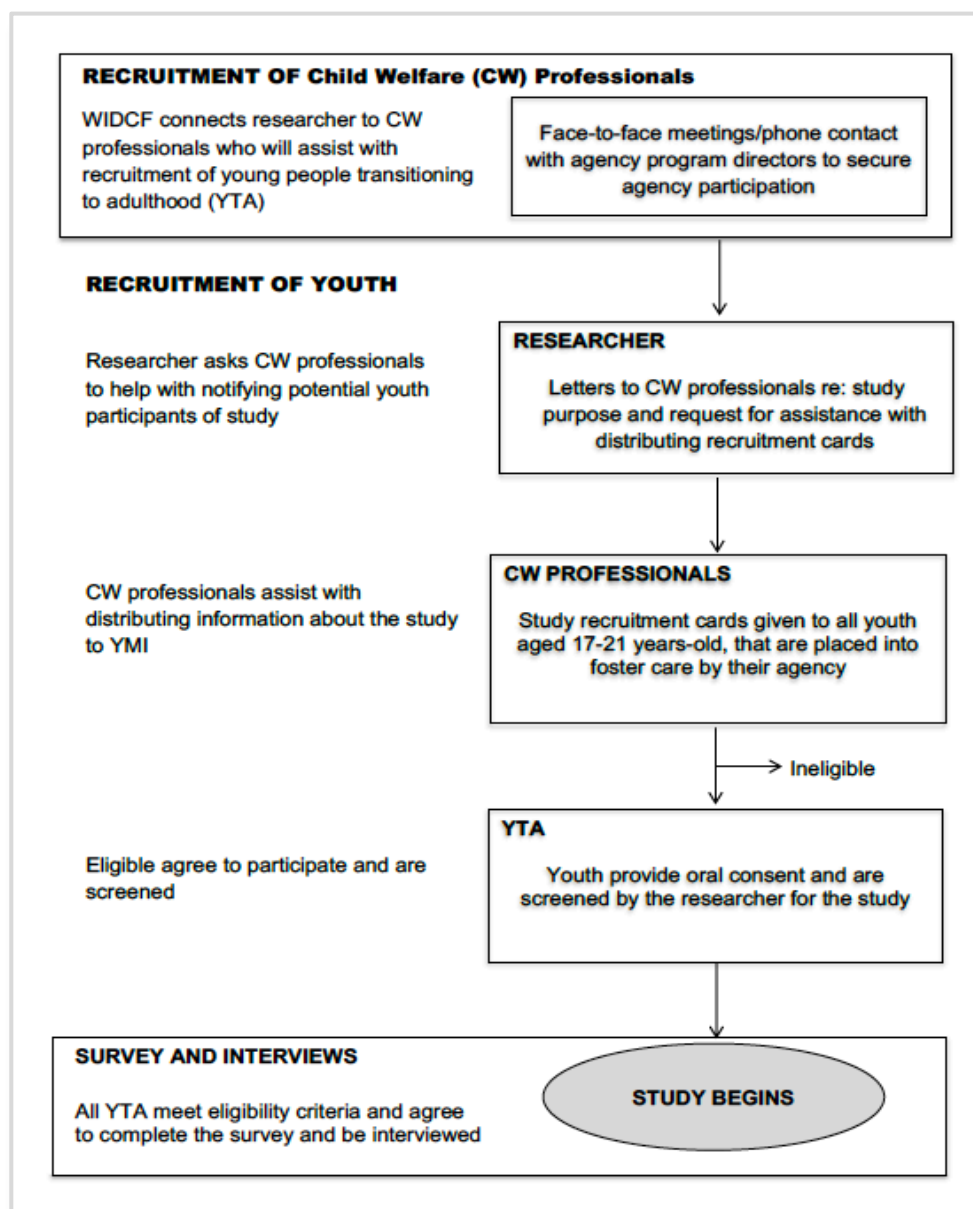
<sup>11</sup> To protect the confidentiality of youth participants, a password protected "burner" phone was purchased solely for my use in this study and was stored in a locked box when not in use.

version of the screening form that, upon completion, was securely delivered to the study's password protected Google account and accessible only by me.

Although I initially had concerns about potential participants having access to a cell or smart phone, these concerns were alleviated by studies that find text messaging is the primary mode of communication among youth, including those that do and do not have cell phones (Lenhart, 2012). Additionally, this study found there are no differences in youth's ownership of smartphones versus regular cell phones by race, ethnicity, or income. To verify these findings, I spoke to my community-based partners (youth involved in the designing of this study, WIDCF, etc.) and was assured that foster youth would not have trouble gaining access to a cell or smart phone, even if they did not own one themselves.

Screening questions focused on the young persons' demographic characteristics including age, race, ethnicity, sexual orientation, birth sex, gender identity, current placement, and contact information (phone number, address, preferred form of contact, best time to contact). Youth were also offered the option to be contacted through Skype or Facetime (audio only) and to provide their "username" if they chose this alternative as a preferred method. A full overview of the recruitment and screening process is presented in Figure 4 below.

**Figure 4. Recruitment and Screening Process Flowchart**



**Consent and scheduling.** Youth who were eligible for the study were contacted by phone so that I could explain the study, answer any questions they had, and ask if they were

interested in participating. For those that were interested, I obtained verbal informed consent<sup>12</sup> (see Appendix E) and scheduled a date/time/location for the interview (see Appendix F). Youth received a reminder text or call (whichever they preferred) one day prior to the scheduled interview, asking them to confirm the date/time/location and whether they still planned to attend.

**Location of/transportation to the interview.** Youth were asked to identify a meeting location of their choice, or to choose a meeting location near their primary residence to meet for the interview. Prior to choosing the location, youth were reminded of the potentially sensitive nature of the interview questions to ensure their decision was adequate for meeting their desired-level of privacy. The majority of interviews took place in youth's homes or in private rooms at libraries, service agencies, and shelters. Transportation to interviews (e.g., bus vouchers, cabs) was provided to youth as needed.

**Incentives.** Upon completion of the interview, participants were given \$35 in cash and a list of national, statewide, and regional LGBTQ resources and services (Appendix G). Participants were also entered into a drawing to win a set of "Beats" headphones after the study was completed (approximate value \$199).

**Youth involvement in recruitment.** Several LGBTQ youth were involved as key partners in the recruitment phase of this study. Prior to developing the process, I met with a small group of former foster youth, many of whom identified as LGBTQ, that were active members of Wisconsin's statewide Youth Advisory Council (YAC), an organization that facilitates "youth voice" in the foster care system. During this meeting, youth provided me with key insights about what methods to use for engaging LGBTQ foster youth in the study and for talking with potential

---

<sup>12</sup> A waiver of written consent was approved by the Institutional Review Board at the University of Wisconsin-Madison.

participants. In addition to this feedback, several members of the group took it upon themselves to promote the study by introducing me to YAC members and current/former foster youth throughout the state, and by endorsing the study at foster youth activities/conferences.

YAC members, as well as a small group of LGBTQ youth, were also involved in designing the study's Facebook webpage, screening form, recruitment cards, and video so that they were appealing to this population. Strategies for engaging and retaining hard-to-reach youth populations were employed throughout the study in order to maintain youths' engagement with the study. Such strategies included but were not limited to: periodic communication through text and or social media, group meetings, social gatherings (Abrams, 2010; Bonevski et al., 2014).

### **Data Collection**

Data for this project was collected over a 5-month period beginning in June 2017 and ending in October 2017. Audio recordings from the interviews were professionally transcribed word-for-word and checked for accuracy.

**Face-to-face interviews.** Data was gathered using in-depth, semi-structured interviews (Appendix H) that lasted an average of 1.22 hours and were audio recorded to ensure data was captured accurately. In-depth interviews consist of focused individual discussions with a small number of respondents to explore their perspectives on a particular idea, program, or situation. I chose to use this method because it is ideal for examining sensitive topics associated with sexual and gender minority status and issues related to youth's experiences in the foster care system (Elam & Fenton, 2003). Face-to-face interviews also allowed me to gather more detailed information on the thoughts and behaviors of study participants than other forms of qualitative data collection such as focus groups or participant observations (Boyce & Neale, 2006). Moreover, the semi-structured format of the interview permitted the use of open-ended questions

followed by “probes” that I used to delve deeper, clarify, and explore aspects of study participants’ lives beyond my predetermined questions, as well as to examine the categories identified in the extended Theory of Youth Mentoring (Given, 2008; Hsieh & Shannon, 2005).

**Ecomaps.** During the interviews, participants were asked to describe the strength and structure of their support networks by using a graphic visualization strategy called an ecomap (see Appendix I). Ecomaps have been used by researchers in combination with face-to-face interviews as a tool to enrich their understanding of participants’ support networks (Harold, Mercer, & Colarossi, 1997; Ray & Street, 2005). In terms of data collection, ecomaps were constructed via an interactive dialogue between myself and the participant and used to facilitate discussion and ask questions as they emerged.

**Structure of the interview guide and ecomap construction.** Questions on the interview guide were developed based on my research aims, the categories highlighted in the extended Theory of Youth Mentoring model, and any relevant topics that arose during the interview process. In line with this process, questions were categorized into seven short sections and organized to build upon knowledge constructed in prior sections. Probes were added to questions to get more detailed information or clarification of participants’ answers. As previously noted, Appendix A outlines how my research aims and a priori concepts from the conceptual model were integrated in the development of the interview guide.

Additionally, because qualitative research is a reflexive process, I used an iterative approach to developing questions throughout the study. An iterative process allows the researcher to reflect on and identify gaps in the data by simultaneously engaging in data collection and analysis (Agee, 2009). This method turned out to be very important, as my questions changed a bit to reflect my increased understanding of the problem and self-

examination of my views and experiences as an LGBTQ individual and a researcher (Creswell, 2017). Hence, I was able to hone my questions to ensure that they met the aims of the study and reduced researcher bias.

The first two sections, *sexual orientation/gender identity* and *background*, consisted of six questions that were introductory in nature and focused on topics such as the participant's sexual and gender identity, current placement, and future goals after exiting foster care. The purpose of these sections was to establish rapport and develop an initial understanding about how the participant's thought about and described themselves, their living situations, and where they saw themselves in the future. To assist in the discussion of the participant's sexual and gender identities, I used a visual aid known as "The Spectrum" designed by the Trevor Project (Appendix J), a national agency that focuses on crisis intervention and suicide prevention among LGBTQ youth. This tool features five aspects of sexuality and gender (biological sex, gender identity, gender expression, gender presentation, sexual orientation) and helps youth visualize and describe how each dimension fits their identity.

In the next section, *transitional support*, I developed five questions that concentrated on the participant's views of and experiences with any transitional provisions of support they had received from the adults in their networks. Subsequently, *LGBTQ specific support*, included four questions that focused on support provisions from adults that were related to their LGBTQ status. As a part of the interview process in these segments, participants were asked to begin constructing an ecomap by writing their initials or a made-up name in the middle circle and placing the initials and role/relationship of the individuals who provided them with support in the

surrounding squares. Participants were then asked to discuss and draw symbols for each type of support they had received from these individuals<sup>13</sup> .

Next, I asked participants to place rainbow stickers by the adults that knew they were LGBTQ, and to circle the stickers of any of these same adults that (to their knowledge) also identified as LGBTQ. Finally, participants were asked to talk about any other support provisions they had received outside of the predetermined support types listed for transitional and LGBTQ-specific categories. Because time was a factor, participants that listed several individuals on their maps were first asked to talk about the child welfare professionals in their networks, and then asked to discuss two other adults that were the most and least supportive to them.

In the fifth section, *supportiveness of relationships* section (5 questions), I asked participants to draw a line from their circle to each person on the ecomap. In doing so, they were asked to first draw the line that best represented how supportive that person had been to them (very, somewhat, or not-at-all supportive), and then draw hash marks on the lines of individuals with whom they had conflicts. Following these drawings, I asked participants to talk about why they chose to draw that particular line for each adult and to discuss what made it easier or harder to develop and maintain relationships with those individuals. Generally, questions in these sections and construction of the ecomap were designed to help me understand and visualize the size and composition of the participant's support network, the strength and quality of their relationships, and the types of support they had received.

---

<sup>13</sup> Although this study is primarily focused on the support of child welfare professionals and other related social work practitioners, these questions were asked as a means for identifying all of the individuals who provide support to LGBTQ youth in foster care.

Section six, titled *support for LGBTQ young people leaving foster care* featured five questions that focused on the participant's overall thoughts and opinions concerning support for LGBTQ youth that are preparing to transition from foster care to adulthood. Specifically, I asked participants to talk about their experiences with getting support, the types of support they wish they had received, and whether they thought LGBTQ foster youth had any unique needs with regard to support.

The final section (*wrap up*) consisted of three questions that asked the participant to discuss anything that was being done well, and what could be done better to support them as a sexual and/or gender minority individual. The rationale for my line of inquiry in these last two sections was to understand the participant's thoughts about how their SGM status may have influenced the care and services they received and their perspectives about any support-related needs and challenges of LGBTQ transitioning foster youth.

**Limitations of interviews and ecomaps.** Although individual interviews and ecomaps offered many benefits to this study, there are certain limitations that should be noted. The major limitation of individual interviews is that they can be prone to bias from the researcher as well as the participants (Myers & Newman, 2007). There are, however, several strategies that can be used to minimize such bias (e.g., reflexivity journaling, member-checking, triangulation, and having more than one data analyst) all of which were implemented in this study (Creswell & Miller, 2000; Morrow, 2005).

Another potential concern regarding interviews is that interviewers must be trained to use effective techniques during the interview process (Boyce & Neale, 2006; Pearlmutter, 2002). In line with this responsibility, researchers must be able to 1) develop a rapport with participants so they feel comfortable sharing their experiences or telling their stories, 2) have strong verbal and

non-verbal communication skills, 3) keep their thoughts and opinions in check, and 4) facilitate the interview process so that it stays focused on the research aims (Gorden, 2013; Myers & Newman, 2007; Pearlmutter, 2002). Fortunately, as a social worker with an extensive career history, I have had a significant amount of experience conducting one-on-one interviews with a variety of different individuals about difficult topics. I have also gained experience with interviewing research participants during my doctoral education. Hence, I was confident in my ability to conduct high-quality and effective research interviews for this study.

Finally, the central downfall of the ecomap is that little evidence exists about its validity and reliability (Calix, 2004). For the purposes of this study, however, the ecomap was not used as the primary method for collecting data. Rather, it was corroborated with oral data and used as a visual means for promoting conversation and depicting the participant's support networks during the interview. Indeed, researchers that have employed ecomaps in tandem with the interview process assert that this collaborative method allows data collection to be as rich as possible, and offers the opportunity for the interviewer to explore issues revealed through mapping with participants (Ray & Street, 2005).

**Questionnaire.** Immediately prior to the interview, participants were given a short survey that took about five minutes to complete. The survey included nine questions that focused on the young person's history in foster care such as the age at which they first and last entered foster care, the number and types of placements they had experienced, and their total length of time in foster care. The purpose of these questions was to document the foster care histories of participants and contextualize their experiences with and perceptions of foster care. Participants were also asked to provide the names of five individuals who always knew how to contact them,

so that I could stay connected to participants for member-checking and to recruit them for future phases of the study (Appendix K).

**Pilot phase.** Individual pilot interviews were conducted with three former foster youth, using each of the data collection tools (i.e. the interview guide, ecomap and questionnaire) to evaluate their effectiveness in meeting the aims of this study. Piloting also provided me with an opportunity to experience conducting the interviews and to make adjustments to the interview process as necessary. Youth that participated in the pilot interviews identified as LGBTQ, were members of the statewide YAC, and were not involved in other aspects of the study.

In terms of their feedback, I asked these youth to provide me with their opinions about whether any of the wording in the interview guide and survey was unclear or confusing, their sensitivity-levels when talking with me about their experiences in foster care or their sexual and gender identities, their views on the usefulness of the ecomaps, the length of the interview process, and whether they suggested any changes to the interview process and data collection tools (Bowden, Fox-Rushby, Nyandieka, & Wanjau, 2002; Chenail, 2011). Overall, YAC members had positive feelings about sharing their stories as LGBTQ youth in foster care, construction of the ecomap, and the length and flow of the interview. They did, however, provide recommendations for making the language in certain areas of the interview guide and survey more straight-forward. I incorporated all suggested changes to the respective documents prior to use.

## **Data Analysis**

**Directed content analysis.** In keeping with the moderate constructivist paradigm, I chose to use a directed approach to qualitative content analysis for analyzing my data. Qualitative content analysis is a descriptive form data analysis that is used to identify patterns or themes and

make inferences from the content of text data for the purpose of understanding a phenomenon (Downe-Wamboldt, 1992; McTavish & Pirro, 1990; Vaismoradi, Turunen, & Bondas, 2013). Specifically, directed content analysis (also known as abduction or a hybrid approach) is used when a theory or prior research on a topic exists, but may be incomplete or needs further investigation (Hsieh & Shannon, 2005). Correspondingly, the goal of this particular type of analysis is to “validate or extend conceptually a theoretical framework or theory” (Hsieh & Shannon, 2005, pg.1281).

Following the procedures outlined in Hsieh & Shannon (2005), myself and a second trained coder began the process of directed content analysis by independently reviewing the first batch interviews (5 participants) and corresponding ecomaps multiple times to obtain a sense of the data (Miles & Huberman, 1994; Morse & Field, 1995; Ray & Street, 2005). As mentioned previously, data from the ecomaps were analyzed in conjunction with the interview data, as a way to gain deeper insights to the meaning of the text. Next, we organized the data by identifying key concepts from the extended Theory of Youth Mentoring model and used them to create a priori coding categories. Once the initial coding structure was established, we individually highlighted passages in the text that appeared to represent the predetermined codes (Stemler, 2001).

Our next step in the analysis was to create new codes for any themes and patterns within the data that did not fit into the predetermined codes (Hsieh & Shannon, 2005). To increase the reliability and validity of the study, both coders convened to compare new codes, create an agreed upon list of themes, and examine the level of inter-rater reliability in our coding process (Weber, 1990). This iterative process (recruitment, data collection and analysis) was continued for five to six participants at a time, until no new themes emerged from the data. In the final step

of the analysis, interview transcripts, ecomaps, and the list of themes were imported into NVivo11 and recoded electronically by me, to ensure that no codes had been overlooked and to allow for the further refinement of themes.

**Demographic data.** Demographic surveys and online screening forms were analyzed using descriptive statistics to determine the demographics and foster care histories of youth in the study sample.

**Trustworthiness and strategies for rigor.** It is important for qualitative researchers to show that their studies are credible (Creswell & Miller, 2000). Patton (2002), who has been credited for integrating constructivism and social constructivism into the standards framework in qualitative research, suggests incorporating seven key components for establishing the trustworthiness of a study: 1) subjectivity (the researcher reveals the lens from which they view the study), 2) dependability (using a systematic process), 3) researcher reflexivity (critical self-reflection), 4) triangulation (incorporating multiple perspectives), 5) praxis (integrating theory and practice), 6) verstehen (developing a deep understanding), 7) particularity (doing justice to the integrity of unique cases), and 8) dialogue (critical dialogue with participants about descriptions and meanings) (Morrow, 2005). In line with these concepts, several strategies were used to increase the quality and rigor of this study.

*Triangulation.* Triangulation (component 4) has been defined as the practice of using a blend of methods to examine a research problem (Denzin, 2017; Padgett, 2008). One theory behind this strategy is that "...it supports a finding by showing that independent measures of it agree, or at least don't contradict it" (Miles & Huberman, 1994, pg. 235). Another perspective is that triangulation offers a "rich and complex picture" of the issues being investigated, but that there is no "singular view" of the problem under study (Mathison, 1988). Given that both of

these perspectives are reasonable and may co-occur, two forms of triangulation were used in this study: the triangulation of data collection tools (i.e. in-depth interviews combined with ecomaps) and the triangulation of researchers (i.e. using 2 independent coders) during data analysis.

*Member checking.* The process of member-checking (components 6 and 8) entails bringing the researcher's findings and interpretations to study participants for the purpose of having them confirm their credibility (Creswell & Miller, 2000). Strategies for member-checking in this study were twofold. First, I summarized the participant's statements after each section during the interview to check my perception about what had been said. In some instances, this led to my having additional conversations with participants to clarify my understanding. Second, a summary of preliminary findings was presented to a small group of study participants to corroborate the analysis (described in more detail the youth involvement section below).

*Audit trail strategies.* Experts in content analysis strongly suggest using audit trail strategies (component 2) for increasing the quality and trustworthiness of the study (Hsieh & Shannon, 2005; Mayring, 2014; Vaismoradi et al., 2013). Audit trails provide a record of the steps undertaken by the researcher and decisions made during data collection/analysis (Morrow, 2005). In this study, I documented my thoughts, decisions, and rationale by using digitally recorded memos, which I subsequently transcribed within 24 hours of recording, as well as through critical self-reflective journaling (discussed further in the reflexivity journaling section below). Memos contribute to the credibility of the study by serving as mechanisms for helping the researcher articulate their assumptions and subjective perspectives and can assist with documenting the decision-making process (Birks, Chapman, & Francis, 2008).

*Reflexivity journaling.* Reflexivity (components 1 and 3) is particularly important for researchers who are studying populations in which they hold some type of membership, and in

studies where great efforts are made to develop trust and reduce power imbalances between the researcher and participants (Finlay & Gough, 2008; Roller, 2012). Given that both of these circumstances were true for this study, I used a reflexivity journal to document my thoughts and perspectives throughout the study—including after each interview and meetings with stakeholders—as a way to reduce my own bias or distortion of the data (University of Huddersfield, 2017). Entries in the journal described any preconceptions that I had; how these biases may have influenced recruitment, data collection and analyses; and the steps I took to limit that influence.

*Rich thick description.* Rich, thick descriptions (components 6) in qualitative research assist readers with following the researcher's interpretation of the study's findings (Morrow, 2005). Accordingly, I provided detailed descriptions of the participant's perspectives and experiences related to their transition from foster care to emerging adulthood with exemplars to illustrate my interpretations of the results.

Notably, two of Patton's seven components are not expanded upon in the strategies outlined above. Nonetheless, theory and practice (component 5), as previously discussed, have been integrated into every aspect of this study's research process. Additionally, although doing justice to distinct cases such as searching elements in the data that do not support or contradict major themes and findings (i.e. negative case analysis) is important (Miles & Huberman, 1994), this study did not involve any cases that required this type of exploration.

### **Youth Involvement in Data Analysis**

During the data analysis phase, a preliminary summary of the data and findings was presented to a small group of study participants (5 youth) that expressed interest in reviewing my

interpretations and providing feedback about the findings. With the group's permission, I took notes and audio recorded the meeting to ensure that I accurately captured the information we discussed. Although changes to the analysis were minor, this process was extremely valuable for myself as well as the participants and led to an extensive exchange of thoughts and ideas between myself and the group about how to best disseminate the study's findings. In fact, three of the youth have agreed to co-author an issue brief with me detailing the study and its recommendations for improving policy/practice to the WIDCF and other stakeholders throughout the State of Wisconsin.

## Chapter 4: Results and Discussion

### Results

**Description of participants.** As illustrated in Table 3, youth participants in the study sample (N=21) were about 18 years old (on average), 85.7% (n=18) identified as sexual minorities, and over half (62%; n=13) identified as gender minorities. Two-thirds of these youth reported being born as biological females (66%; n=14), 81.0% (n=17) were racial minorities, and 42.9% (n=9) were Latinx. In addition, based on the categories outlined in the recruitment procedures section of Chapter 3, 76.2% (n=16) youth were living in urban counties, whereas 19% (n=4) and 4.8% (n=1) lived in suburban and rural county settings, respectively.

In terms of their foster care histories, slightly more than half of the study's participants had entered their first placement between the ages of 11 and 17 years old (57.1%; n=12), whereas 42.9% (n=9) had first entered care at age 10 or younger. Moreover, like other studies examining the characteristics of older youth in foster care (Simmel, 2012), the vast majority of participants had most recently entered care between the ages of 11 and 17 years old, compared to only 19% (n=4) of the participants in this study, who had last entered before age 11.

When considering the total number of years in foster care, 38.1% (n=8) of youth in the sample reported spending between three to six years in care, 33.3% (n=7) spent 10 or more years in care, 23.8% (n=5) were in care for less than two years, and one individual (4.8%) had been in care for approximately seven to ten years. At the time of the interviews, youth were living in a variety of placement settings including foster homes, group homes, supervised transitional living settings, and shelter care. Two youth in the study were currently without shelter: one lived on the streets and the other lived in a car.

As a group, participants experienced an extraordinary number of placement moves during their time in care; 28.6% (n=6) moved three to five times, 10% (n=2) moved six to ten times, and over half (57%; n=11) reported moving more than 10 times. Moreover, approximately two-thirds of the participants in this study (62%; n=13) reported being moved to a new location at least once during their time in foster care as a result of their sexual orientation and/or gender identities. Among the eight youth (31.0%) who were not moved for this reason, most identified as cisgender (n=5), and only one reported being “out” to others about their sexual orientation.

**Table 3: Sample Characteristics (N=21)**

Demographics			Foster care history		
Characteristics	Participants		Characteristics	Participants	
	#/M	% <sup>a</sup> /sd		#/M	%/sd
<b>Age (average) in years</b>	17.95	(0.86)	<b>Age first entered care</b>		
			0-5 years-old	8	38.1
			6-10 years-old	1	4.8
			11-13 years-old	5	23.8
			14-17 years-old	7	33.3
<b>Sexual orientation</b>			<b>Age last entered care</b>		
Lesbian/Gay	7	33.3	0-5 years-old	4	19.0
Bisexual/Pansexual	9	42.9	6-10 years-old	-	-
Questioning	2	9.5	11-13 years-old	5	23.8
Heterosexual	3	14.3	14-17 years-old	12	57.1
<b>Birth sex</b>			<b>Total years in care</b>		
Female	14	66.6	Less than 2 years	5	23.8
Male	7	33.3	3-6 years	8	38.1
			7-10 years	1	4.8
			More than 10 years	7	33.3
<b>Gender identity</b>			<b>Current living arrangement</b>		
Transgender	4	19.0	Foster home w/relative	2	9.5
Gender diverse	9	43.0	Foster home w/non-relative	5	23.8
Cisgender	8	31.0	Group home	3	14.3
			Shelter care	2	9.5
			Hospital	-	-
			Homeless	2	9.5
			Jail/correctional facility	-	-
			Transitional living	7	33.3
<b>Race</b>			<b>No. of placement moves</b>		
Black	10	52.4	Never	2	9.5
White	4	19.0	1 time	-	-
Multi-racial	7	28.6	2-5 times	6	28.6
			6-10 times	2	9.5
			More than 10 times	11	52.4
<b>Ethnicity</b>			<b>No. of placement moves b/c of SGM status</b>		
Latinx	9	42.9	Never	8	31.0
Not Latinx	12	57.1			

	1 time	3	14.3
	2-3 times	7	33.3
	4-5 times	2	9.5
	6-9 times	1	4.8
	More than 10 times	-	-
<b>County population density<sup>b</sup></b>			
Urban (150,000 or more)	16	76.2	
Suburban (80,001-149,999)	4	19.0	
Rural (80,000 or below)	1	4.8	

<sup>a</sup> Percentages rounded to the nearest 10<sup>th</sup> and may not add up to 100

<sup>b</sup> Source: U.S. Census Data (2010)

**Findings.** This study focuses on understanding whether the Theory of Youth Mentoring, expanded for youth in foster care, is a sufficient framework for understanding how support plays out for LGBTQ youth transitioning from foster care to adulthood. Accordingly, data was analyzed to determine how the perceptions and experiences of LGBTQ foster youth fit within the support-related categories of the model (i.e. barriers and facilitators to establishing and maintaining relationships, supports provided by adults, unmet needs) including the relevance of the themes identified within each category.

Generally, no new categories emerged from the data outside of those indicated in the extended Theory of Youth Mentoring. There were, however, several new themes identified within these categories, as well as some themes that were not identified within this study. Summaries of these themes are presented in the tables below and discussed within the context of the study's research aims.

### **Research Aim 1: Who Provides LGBTQ Youth with Support and What Types of Support do they Provide?**

**Support networks.** Participants were asked to identify all of the child welfare professionals and other non-parental adult support figures (formal or informal) in their networks,

as well as any other individuals such as peers, friends, and family members that provided them with support. Although participants had the opportunity to discuss all of the individuals indicated on their ecomaps, the majority of our discussion was focused on the non-parental adults in the child welfare system whose “job it was to provide them with support”. The primary reason for this emphasis was to use this information to develop recommendations that are relevant to social work professionals working with LGBTQ transitioning youth in the child welfare system and other areas of the field.

Data presented in Table 4 reveals that all of the youth in the sample identified child welfare professionals as key persons in their support networks. Twenty of the 21 participants included county social workers/case managers, over half (57%; n=12) indicated transitional living program staff, 47.6% (n=10) identified foster parents, 23.8% (n=8) included group home staff, and about 14.3% (n=3) identified other child welfare-related professionals such as Foster Care Coordinators, Guardian Ad Litem, and juvenile court judges. Several participants (61.9%; n=13) also identified service professionals outside of the child welfare system in their networks including social work practitioners such as crisis workers, housing managers, wraparound service providers (52.4%; n=11), therapists (42.9%; n=9), mentors (28.6%; n=7), as well as non-relative adult friends (14.3%; n=3) and school staff including teachers, counselors, and school social workers (14.3%; n=3). A variety of adult family members (71.4%; n=15) (e.g., biological parents, adult siblings, grandparents, next-of kin) and non-adult peers (66.7%; n=14) (e.g., friends, biological siblings, foster siblings) were also identified. Additionally, a few participants (14.3%; n=3) included extraneous support persons such as idols (e.g., god, celebrities and themselves).

**Table 4. Roles/Relationships of the Individuals Identified in LGBTQ Transitioning Foster Youths' Support Networks**

<b>Support persons</b>	<b>%(#) of youth N=21</b>
<b>Child welfare professionals</b>	<b>100.00 (21)</b>
County social worker/Case manager	95.2 (20)
Transitional living staff	57.1 (12)
Foster parent(s)	47.6 (10)
Group home staff	23.8 (5)
Other CPS professionals	14.3 (3)
<b>Service professionals outside of child welfare and other non-relative adults</b>	<b>61.9 (13)</b>
Social work practitioners	52.4 (11)
Therapists	42.9 (9)
Mentors	28.6 (6)
Adult friends	14.3 (3)
School staff	14.3 (3)
<b>Related adults (kin)</b>	<b>71.4 (15)</b>
Biological parents	28.6 (6)
Adult siblings	19.0 (4)
Grandparents	19.0 (4)
Aunts/uncles	14.3 (3)
Next of kin (fictive kin)	9.5 (2)
Cousins	4.8 (1)
<b>Non-adult peers</b>	<b>66.7 (14)</b>
Non-adult friends	52.4 (11)
Non-adult siblings	28.6 (6)
Foster siblings	14.3 (3)
<b>Miscellaneous (god, celebrities, self)</b>	<b>14.3 (3)</b>

All categories are non-exclusive

**Support provisions, by category and type.** Overall, this study found that the majority of youth interviewed (90.5%; n=18) had received at least one type of transitional support from the individuals on their ecomaps, whereas about half (57.1%; n=12) had received one or more LGBTQ-specific types of support. Nevertheless, support provisions were lacking for youth in many areas, in both the transitional and LGBTQ-specific based categories, such that youth were not receiving all of the various types of support needed to make a successful transition to young adulthood.

In regard to transitional support (see Table 5), approximately 66.7% (n=14) of LGBTQ youth in the sample indicated that they had received tangible forms of support (“She helps me

with like supplies, food for the house, and things like that”). Similarly, 61.9% (n=13) said they had support persons in their networks who provided them with information and guidance (“She helped me learn how to keep a house clean, how to cook food, how to open up a bank account”), and 57.1% (n=12) individuals had received emotional support during this transition (“She is the type of person I can call and just talk to and tell her everything”). Lastly, about half of the participants (52.4%; n=11) reported having access to someone who provided them with parent-like support (“She was like a parent...she is all in one”), whereas only a third of youth in the sample (33.3%, n=7) identified individuals in their support networks that functioned as role models (“I want to be just like her”).

**Table 5. Types of Transitional Support Received by SGM Foster Youth**

Themes	Quotes	%(#) of youth
<b>Tangible</b>	“She helps me with like supplies, food for the house, and things like that” [pansexual, agender, age 18]. “He is the one who has been giving me cash to wash my clothes, even though it’s his job...it’s still. He has been willing to do that and if I couldn’t get a ride somewhere he would take me [gay, male, age 18]. “They...helped me out with getting on insurance and glasses and all that other stuff” [bisexual, mostly female, age 19]. “My worker she helps me with like supplies, food for the house, and things like that. She takes me to go get food stamps” [age 18, pansexual, agender]. “She makes sure I have clothes, shoes, makes sure I have eaten before work, breakfast, dinner all that” [bisexual, genderqueer, age 17].	66.7% (14)
<b>Informational</b>	“She helped me learn how to keep a house clean, how to cook food, how to open up a bank account” [gay, bigender, age 19]. “If I’m coming to a hard decision, he’ll tell me what’s good and what’s not and we’ll talk about life stuff and he tells me what he knows that I probably didn’t know” [straight, transgender, age 17]. “If I don’t have knowledge about something I’ll ask her, and she’ll say ‘Ok, I’ll look it up for you’, or she gives me booklets and stuff like that, so that’s really helpful.” [straight transgender, age 17]. “He has been telling me how to do certain things like cook and wash my place and all that” [gay, male, age 18].	61.9% (13)
<b>Emotional</b>	“She is the type of person I can call and just talk to and tell her everything” [bisexual, genderqueer, age 17]. “She was supportive...always seeing when I was down or happy” [bisexual, genderqueer, age 17]. “When I’m feeling down and stuff, I call her like she will just come sit down and talk to me. She always make me feel better” [bisexual, mostly female, age 17]. “When I’m feeling sad she’s always there, especially if I’m on the phone...and she can hear it in my voice. First thing she says, ‘Are you ok? What’s the matter?’ then she just listens.” [questioning, mostly female, age 20].	57.1% (12)

<b>Parent-like</b>	“She was like a parent...she is all in one” [bisexual, mostly female, age 17]. “I would say she is parent-like cuz she really does try to help like a parent” [straight, transgender age 18]. “The thing about my care coordinator is that she has been supportive since day one. I love her, she is like a mother to me” [transgender, straight, age 17]. “I was throwing stuff, breaking windows, but she calmed me down, she talked to me and everything, like a parent would.” [pansexual, female, age 17].	52.4% (11)
<b>Role model</b>	“I guess I just wanna be like [her]. She is my role model because she is 6 years in college and still going to college, so I would love that” [questioning, non-binary, age 17]. He is someone I have always looked up to. He is very important to me [gay, male, age 19].	33.3% (7)
<b>Total transitional support</b>		<b>90.5 (19)</b>

All categories are non-exclusive

In terms of LGBTQ-specific support (see Table 6), approximately 4 out of 10 participants or 38.1% (n=8) reported that they had someone in their lives they could talk to and/or were supportive of their romantic relationships (“I talk to him about romantic stuff too cuz he shares with me, like, since he lived in the old age, how it was different problems he had, and stuff”). Similarly, approximately 1 in 3 participants (33.3%; n=7) had persons available to help them find services or providers who were affirming and knowledgeable about LGBTQ-related issues (“She’s the one that told me about my therapist. She is a transgender loving person. She just hired someone who is trans and works closely with trans and knows everything about trans so I have her as a therapist and I also have him”).

In addition, 28.6% (n=6) of the participants in the sample reported having support for each of the following: dealing with discrimination and mistreatment because of their sexual and/or gender minority status (“When I was being bullied at school, they were there 24/7 if I had a problem”), exploring their sexual orientation and/or gender identity (“She was there to help me out and maneuver being gay”), and connecting to individuals and/or agencies within the LGBTQ

community (“They would talk to me and encourage me to reach things more with having to do with being gay”).

**Table 6. Types of LGBTQ-Specific Support Received by SGM Foster Youth**

Themes	Quotes	%(# of youth
<b>Romantic</b>	“I talk to him about romantic stuff too cuz he shares with me, like, since he lived in the old age, how it was different problems he had, and stuff” [straight, transgender, age 17]. “My love life and stuff...I knew she wouldn’t criticize me for that” [gay, male, age 19]. “If I’m into...I met a guy or something I can ask her” [straight, transgender, age 18]. “They let my girlfriend come over, and they knew we liked each other...that she was more than just a friend” [bisexual, genderqueer, age 17]. “We have had nice conversations about romance’ [gay, male, age 18].	38.1% (8)
<b>Practical</b>	“She’s the one that told me about my therapist. Not directly but she recommended I go to her and I said ‘yes’. I’m telling you when I can’t call on anyone, I can depend on her (referring to the therapist) to be there.” [bisexual, genderqueer, age 17]. “She tries to hook me up with people like me and get me in and groups and to doctors and stuff...” [transgender, straight, age 18]. “She...basically told me that, you know you have to get tested every three months to make sure I am safe...and she sent me to them (referring to health agency). I am currently on the Truvada, it is basically if I connect with someone who has HIV I would be protected by it” [straight, transgender, age 17].	33.3% (7)
<b>Anti-bias</b>	<i>Participant</i> : “When I was being bullied at school, they were there 24/7 if I had a problem” <i>Interviewer</i> : “What did they do for you?” <i>Participant</i> : “They came to my school and told them (referring to school personnel) to make it stop.” [gay, male, age 19]. “When I felt sad, when I felt depressed, when I wanted to go, they bring my spirit up. [They] tell me, ‘Don’t give up, don’t let what other people think of you stop you.’” [lesbian, transgender, age 21]. “[She] was always like you need to stop worrying about what people did because it’s gonna be life period...and just do what I gotta do even though I am a transgender woman” [straight, transgender, age 18].	28.6% (6)
<b>Identity</b>	“[They] were there to help me out and maneuver being gay” [gay, male, age 19]. “I was like ‘hey, um you know, I’m coming out’, or ‘I’m out and I want to change my name’ and they were like ‘what do you want us to call you?’ and I told them, and they were like ‘yeah, we can do that’” [straight, transgender, age 17]. “She’s um very supportive of my transition and my hormones. She is always making sure I’m taking them” [straight, transgender, age 18]. “We are trying to get my name legally changed, so that still kind of complicated because either we don’t know what the process is or like trying to still go through with it and figure everything out” [transgender, straight, age 17].	28.6% (6)
<b>Community</b>	<i>Participant</i> : “They would talk to me and encourage me to reach things more with having to do with being gay” [gay, male, age 18]. <i>Interviewer</i> : “What kinds of support did [they] give you?” <i>Participant</i> : “Well, they helped me with other LGBT places.” <i>Interviewer</i> : “Ok, what did they do exactly?” <i>Participant</i> : “They just referred me to them because they knew about them.” [bisexual, mostly female, age 19]. “Basically, she gave me a lot of details on LGBT housing, how to go down there and tell them about my rights. How the LGBT	28.6% (6)

center can help me with lots of things” [straight, transgender, age 18]. “She is gay herself so she helps me” [pansexual, female, age 18]”

---

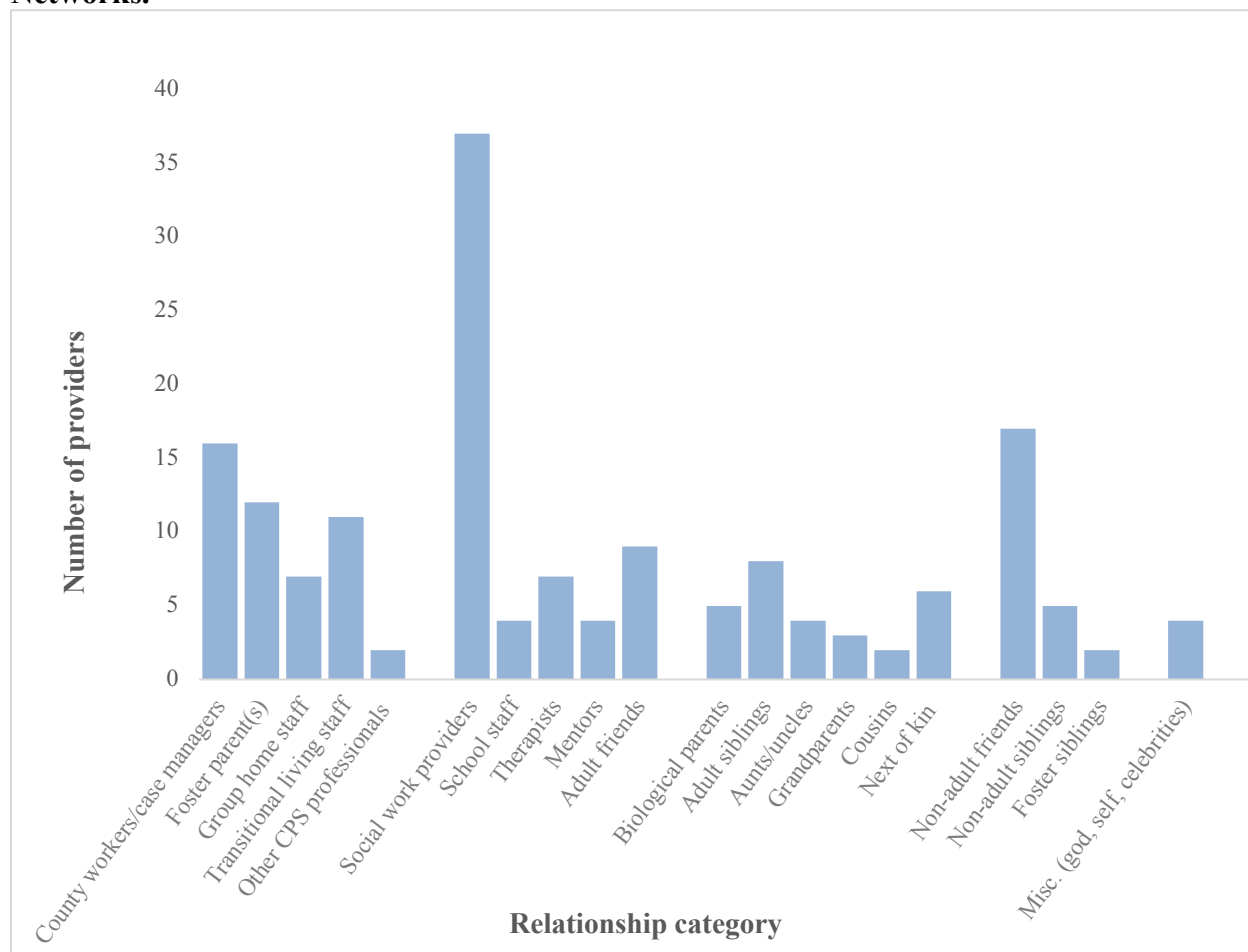
**Total LGBTQ-specific support**

**57.1 (12)**

---

**Transitional support, by role/relationship.** As depicted in Figure 5, transitional supports provided to LGBTQ youth in all forms came from a variety of different support persons within youths’ networks. Totals for relationship groups were determined by counting the number individuals listed on participants’ ecomaps that were identified as having provided them with at least one form of transitional support (i.e. tangible, information, emotional, role model, parent-like) and then classifying them within each of the role/relationship groups highlighted in Table 4. Social work practitioners outside of the child welfare system were the largest group of individuals identified (n=37), followed by non-adult peers/friends (n=17), county social workers/case managers (n=16), foster parents (n=12), and transitional living program staff (n=11).

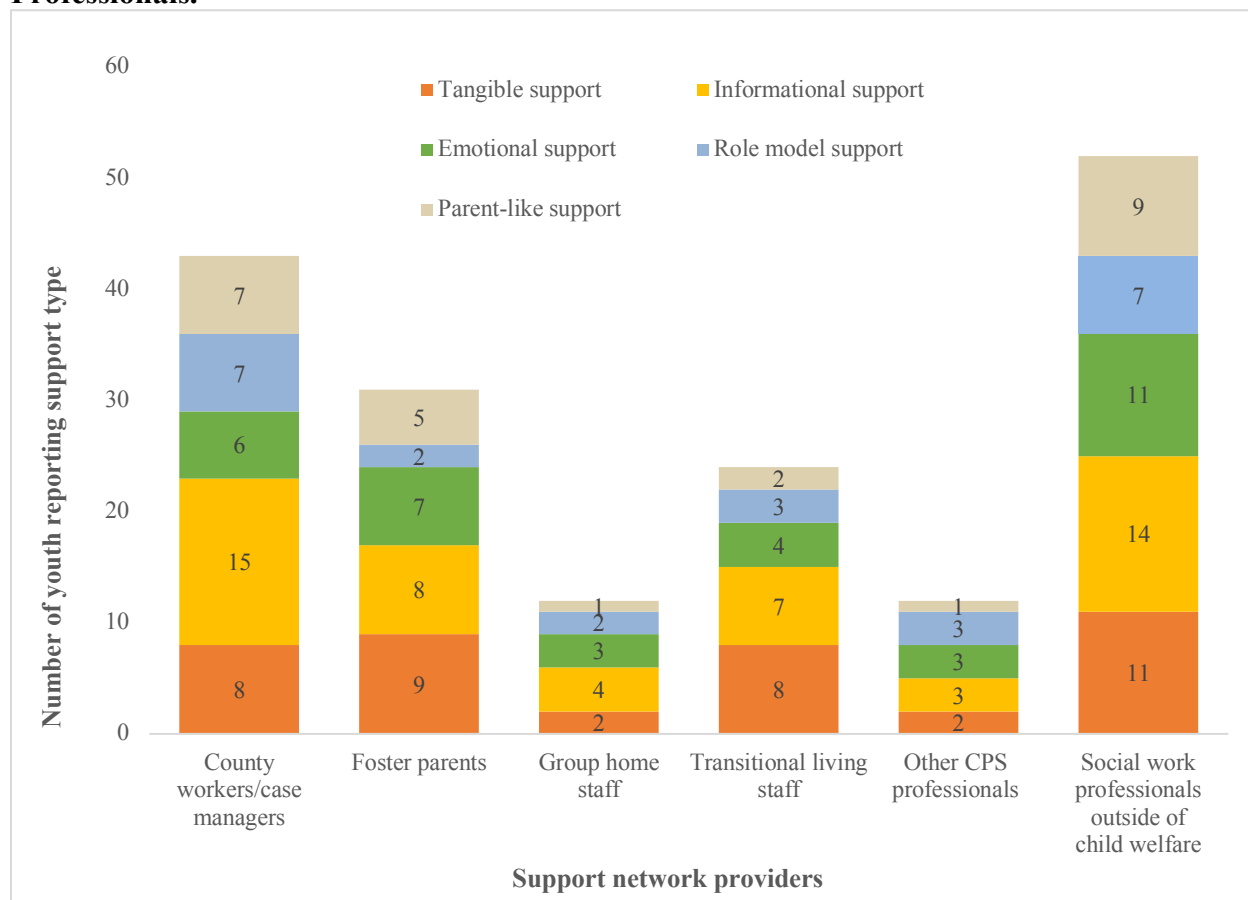
**Figure 5. Transitional Support by Role/Relationship, from Individuals within Youths' Networks.**



All categories are non-exclusive

**Transitional support types, provided by child welfare and other social work professionals.** Given the goals of this dissertation and its focus on social work, findings presented in this section are specific to the transitional support provisions provided by child welfare professionals and other social work providers. Paragraphs below highlight each of the five forms of transitional support; the number of participants that reported being provided that type of support from county social workers/case managers, foster parents, group home staff, transitional living program staff, other CPS professionals, and social work practitioners outside of the child welfare system; and exemplary quotes from participants.

**Figure 6. Transitional Support by Type, from Child Welfare and Other Social Work Professionals.**



All categories are non-exclusive

*Emotional support.* As indicated in Figure 6, approximately 33.3% (n=7) of youth identified foster parents, 28.6% (n=6) of participants reported that county social workers/case managers had provided them with emotional support, 19.0% (n=4) indicated transitional living staff, and 14.3% (n=3) specified group home staff and other child protective service professionals. For instance, although this young person did not open up to her county caseworker, she appeared grateful that the worker was aware of her feelings:

“It's like she noticed. You know how people notice your moods? She noticed. I would never talk to her about it but she is the one that would notice.” [bisexual, female, age 17].

In terms of social workers outside of the child welfare system, 52.4% (n=11) of youth said these professionals had been responsive to their emotional needs.

Participants were also appreciative when the child welfare professionals and other social workers in their networks that were sensitive and attentive to their emotional needs:

“When I'm feeling sad she's always there, especially if I'm on the phone...and she can hear it in my voice. First thing she says, ‘Are you ok? What’s the matter?’ Then she just listens.” [questioning, mostly female, age 20].

“When I'm feeling down and stuff, I call her like she will just come sit down and talk to me (referring to transitional living staff). She always make me feel better” [bisexual, mostly female, age 17].

She was supportive...always seeing when I was down or happy” [bisexual, genderqueer, age 17].

*Tangible support.* In terms of tangible support, 42.9% (n=9) of participants in the sample identified foster parents, 38.1% (n=8) mentioned county social workers/case managers and transitional living staff, 18.8% cited group home staff (n=2), and 14.3% reported that other child protective service professionals (n=2) as having provided them with concrete provisions such as food, shelter, and emergency cash. Approximately 52.4% (n=11) also stated that social workers outside of the system had provided with this type of support. One young person, who was currently living in a shelter while waiting to be placed into supervised independent living described how her caseworker had given her a small loan to prevent her from losing her job, and how appreciative she was to have the caseworker as a resource:

“So, yesterday I had an issue at work. A guy brought me \$100, and the change I was supposed to give him was \$83. I gave him \$83.88, if I’m not mistaken. So, I get off at 4

and they have me take down my drawer. My drawer was short \$11. They told me, ‘you are not allowed to come back to work unless you have that \$11’, I’m like ‘I just started here’, I’m like ‘this has never happened to me before, what can I do?’ They said ‘Well, I said, you can’t come back to work until you have the \$11’, and I said ‘This is my first time, like really?’ So, I was grateful that I had a case manager who loves me so much and did this for me. She paid them \$11 and I’m going to pay her back \$11.” [straight, transgender, age 17].

Several participants also referred to the types of resources that this core group of professionals had helped them gain access to such as cash, clothing, and transportation:

“He is the one who has been giving me cash to wash my clothes, even though it’s his job, it’s still. He has been willing to do that and if I couldn’t get a ride somewhere he would take me” [gay, male, age 18].

“I was about 17 and a half...they had came to me...getting me ready. They are the ones that helped me out with getting on insurance and glasses and all that other stuff” [bisexual, mostly female, age 19].

“She just helped me to um, she set up my, she set up everything—everything as to my health, everything” [straight, transgender, age 18].

*Informational support.* With regard to the professionals who imparted knowledge and direction to foster youth in transition, 71.4% (n=15) of study participants identified county social workers/case managers, whereas 31.8% indicated foster parents (n=8), 33.3% mentioned transitional living staff (n=7), 19.0% identified group home staff (n=4), and 14.3% reported that other professionals in child welfare (n=3) had provided them informational support. Likewise, about 66.7% (n=14) of participants reported that other social work practitioners who were not

working child welfare had offered informational support. One youth explained:

“She helped me learn how to keep a house clean, how to cook food, how to open up a bank account, how to enroll myself in school, how to fill out college applications so she was a very informational person.” [gay, bigender, age 19]

Participants also talked about how these individuals provided them with persistent, yet welcome, encouragement around important life skills and tasks.

“He helps me with jobs, he takes me jobs, he even calls me to jobs, ‘I got this job, I’m gonna come get you’. We do it like that and stuff like that. When I feel like I can’t do it, he always makes the push, even when we are not on good terms he still know that I need help. He still like, ‘I’m gonna be here and I’m gonna push you’.” [questioning, androgynous, age 20]

“If I don’t have knowledge about something I’ll ask her, and she’ll say ‘Ok, I’ll look it up for you’, or she gives me booklets and stuff like that, so that’s really helpful.” [straight transgender, age 17]

“She will sit down, listen and give her opinion, ‘you shouldn’t do this, you shouldn’t do that, if you do this make sure you do that’, and I like that.” [gay, bigender, age 19]

*Role model.* When asked about who they looked up to, 33.3% (n=7) of youth indicated county social workers/case managers and providers in the general population of social work, 14.3% (n=3) mentioned transitional living staff and other professionals in child welfare, and 9.5% (n=2) identified foster parents and group home staff. Although not all youth were able to identify an individual that had functioned as a role model to them within these professional subgroups, one youth felt this way about the person who was providing him with transitional living services:

“He is someone I have always looked up to. He is very important to me because he has taken care of me for the last 2 years.” [gay, male, age 19]

Another youth declared how much they<sup>14</sup> admired a social work practitioner they had met when seeking services from an agency that offered housing programs and other resources to disadvantaged youth:

“I guess I just wanna be like [her]. She is my role model because she is 6 years in college and still going to college, so I would love that” [questioning, non-binary, age 17].

*Parent-like.* For this type of support, 33.3% (n=7) of youth cited county social workers/case managers, 23.8% (n=5) identified foster parents, 9.5% (n=2) indicated transitional living staff, and 4.8% (n=1) cited that group home staff and other professionals in child welfare as persons who offered them the kind of support a parent would provide. This young person, for example, talked about the close relationship she had developed with one of the staff at her group home.

*Interviewer:* “What kinds of things did she do to support you?” *Participant:* “She treated me like I was her own. I seen myself living with her. It was like I was a part of her family.” *Interviewer:* “Can you say a little more about that?” *Participant:* “You know how it is in group homes and stuff. She had calmed me down and talked to me because I was just messing up the whole place. *Interviewer:* “What do you mean? What were you doing?” *Participant:* “I was throwing stuff, breaking windows, but she calmed me down, she talked to me and everything, like a parent would.” [pansexual, female, age 17].

---

<sup>14</sup> Gender minority youth that do not have binary gender identifications often use gender neutral pronouns such as “they”, “them” and “theirs” when referring to themselves.

Another youth described the relationship he had with his foster parent and how he felt this person functioned as a parent in his life:

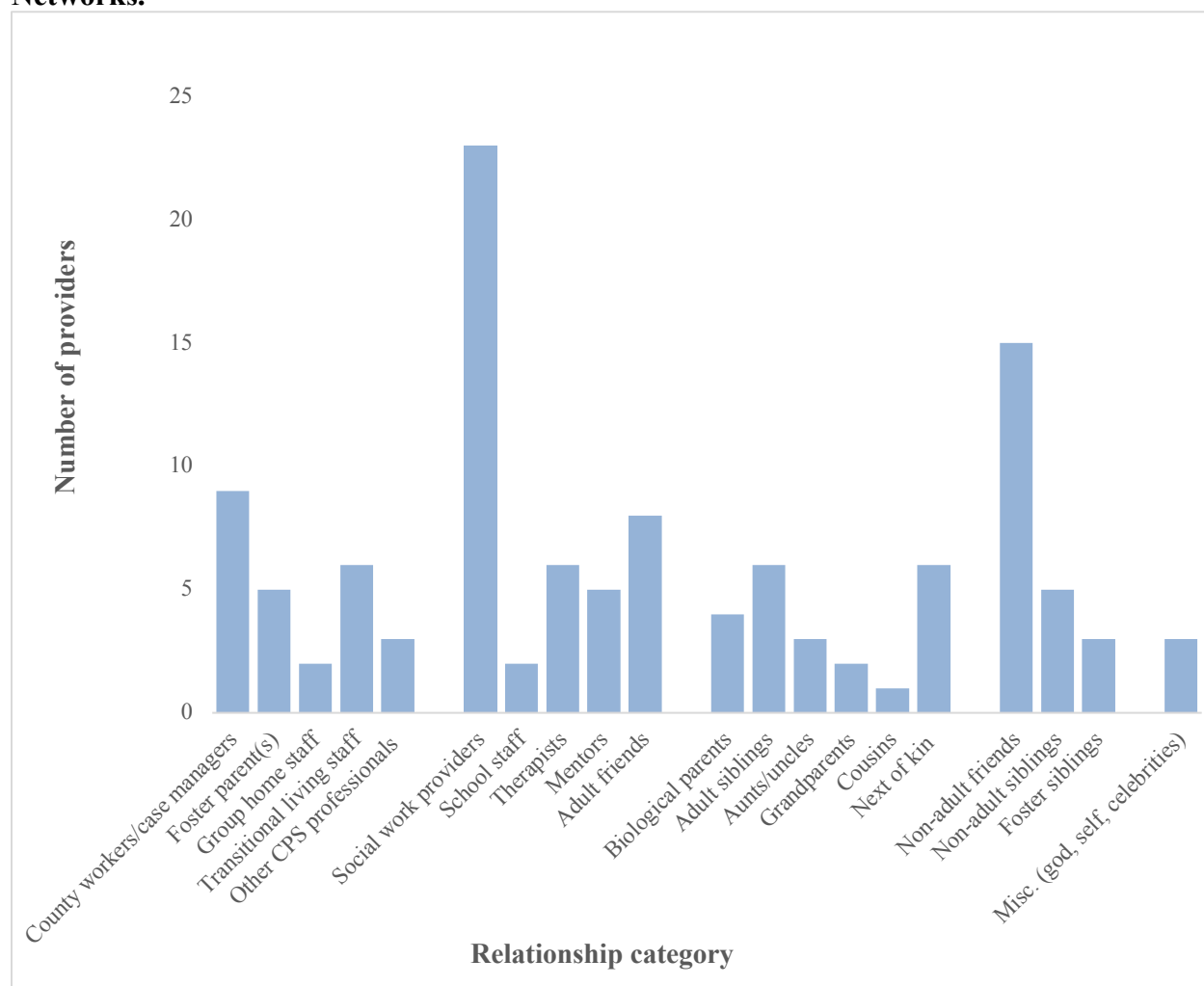
“He has a lot of wisdom and we have a lot of good conversations and he doesn’t have to have that with me on a personal level. He’s kind of like a parent or grandparent or father figure I never had.” [straight, transgender, age 17]

When identifying individuals who provided parent-like support, several youth in the sample (42.9%; n=9) also pointed to practitioners that were not working for the child welfare system. One said this about the social worker that was providing her with housing and other services through a community-based agency:

“The thing about my care coordinator is that she has been supportive since day one. I love her, she is like a mother to me.” (transgender, straight, age 17].

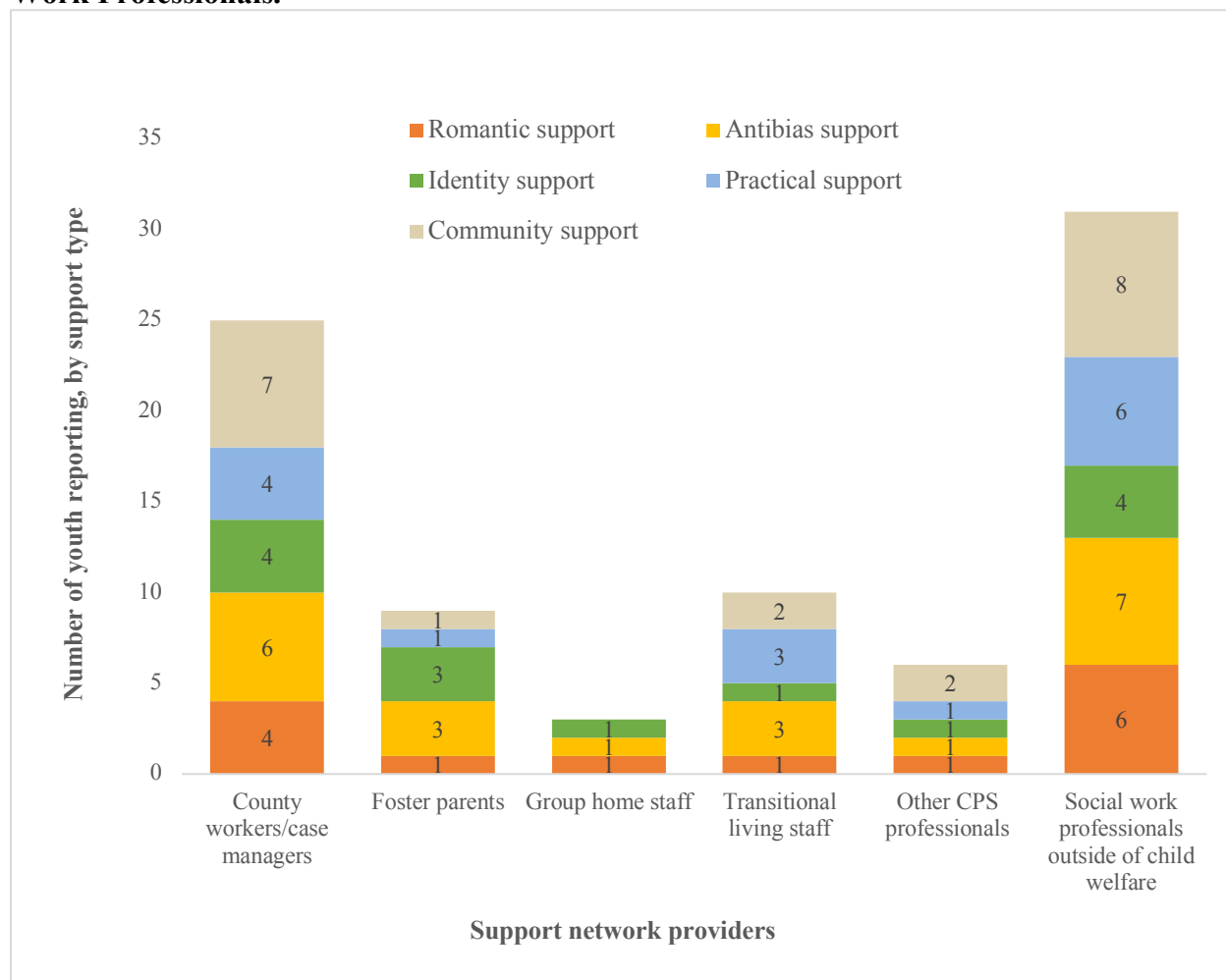
**LGBTQ-specific support, by role/relationship.** Figure 7 displays data regarding the number of persons that provided LGBTQ-specific supports (i.e. romantic, anti-bias, identity, practical, community) to the participants in this study. Relationship group totals were developed using the same counting and classification methods as described for transitional supports. Similar to transitional support, the three largest relationship groups of providers in this category were social work practitioners outside of the child welfare system (n=23), followed by non-adult peers/friends (n=15), and county workers/case managers (n=9). Youth were also more likely to identify adult friends (n=8), adult siblings (n=6) transitional living staff (n=6), therapists (n=6), and next of kin (n=6) as providers of LGBTQ-specific supports.

**Figure 7. LGBTQ-Specific Support by Role/Relationship, from Individuals within Youths' Networks.**



**LGBTQ-specific support types, provided by child welfare and other social work professionals.** Figure 8 focuses on the number of participants that reported receiving various forms of LGBTQ-specific support from groups of child welfare professionals and the general population social workers in their networks. Paragraphs that follow discuss the findings for each of the 5 support types, as well as exemplary quotes from youth.

**Figure 8. LGBTQ-Specific Supports by Type, from Child Welfare Professionals and Social Work Professionals.**



All categories are non-exclusive

*Romantic.* Approximately 19.0% (n=4) of youth reported that county social workers/case managers had provided them with support in relation to their intimate relationships, whereas only one youth (4.8%) included foster parents, group home staff, transitional living staff, or other professionals working in child welfare as sources for this type of support. Additionally, about 28.6% (n=6) of youth said that they had received romantic support from social work professionals that were not formally attached to the child welfare system. Although most of the youth in this sample did not receive romantic support from any of the professionals in the child

welfare system, or other social workers in their networks, those that did noted how important it was for adults to be open and accepting of their experiences with intimacy and relationships:

*Interviewer:* “Were you able to talk with anyone on here (referring to ecomap) about your romantic feelings or relationships?” *Participant:* “[The] female who used to work here. [She] doesn’t anymore though. Kinda miss her.” *Interviewer:* “What do you miss about her?” *Participant:* “She understood me.” [gay, male, age 19].

*Interviewer:* “What kinds of things did you talk about?” *Participant:* “Like my love life and stuff and I knew she wouldn’t criticize me for that. It was guaranteed...” *Interviewer:* “What kinds of things did she do to support you?” *Participant:* “She helped me when I was having a problem and other feelings and stuff.” *Interviewer:* “With someone you were attracted to?” *Participant:* “Yeah, she was the first one I told. [pansexual, female, age 17]” *Participant:* “They were so (referring to the county social worker and foster care coordinator), ‘let’s talk about it’, and this wasn’t what I was expecting. They were like, ‘What are you thinking about? It’s OK, go ahead’” *Interviewer:* “How did it feel when you did?” *Participant:* “It was awkward...it felt really, really weird because I never said those feelings out loud before, except to my therapist.” *Interviewer:* “So, you didn’t want to talk about it?” *Participant:* “Well I did, but...it was an awkward conversation because I didn’t expect them to be so forth coming [gay, male, age 18].”

*Anti-bias.* In terms of anti-bias, 28.6% (n=6) of youth cited county social workers/case managers, 14.3% (n=3) identified foster parents and transitional living program staff, and 4.8% (n=1) indicated group home staff and professionals working in child welfare had provided them with support when they experienced discrimination or victimization associated with their sexual and gender minority statuses. One participant shared the advice that a transitional living staff had

given to her regarding how to deal with the discrimination she was experiencing in relation to her gender identity.

“[She] was always like you need to stop worrying about what people did because it's gonna be life period. She just basically tryin' to tell me the things I need to do in life in order to be independent...and just do what I gotta do even though I am a transgender woman.” [straight, transgender, age 18].

Additionally, approximately 33.3% (n=7) of youth reported that social work practitioners outside of child welfare system have offer them this type of support. For example, this young person talked about how their crisis worker supported them after being denied a job because of their gender identity and/or sexual orientation:

“When I felt sad, when I felt depressed, when I wanted to go (referring to suicide), they bring my spirit up. [They] tell me, ‘Don’t give up, don’t let what other people think of you stop you’ They take me out sometimes to get ice cream to get something to eat, to calm me down, relax me or do one of my coping skills. [lesbian, transgender, age 21].

In addition to advice and guidance, some youth described how professionals in these groups actually provided them with protection when they experienced discrimination and mistreatment, such as being bullied at school:

*Participant:* “When I was being bullied at school, they were there 24/7 if I had a problem” *Interviewer:* “What did they do for you?” *Participant:* “They came to my school and told them (referring to school personnel) to make it stop.” [gay, male, age 19].

*Identity.* When asked about the people in their networks that helped them to better understand and explore their sexuality gender identity development, 19.0% (n=4) of youth mentioned county social workers/case managers and social workers that were not formally

involved in child welfare (n=4), 14.3% (n=3) referred to foster parents, and only one youth (4.8%) cited group home staff, transitional living program staff, or other professionals working in child welfare as having offered them assistance in this area. Although identity-based support is clearly lacking for LGBTQ foster youth, one young person shared how his county social worker/case manager was affirming of his emerging identity early on during his gender transition process:

“I would tell them (referring to his foster parents), ‘You know, I don’t want to go to the girls section’, so I asked my social worker if she could take me, and she said ‘Oh, we could talk to them together’ and I’m like ‘No, I don’t want to’, and that’s kind of how I came out to her...at least about crossdressing but then later on, like, I said...’Yeah, I think I’m trans”, and she was like ‘OK’.” [straight, transgender, age 17].

The county social worker/case manager and the foster care coordinator in charge of his case were also respectful and affirming when he decided to come out to others as transgender:

“I was like ‘hey, um you know, I’m coming out’, or ‘I’m out and I want to change my name’ and they were like ‘what do you want us to call you?’ and I told them, and they were like ‘yeah, we can do that’.”

Others said this about the assistance they received with exploring their sexual orientations and/or gender identities.

“[They] were there to help me out and maneuver being gay. They gave me ideas and what I could do if I wanted to show it more, such as getting earrings, and they were both supportive of that.” [gay, male, age 19].

*Participant:* They helped me figure out who I was. *Interviewer:* Can you tell me about that? *Participant:* “I used to be on hormones, and it's like, I wanted to go through with the

whole process of getting the insertion, and how they pronounce it, the inversion, and it's like I wanted to do it so bad and they sat me down like, 'Is this something you really want to do? Do you really want to live your life like this? If you do, we are ok with it, but you have to sit down and think about it mentally cuz if you do it because everybody else is, you're going to be mentally fucked up.'" [gay, bigender, age 19].

Finally, in addition to being supportive, some youth mentioned how these individuals assisted youth with important tasks related to managing their emerging identities.

"She's um, very supportive of my transition and my hormones. She is always making sure I'm taking them." [transgender, straight, age 18].

"We are trying to get my name legally changed, so that still kind of complicated because either we don't know what the process is or like trying to still go through with it and figure everything out [transgender, straight, age 17].

*Practical.* About 19.0% (n=4) of youth reported that county social workers/case managers had assisted them with finding service providers that were knowledgeable and affirming of LGBTQ individuals, 14.3% (n=3) indicated transitional living program staff, and 4.8% (n=1) referred to foster parents and other child welfare professionals. Youth did not identify any group home staff as having provided them with practical support. Additionally, 28.6% (n=6) of youth indicated that they relied on social workers independent of the child welfare system for this type of support.

Youth that did receive practical support, most often referred to receiving assistance with finding safe and knowledgeable physicians and other health-related services and providers.

"She tries to hook me up with people like me and get me in and groups and to doctors and stuff. So, I started taking T (testosterone) so that's how she hooked me up with the

clinic.” [straight, transgender, age 18].

“She’s the one that told me about my therapist. Not directly but she recommended I go to her and I said yes. I’m telling you when I can’t call on anyone, I can depend on her (referring to the therapist) to be there.” [bisexual, genderqueer, age 17].

Youth also referred to instances where a child welfare and/or social work professional in their network had assisted them with accessing potentially lifesaving resources:

“She...basically told me that, you know you have to get tested every three months to make sure I am safe...and she sent me to them (referring to health agency). I am currently on the Truvada, it is basically if I connect with someone who has HIV, I would be protected by it” [straight, transgender, age 17].

“They (referring to transitional living staff) the ones that told me about we got a crisis line. I can call them about anything, If I want to kill myself, I call the [crisis line]. ‘Hi, I need a crisis worker right now’!” [gay, bigender, age 19].

*Community.* Lastly, approximately 33.3% (n=7) of youth said that county social workers/case managers were among the group of individuals that helped them connect with LGBTQ community or resources/services that were designed specifically for persons who identify sexual and/or gender minorities, 9.5% (n=2) identified transitional living staff and other professionals working in child welfare, and 4.8% (n=1) indicated foster parents as having linked them to community support. Group home staff were not reported as having provided youth with this type of support. Social workers not working in child protection were identified by 38.1% (n=8) of youth as helping them to access community-based resources and services.

Of the participants that experienced this form of support, some talked about how child welfare and social work professionals had referred them to services that were specific for

LGBTQ-identified individuals:

“Basically, she gave me a lot of details on LGBT housing, how to go down there and tell them about my rights. How the LGBT center can help me with lots of things.” [straight, transgender, age 17].

*Interviewer:* “What kinds of support did [they] give you?” *Participant:* “Well, they helped me with other LGBT places.” *Interviewer:* “Ok, what did they do exactly?”

*Participant:* “They just referred me to them because they knew about them.” [bisexual, mostly female. age 19].

Moreover, some youth indicated that some of the child welfare professionals and/or social workers in their networks had actually escorted them to agencies where LGBTQ-specific services were being provided, or helped them to seek out other community-based resources:

“She take me to a group for people and they sit down and talk about how it was when they were growing up and how it was when they was transitioning and all that.”

[bisexual, genderqueer, age 17]

*Participant:* “She actually took me to a...LGBT center downtown try to get around with things. I wanted to go to a LGBT church.” *Interviewer:* “Would you have gone if she had not done that?” *Respondent:* “No, I wouldn't. They literally had to force me to do it...because I did not want to do it...it opened me up a little more.” [straight, transgender, age 17].

Lastly, in addition to accessing resource and services, a number of participants talked about the importance of having connections other individuals that identified as LGBTQ.

“She is gay herself, so she helps me” [pansexual, female, age 18]”

“It's an uplifting atmosphere (referring to LGBTQ community agency) because ain't nobody down in the dumps. We are all laughing and giggling and having fun, meeting new people and we are all LGBTQ...well, a lot of us is.” [pansexual, mostly female, age 17].

## **Research Aim 2: What are the facilitators and barriers to receiving and maintaining supportive relationships for LGBTQ transitioning foster youth?**

**Facilitators to relationships.** Participants in the study indicated that there were several factors that helped them to establish and maintain relationships with the child welfare professionals and other social work practitioners in their networks (see Table 7). As was previously documented with the Ahrens study, 38.1% (n=8) of participants felt that it was easier to develop relationships with the adults that were respectful of them and their past experiences (“They was very new to everything, but they was respectful at the same time”). In addition, 33.3% (n=7) of youth identified existing facilitators such as adults that authentically displayed affection or emotional support (“They care about me genuinely. That makes me feel safe and happy”) or went beyond what was expected in the relationship (“She goes out of her way just for me which is really cool”).

As for the remaining a priori factors in the Ahrens model, 28.6% (n=6) of participants mentioned shared characteristics between themselves and the adult as a facilitator to an initial connection (“She is just quirky like me, I trust her because of that”), 23.8% (n=5) indicated the adult's persistence and patience (“She just didn't give up on me”), 19% (n=4) stated they were in a time of need (I was having a lot of problems and issues which made me know that I had to be open with everyone”), and 14.3% (n=3) felt more comfortable when the adult shared a part of

themselves (“He shares with me, like, since he lived in the old age, how it was different problems he had, and stuff”).

In addition to these themes, findings from this study (bold print, Table 7) showed that 28.6% (n=6) of participants felt reassured about their relationships when the adult was directly affirming and respectful of sexual and/or gender minorities (SGMs) (“I thought they wouldn’t support me or like they would think of me differently, but that wasn’t the case.”). About 19% of youth (n=4) also said they were more willing to trust adults that appeared to be genuine or had a good ‘vibe’ (“It was just how she presented herself. I could tell she was a nice lady. You know how you can see a good spirit?”). Lastly, about 19% (n=4) said that being confident and open about their SGM status made it easier to establish connections with adults, because they were not ashamed or afraid of how adults might treat them in relation to their identities (*Participant*: “I have to tell them what they need to know [referring to SGM identity] because pretty much, if I don’t, how they gonna know what to do? *Interviewer*: Did you have any concerns about any of them knowing. *Participant*: “No, I didn’t care. I’m confident in who I am”).

**Table 7. Facilitators to the Initial Connection (N=21)**

Support type	Exemplary quotes	%/#of youth
Adult respects youth and their past experiences	“They was very new to everything but they was respectful at the same time.” [straight, transgender, age 17]. “She was the main person who saw what I was going through. She saw me every day when I walked in. She saw how I was like.” [pansexual, agender, age 18]. “After a couple of months, I told her more about me and she understand where I was coming from” [bisexual, genderqueer, age 17]. “They had some understanding of what I might be going through...so they were more helpful in that sense [gay, male, age 18].	38.1% (8)
Authentic displays of affection/emotional support by adult	“They care about me genuinely. That makes me feel safe and happy.” [gay, male, age 19]. “She was like showing me...like she really cared.” [straight, transgender, age 17]. “I got showed love.” [gay, bigender, age 19]. “She gave me hugs when she would see me crying. She would call me just to say what’s up. She would pop up at my job just to see if I was there.” [straight, transgender, age 17].	33.3% (7)

Adult goes beyond prescribed relationship	“She goes out of her way just for me which is really cool” [gay, male, age 18]. “[She] actually sends my mail...because you move all the time, and this way I wouldn’t have to worry about changing my address every time. So, she kinda went out of her way.” [gay, male, age 19].	33.3% (7)
Shared characteristics between youth and adult	“She is just quirky like me, I trust her because of that.” [pansexual, mostly female, age 17]. “I wanted to be in the army and stuff like that, and I think he’s been in the Navy.” [straight, transgender, age 17]. “She was open just like me. We talked about anything.” [gay, male, age 18].	28.6% (6)
Adult has persistence/patience	“She just didn’t give up on me.” [straight, transgender, age 17]. “...they always kept trying and trying and that stood out to me a lot” [lesbian, non-binary, age 17]. “Even though I didn’t talk to her, like, she was there emotionally for me.” [straight, transgender, age 17].	23.8% (5)
Youth experiencing a period of vulnerability/needed	“I was having a lot of problems and issues which made me know that I had to be open with everyone.” [straight, transgender, age 17]. “If I feel like I want to call them at 2 or 3 am, they are gonna answer their phone. They know I’m in a real crisis and I need them.” [lesbian, transgender, age 21].	19.0% (4)
Adult opens up/shares their own experiences	“He shares with me, like, since he lived in the old age, how it was different problems he had, and stuff.” [straight, transgender, age 17]. “I always had this attitude like I didn’t give a fuck, and she was like, ‘guess what, I had that attitude too and that attitude got me so far and once I changed it that when I started seeing my blessings role in’ and that right there was like, ‘Yeah, I am having a lot of bad luck, let’s have this conversation, let’s talk, let me see what you have been through and let’s see what we have experienced.’” [gay, bigender, age 19].	14.3% (3)
<b>Adult shows affirmation/respect for SGM identities</b>	“She basically said, ‘You can tell me anything, I won’t judge you, I’m here for you, I’m not here to judge you.’” [bisexual, genderqueer, age 17]. “They would encourage me and talk to me about trying to reach things more having to do with being gay.” [gay, male, age 18]. “I thought they wouldn’t support me or like they would think of me differently, but that wasn’t the case.” [straight, transgender, age 17].	28.6% (6)
<b>Adult seems genuine—has a good “vibe”</b>	“They were just cool from the get go.” [pansexual, mostly female, age 17]. “She was like family. I don’t know what it was, but it was like I like her energy.” [questioning, female, age 17]. “It was just how she presented herself. I could tell she was a nice lady. You know how you can see a good spirit?” [bisexual, mostly female, age 19].	23.8% (5)
<b>Youth has confidence about their SGM identity</b>	<i>Participant</i> : “I have to tell them what they need to know (referring to SGM identity) because pretty much, if I don’t, how they gonna know what to do? <i>Interviewer</i> : Did you have any concerns about any of them knowing. <i>Participant</i> : “No, I didn’t care. I’m confident in who I am.” (gay, male, age 18). <i>Interviewer</i> : “Did you ever want to talk to people about that (referring to SGM identity)?” <i>Participant</i> : “I have talked to people...not really caring what other people think, because you know, they aren’t you so, it shouldn’t matter.” [bisexual, mostly female, age 19].	19.0% (4)

---

New themes are highlighted in bold.

In terms of the facilitators to ongoing relationships included in the Ahrens model (see Table 8), more than half (66.7%; n=14) of participants in the sample claimed that their relationships with child welfare professionals and other social work practitioners were more likely to be maintained when the adult was responsive to their needs (“I know if I called him and something was going on, he would pick me up and take me to that place”), whereas others said that having a some sort of mechanism, such as a weekly meeting, helped them to stay connected (42.9%; n=9) (“He is the one I go shopping with and meet with him every week”).

Some participants (23.8%; n=5) also mentioned that they were more likely to establish an ongoing relationship when the adult displayed confidence in them, (“[She] build my confidence up... tell me I can do it...I'm smart...you know show me”), as well as when the adult’s words matched their actions (19%; n=4) (“They never switched up on me or done me wrong I guess, from like other people I've encountered with in my life”). One young person referred to having the adult help them understand what to expect was a facilitating factor (“I would get real upset to the point I want to fight, ‘You are not supposed to do that, you know what is at hand and you know what is at stake, do you want to lose it, or do you want to keep it?’”). Unlike the Ahrens model, however, youth in this study did not indicate that having the adult plan activities that incorporated their interests functioned as a facilitator to establishing relationships.

Expanding on these themes (bold print, Table 8), several of the LGBTQ youth (38.1%; n=8) that were interviewed said they developed longer-term relationships with child welfare professionals and social work practitioners that demonstrated some form of understanding, knowledge, and/or experience with the issues and challenges they faced as sexual and gender minorities (“She always just understood (referring to being gay), and she let me talk.”). A few others (19.0%; n=4) mentioned that they really had no other choice than to rely on these adults

for support. (“I have to be practical, so I just opened up to everyone. Basically, I’m trans, I don’t want to go through anything in life as far as being killed or practically been shot”).

**Table 8. Facilitators to the Ongoing Relationship (N=21)**

Support type	Exemplary quotes	%/# of youth
Adult is responsive to the youth's needs	“I know if I called him and something was going on, he would pick me up and take me to that place.” (bisexual, female, age 18). “She's been there like most of the times when I was in the hospital and we take late night drives sometimes.” (straight, transgender, age 17). “He has helped me this entire time, he has helped me meet my person and help me get my birth certificate all this time so he actually been great. (gay, male, age 18). “They was there when I needed to talk to them. I can talk to them, um most likely majority at the time.” (straight, transgender, age 17). <i>Interviewer</i> : “So, what changed? How did that become a strong line (referring to strength of relationship line on ecomap)?” <i>Participant</i> : “I just told her, ‘I don’t like the way you be talking’, and she just stopped.” <i>Interviewer</i> : “So, she listened to you” <i>Participant</i> : “Yeah.” (pansexual, female, 18)	66.7% (14)
Mechanism in place to maintain regular contact	“He is the one I go shopping with and meet with him every week” (gay, male, 18). “I see her twice a week.” (straight, transgender, age 17). <i>Interviewer</i> : “How do you keep contact with her (referring to former group home worker)?” <i>Participant</i> : “Facebook.” (pansexual, female, age 17). “Every morning and lunch and go there every morning and talk about my day, what’s going good and going bad.” (straight, transgender, age 17)	42.9% (9)
Adult displays confidence in the youth	“[She] build my confidence up... tell me I can do it...I'm smart...you know show me.” (straight, transgender, age 17). “I didn’t care if I lived or died, and they seen the light in me... they made me see there was more to life than doing what I was doing, cuz I would have never made it to 18.” (gay, bigender, age 19). “She gave me an award for creative genius...every time I come here I can be happy somewhere. I can feel safe.” (pansexual, agender, age 18). “I got both my social workers personal numbers and that definitely made me feel like, ‘Ok, I’m not just another kid to them’ if they are giving me their personal numbers, that means A—I’m trustworthy enough, and B—I’m worthy enough to have it. I’m not a lost cause.” (gay, male, age 18)	23.8% (5)
Adult shows consistency between actions and words	“They never switched up on me or done me wrong I guess, from like other people I've encountered with in my life.” (straight, transgender, age 17). “I just know that...I can still call her and get advice and talk to her and if I need something she will try to help me get it.” (pansexual, female, age 18). “Whenever I call her or leave a message I know she is returning my calls, I know she is there when I need her.” (straight, transgender, age 17).	19.0% (4)
Adult helps youth understand what to expect	“I would get real upset to the point I want to fight, ‘You are not supposed to do that, you know what is at hand and you know what is at stake, do you want to lose it, or do you want to keep it?’.” (gay, bigender, age 19)	4.8% (1)
Adult plans activities that	Youth in the study did not refer to this theme	--

incorporate the youth's interests

<b>Adult demonstrates understanding, knowledge, and/or experience with SGM issues</b>	“She always just understood (referring to being gay), and she let me talk.” (gay, male, age 18). “They ask me...’Do you care if your roommate is a boy or girl?’ or ‘Do you want it to be a girl’ cuz for trans, maybe I don’t want it to be a male, so they ask me stuff like that, they are cautious of it.” (straight, transgender, age 17). “They [were the] first foster parents that actually accepted and were open to me.” (lesbian, non-binary, age 17). “She is very cool, very accepting, told me she would help me and all of that.” (gay, male, age 18). “They always tell me, ‘Don’t let what other people think of you stop you living your life. Just keep living your life and don’t let anybody judge you.’” (lesbian, transgender, age 21).	38.1% (8)
<b>Youth feels they have no choice but to rely on help from the adult</b>	“She was the only person I had, period.” (gay, male, 18). “I got to...and I have to tell them what they need to know because pretty much, if I don’t, how they gonna know what to do?” (gay, male, 18). <i>Interviewer</i> : “What helps you stay connected with them?” <i>Participant</i> : “I don’t know. I have to” (gay, male, 18). “I have to be practical so I just opened up to everyone. Basically, I’m trans, I don’t want to go through anything in life as far as being killed or practically been shot.” (straight, transgender, age 17).	19.0% (4)

---

New themes identified in this study are highlighted in bold.

Many of the facilitators to the initial connection were often described facilitators to the ongoing relationship but were not re-presented.

**Barriers to relationships.** As expected, not all participants had positive things to say about their relationships with this core group of professionals and the support they provided (or lack thereof). When discussing the individuals depicted in their networks, youth raised several obstacles that prevented them from establishing an initial connection with child welfare professionals and other social workers.

With the exception of having a ‘fear of indebtedness to the adult’, all other a priori factors indicated as barriers to establishing initial connections to non-parental adults in the extended model of the Theory of Youth Mentoring were identified in this study. As illustrated in Table 9, youth frequently reported (57.1%; n=12) that this particular group of adults lacked understanding about their culture or background. Indeed, youths’ comments tended to reflect insensitivities from child welfare and other social work professionals towards the young person’s sexual

orientation and/or gender identity, including attitudes or behaviors that reproduced common misconceptions and stereotypes (“They said I couldn’t have friends over, cuz like, their daughter. Me and my sister shared a room, they didn't want us sharing rooms”).

Other participants (33.3%) reported that they had difficulties opening up and trusting others (n=7), and because of this, had difficulties developing initial connections to key professionals in their networks (“I am always quiet and keep things to myself. I build a barrier around myself and everybody else so it's like I won't get at nobody and nobody get at me.”). In line with this, some youth (28.6%; n=6) feared that adults would eventually let them down (“They don’t last that long, they don’t give much of a fuck. Nobody gives a fuck about me, not even social workers” cuz they be gone, they have their own lives”). In addition to these factors, a few youth (14.3%; n=3) revealed they were resistant to directive advice (“I don’t want them telling me about what I need to do cuz I’m not going to listen to them”). Lastly, one youth (4.8%) expressed concerns about being pushed to bond too quickly (“I just met her and like she would ask me questions...and I’m just like “you gotta try a lot harder than that if you want some information out of me...””).

When discussing the challenges associated with establishing new connections to the child welfare professionals and social workers in their lives, several additional themes surfaced from interviews with LGBTQ youth. A substantial number of youth in the sample (71.4%; n=15) talked about feeling disrespected by adults, most often because of their sexual and/or gender minority statuses, during the initial connection period. Examples of these experiences ranged from disapproving statements and attitudes (“She was one of those that was like ‘why you wanna be gay’, and that’s when I started noticing everything, her funniness and shit like that”) to overt actions (*Participant*: “There was a lot of times she didn’t listen or ignored me and problems

happened...and she wasn't doing stuff right." *Interviewer*: "You felt like it was because of who you were attracted to?" *Participant*: "It was.").

Several participants (61.6%; n=13) mentioned they were worried about being rejected or treated poorly, and even losing access to services, if their sexual and/or gender identities were revealed ("If I tell them, I don't know if they are going to stop doing what they been doing for me. I don't know their reaction. A lot of people cut you off just because of your sexuality"). In turn, this prevented some youth, in particular bisexual and questioning youth, from opening up to the professional adults in their networks—as they were unable to talk honestly about the struggles and experiences they were having ("I don't express how I feel a lot. I keep it to myself because I don't know how people will react."). Youth also talked about how they shut down when the adult indicated that they were disapproving or intolerant of sexual and gender minorities (57.1%; n=11) ("First time I told her I kissed a girl...she started talking to me about how I need to listen more in church and it's a sin.").

**Table 9. Barriers to Initial Connection**

Support type	Quotes	%/# of youth
Adult lacks understanding of youth's culture or background	"They said I couldn't have friends over, cuz like, their daughter. Me and my sister shared a room, they didn't want us sharing rooms" [straight, transgender, age 17]. "They didn't understand me...understanding is a lot. It's a lot, you know?" [bisexual, female, age 17]. "I keep correcting them about my pronouns, and after a while you don't even correct them because you are just so tired of saying 'they'. It really affects you." [pansexual, agender, age 18]. "They always don't really understand or if I like come up to them with a problem they can say the wrong thing" [straight, transgender, age 17]. "They just told me I was straight and not what they consider a whole. They said they was feeling unsafe. One of the staff assumed because I would walk up on women...they thought I would sexually assault them." [bisexual, female, age 18]. They (referring to group home staff) would say 'Oh watch your daughter', or 'Open the door' when I would go in the room...and they would be right over me 24/7." [lesbian, non-binary, age 17]. "She would get mad because I'm doing this and doing that, so it would just get even more problematic. She'd say, 'If we have to move you one more time you will be going out north', and they had to	57.1% (12)

	move me 25 times, or 'I just can't wait until you turn 19 so you could just get out' [straight, transgender, age 17].	
Fear of the emotional risk	"I am always quiet and keep things to myself. I build a barrier around myself and everybody else so it's like I won't get at nobody and nobody get at me." [bisexual, mostly female, age 17]. "I'm still like guarded...it's just uncomfortable when people care about me." [straight, transgender, age 17]. "I don't really like to talk to a person that really doesn't care, and I know they don't care." [bisexual, mostly female, age 19]. "I don't feel comfortable with nobody honestly." [lesbian, non-binary, age 17].	33.3% (7)
Fear of indebtedness to the adult	Youth in the study did not refer to this theme	--
Fear that the adult will fail the youth	"They don't last that long, they don't give much of a fuck. Nobody gives a fuck about me, not even social workers" cuz they be gone, they have their own lives." [pansexual, agender, age 18]. "Basically, they can let you down at any time, they lie, it's too much." [bisexual, mostly female, age 19]. "There are gonna be a time where people are gonna change and they don't want to be bothered by you." [bisexual, female, age 18].	28.6% (6)
Resistance to directive advice	"I don't want them telling me about what I need to do cuz I'm not going to listen to them." [gay, male, age 18]. "Her mother rules were just too much of a force that I couldn't deal with. You feel me?" [gay, male, age 18].	14.3% (3)
Being pushed to bond too quickly	"I just met her and like she would ask me questions...and I'm just like "you gotta try a lot harder than that if you want some information out of me..." [gay, male, 18].	4.8% (1)
<b>Youth feels disrespected by the adult</b>	"She was one of those that was like "why you wanna be gay" and that's when I started noticing everything, her funniness and shit like that [gay, male, age 18]. <i>Participant</i> : "There was a lot of times she didn't listen or ignored me and problems happened...and she wasn't doing stuff right." <i>Interviewer</i> : "You felt like it was because of who you were attracted to?" <i>Participant</i> : "It was." [bisexual, mostly female, age 19]. "So, my case manager there asks me, 'How are you doing today' and I'm like 'I'm not doing well because people still aren't acknowledging who my name is and who I am,' and they are like 'What do you mean?' 'Well, I identify as (says chosen name), so [it] should be on every last paper you have', and then they wrote me a note...to my given name, and I'm like 'This isn't my name!'" [straight, transgender, age 17]. "I dressed like a boy sometimes, I dressed like a girl sometimes, I dressed like me...They wanted me to listen and conform which I was not going to do." [pansexual, agender, age 18]. "She always try to make it out to be something about [me]. Like say if...that man bumped me for being transgender, she say, 'Well maybe if like if you wasn't in the way or maybe you could have just moved and that problem would never happen.'" [straight, transgender, age 17].	71.4% (15)
<b>Fear of being rejected or treated poorly because of SGM status</b>	"If I tell them, I don't know if they are going to stop doing what they been doing for me. I don't know their reaction. A lot of people cut you off just because of your sexuality." [questioning, female, age 17]. <i>Interviewer</i> : What is it that kept you from telling them (referring to caseworker and foster parent) that you identify as bisexual or transgender? <i>Participant</i> : The	61.9% (13)

way they spoke to me, it was like they were disgusted. What kinds of things did they say? *Participant*: People who are gay or bisexual are going to hell. Like when we used to go to court, if a gay or lesbian person sat by them, they would get up. [bisexual, non-binary, age 17]. “You know, some might be like, ‘Oh, she’s gay, I don’t want her near my little girls”, and just think wrong about it, or like, ‘Oh, he’s gay’.” [bisexual, mostly female, age, 17]. “Nobody knows I’m bi-curious really. Basically, it started with stigmatization...I was stigmatized so I ran away from group homes, this place that place, didn’t care.” [questioning, female, age 18]. *Interviewer*: “You are not out to her? *Participant*: No...my case worker she is Christian and you know how Christians are when it comes to dating same sex and stuff, she don’t really support that.” [pansexual, female, age 17]. “Nobody knows and probably the only person that would support me if they knew is my grandma.” [bisexual, mostly female, age 17]. *Interviewer*: “What keeps you from telling people?” *Participant*: “I don’t know, cuz they going to look at me and be like, huh?” [questioning, mostly female, age 20]. “I wasn’t out as she was because I thought people would treat me different, and the foster place I was at, they didn’t like the LGBT community.” [straight, transgender, age 17]. “I don’t express how I feel a lot. I keep it to myself because I don’t know how people will react.” [questioning, androgynous, age 17]. “One of the biggest things is someone that won’t accept [you] ...won’t provide things for [you], like advice or information [gay, male, age 18].

**Adult shows intolerance of sexual and gender minorities**

“First time I told her I kissed a girl...she (referring to former foster parent) started talking to me about how I need to listen more in church and it’s a sin.” (pansexual, agender, age 18). “I cut my hair and stuff...they (referring to foster parents) been found out I like girls and stuff but I guess that was just top notch for them, like ‘Ok, you are doing this and we don’t accept that’.” (straight, transgender, age 17). “They started treating me different and stuff, like “She (referring to case worker) would get mad... ‘if we have to move you one more time you will be going out north’ ...they had to move me 25 times. She’d say ‘I just can’t wait until you turn 19 so you could just get out’.” (straight, transgender, age 17). ‘Ok, you got your haircut, but now you need to stop dressing like a boy’ and stuff like that. So, like we (referring to foster parent) would get in arguments a lot for no reason and they would try to make up excuses to give me a punishment and stuff like that, so I ended up running away and just not showing up. When I did go back my foster dad was waiting for me and he was like ‘turn in your house key and go back to where you were.’ (straight, transgender, age 17). *Participant*: I am trans and [she] (referring to social work provider) don’t approve of it. *Interviewer*? What made you think she didn’t approve? *Participant*: Like “you are doing too much, why are you wearing that? Why this, why that? You are not gonna tell me how to dress.” (straight, transgender, age 17)

57.1% (11)

New themes identified in this study are highlighted in bold.

Many of the barriers to the initial connection were also described facilitators of the ongoing relationship but were not re-presented.

As in the original model and depicted in Table 10, some participants (38.1%; n=8) discussed logistical barriers that were in the way of continuing their relationships with some of the providers they were working with during their journey to adulthood (“My worker, she is busy, I'm not just her only case, I'm not her only client, so when I'm officially out of the system, I won't be a priority anymore because I'm not in her case load anymore”). There were no youth, however, that discussed having fears about not living up to the adult's expectations as an inhibitor to their ongoing relationships, as presented in the Ahrens model.

Several further themes emerged from this study in terms of the barriers LGBTQ youth experienced with regard to maintaining ongoing relationships with these adults. One of the most troubling and most common concerns expressed was when participants felt child welfare professionals or social workers ignored them (“When I was living there, there barely said anything to me, they would drop me off at school, just keep on, don't ask me if I had a good day or nothing, don't ask me how was school. To me I felt like they didn't care.”), or perpetrated abuse/mistreatment against them (66.7%; n=14) (“They (referring to foster parents) were mean most of the time. They would lock me up in rooms and stuff, I didn't like that.”).

A number of participants (38.1%; n=8) also talked about how they were not able to reach their caseworkers and other social work practitioners, even when a timely response was needed (“Um...the caseworker she's not consistent at all...if I need to talk to her...if I need to reach out to her about something important.”). Quite often, this was interpreted by the youth as their worker/provider not caring about them or their wellbeing (“Only time I would see her (referring to the caseworker) is when it's on a court date. I can call her, leave her messages, but she basically...does not care type of worker.”).

In addition, a number of participants (33.3%; n=7) spoke about child welfare professionals, especially foster parents and caregivers, that had rigid or forceful caregiving styles and how that hindered their relationships with them (“She was raising me too strict and that’s what probably made me take off”). A few youth (19.0%; n=4) also referred to the adult’s attitude or negative energy as impediments (“I don’t like her attitude...I didn’t like her attitude at first either, and I don’t now.”), as well as being worried about burdening the adults that they did have good relationships with (9.5%; n=2) (“I don’t want to bother them, or you know, stuff like that”).

**Table 10. Barriers to Ongoing Relationship**

Support type	Quotes	%/#of youth
Logistical barriers	<p>“My worker, she is busy, I’m not just her only case, I’m not her only client, so when I’m officially out of the system, I won’t be a priority anymore because I’m not in her case load anymore.” [pansexual, female, age 18].</p> <p>“Since I don’t have her like contact, I’m kinda mad because she was the only person really there for me.” [bisexual, genderqueer, age 17]. “She was supportive and stuff (referring to a foster parent) but I’m not there no more, so right now I feel like...there is nothing she can do for me.” [lesbian, transgender, age 21].</p>	38.1% (8)
Fear of not living up to adult’s expectations	Youth in the study did not refer to this theme	--
<b>Adult ignores or perpetrates abuse/mistreatment</b>	<p>“When I was living there, there barely said anything to me, they would drop me off at school, just keep on, don’t ask me if I had a good day or nothing, don’t ask me how was school. To me, I felt like they didn’t care.” (bisexual, genderqueer, age 17). “They (foster parents) were mean most of the time. They would lock me up in rooms and stuff, I didn’t like that.” [questioning, androgynous, age 20]. “He (referring to group home provider) would come and say, ‘Wanna ride with me?’ ‘I’ll give you \$400 you do this (referring to sexual activity), I’ll give you \$800 to let me do this.’” [gay, bigender, age 19]. “There is one girl that acts like she is gay but she’s really not, which I take very offensive, and the staff (group home) are mean to me because of what I am.” [pansexual, mostly female, age 17]. “I asked her a question, and she looked at me and she called me a dumb little girl and something.” [bisexual, mostly female, age 17]. “She tried to put me in the military school, ‘tossing me out,’ that’s what she said.” [gay, male, 18]. “She don’t pretend like she understand, she just wants you to sign papers, sign your life away.” [questioning, androgynous, age 20]. “I [had} people who was with me all the way up until they just, gave up on me [lesbian, non-binary, age 17]. “I had no support. I told them what I was. They didn’t remember or care and they kinds blew me off when I tried to bring up the topic.” [pansexual, agender, age 18]. “It was right after I got home from school. When I got out of the car, they (referring to foster parents) just told me go on my way. My</p>	66.7% (14)

foster mom came at me and said, 'You have to go, you have to pack your clothes and get out', and I'm like, 'I don't have nowhere to go'...and these two men, they was ordered to come get me but they didn't tell me who sent them to get me" [bisexual, genderqueer, age 17].

**Adult lacks availability or is inconsistent**

"Um...the caseworker she's not consistent at all...if I need to talk to her...if I need to reach out to her about something important." [straight, transgender, age 17]. "Only time I would see her (referring to caseworker) is when it's on a court date. I can call her, leave her messages, but she basically...does not care type of worker." [straight, transgender, age 17]. "She (referring to social work practitioner) never calls me and if I want to talk to her I have to call her and half the time she sends me to voicemail or she will reject my call." [bisexual, female, age 18]. "I had a worker that was making sure she was at every meeting and making false promises 'I can do this, I can do that'." [straight, transgender, age 17].

38.1% (8)

**Adult is too strict, rigid or forceful**

"She was raising me too strict and that's what probably made me take off" [gay, male, age 18]. "She's like... always tryin' to change my mind on something that I just don't agree with. [straight, transgender, age 17]. "I'd rather not be snapped at or told what I'm doing wrong, I'd rather you show me." [straight, transgender, age 17]. [They] was kinda like aggressive (referring to foster parents). It was like, 'You are kind of aggressive and I don't like that'." [bisexual, mostly female, age 17]. "She didn't listen. She was so bossy and just like got mad when I didn't listen to her. She just used to yell and I would yell back because you not fitting to yell at me for no reason." [pansexual, female, age 18]. "Her...rules were just too much of a force that I couldn't deal with. You feel me?" [gay, male, age 18].

33.3% (7)

**Youth does not like the adult's attitude or "vibe"**

"I didn't like their attitude. I didn't like their attitude or how they came off." [bisexual, mostly female, age 17]. *Interviewer*: So, tell me about your foster mom? Why did you draw these lines? *Participant*: She's just irritating. *Interviewer*: What kinds of things does she do that's irritating? *Participant*: She doesn't want me to do anything, she wants me to babysit her kids." [bisexual, non-binary, age 17]. "I don't like her attitude...I didn't like her attitude at first either, and I don't now." [pansexual, female, age 18]. "It was just her vibe and I didn't like her (referring to caseworker)." [gay, bigender, age 19].

19.0% (4)

**Youth worries about being a burden to the adult**

"I don't want to bother them, or you know, stuff like that." [straight, transgender, age 17]. "I didn't feel the need to take their time when I didn't need it. I wasn't going to waste their time when it's just small talk." [gay, male, age 18].

9.5% (2)

---

New themes identified in this study are highlighted in bold.

**Research Aim 3: What are the support-related needs and challenges of LGBTQ transitioning youth and what do they recommend for addressing these issues?**

Although the results from this study indicate that many of the youth interviewed were receiving at least some of the resources they needed, support was lacking in several areas for the majority of participants in both the transitional and LGBTQ-specific based categories.

**Unmet needs and challenges related to transitional supports.** As indicated in Table 11, more than half of the participants (57.1%; n=12) felt they did not have enough knowledge or experience to engage in adult-level tasks and were worried about taking over these responsibilities (“I feel like me being in the system and people telling me how to live my life...I never do anything myself. I'm so used to people telling me what to do but now I gotta do it on my own cuz nobody gonna be telling me”). It is also important to note that despite being mandated by federal policy, 3 of the 12 youth who reported this as an unmet need said they had never received any type of skills training or services in relation to transitional living (*Interviewer*: “Has anybody worked with you about how to find a job or other life skills?” *Participant*: “No, I just do it for myself, [I] look it up on the internet”).

In addition, although some youth seemed satisfied with the tangible support provisions they had received, 38.1% (n=8) expressed that they had not been provided with enough concrete resources to help them with the transition (“Housing wise yes, that's still a challenge, still trying to figure out where I'm gonna go”). Not surprisingly, a lack of concrete support was deeply felt by participants that were living in shelters or had run away from their formal placements (“I need food, lots of it, at least a year's worth...nope 7 years' worth...because I'm always goin' hungry”). A small number of youth (14.3%; n=3) also expressed the need for relationship building skills in relation to having friends (“I don't have friends because I don't know how to

start those conversations...I just stay alone.”) and intimate relationships (“When do I talk to the person I’m hookin’ up with about me bein’ trans? I really don’t know.”)

**Table 11: Unmet Needs and Challenges of Foster Youth in Transition to Adulthood: Transitional Supports**

Unmet needs	Exemplary quotes	%/#of youth
Transitional living skills	<p>“I feel like me being in the system and people telling me how to live my life...I never do anything myself. I'm so used to people telling me what to do but now I gotta do it on my own cuz nobody gonna be telling me” [questioning, female, 18]. <i>Interviewer</i>: “Has anybody worked with you about to find a job or where to go?” <i>Participant</i>: “No, I just do it for myself, look it up on the internet.” (pansexual, female, age 17) “When I started to talk to them about that (referring to transitional living skills), it was too late.” [gay, bigender, age 19]. “I feel like I could go downhill because I don’t have my financial side situated so that’s the reason why I’m kinds stalling to get my everything situated.” [gay, male, 18]. “Did either of these guys (referring to the caseworker and caseworker supervisor) set you up with any resources you might when you to leave care? Like where are you going to live when you are done?” <i>Participant</i>: No, not really. I know they’re supposed to, but they don’t.” [bisexual, mostly female, age 19]. “I can’t really do much cuz I’m not really working a good job and working the job that I need to be working. I don’t even have a car yet” [gay, male, age 18].</p>	57.1% (12)
<b>Tangible support</b>	<p>“Housing wise yes, that's still a challenge, still trying to figure out where I’m gonna go.” [gay, male, age 18]. “I need food, lots of it, at least a year’s worth...nope 7 years’ worth...because I’m always goin’ hungry.” [bisexual, mostly female, age 18]. “I wish I had is the insurance piece. There could be a \$50 copayment just for us to get our surgery” [straight, transgender, age 17]. “I get 35 dollars every day, don’t matter, double that, 65.” [gay, male, age 18]. “I know this is gonna sound weird, but I need a car. I can go to school. I can do anything I want without being so scared to be in this world.” [straight, transgender, age 17]. “Maybe more emotional support and more resources.” [questioning, mostly female, age 19].</p>	38.1% (8)
Relationship skills	<p>“I don’t have friends because I don’t know how to start those conversations...I just stay alone.” [bisexual, female, 18]. “When do I talk to the person I’m hookin’ up with about me bein’ trans? I really don’t know” (straight, transgender, age 17). “I kinda suck at communication or staying in contact with people, even my sisters, its hard but I try to make an effort.” (lesbian, non-binary, age 17).</p>	14.3% (3)

New themes identified in this study are highlighted in bold.

**Unmet needs and challenges related to LGBTQ-specific support.** When asked about whether they had any unmet needs or challenges in relation to LGBTQ-specific support, the

majority of participants in the sample felt that support for sexual and/or gender minorities, of varying types and degrees, was frequently unavailable to them (see Table 12).

Nearly all participants (90.5%; n=19) conveyed that one or more of the child welfare professionals and/or social workers in their support networks had failed to protect them, either intentionally or unintentionally, from past, current, or potential future exposure to discrimination, mistreatment and/or violence associated with their sexual and/or gender minority statuses. For example, one youth talked about how she had dropped out of high school because she was so afraid of being physically or sexually assaulted. Despite the seriousness of her situation, she felt she could not rely on her caseworker to help her stay safe and remain in school:

*Participant:* “I dropped out of high school because I was molested in the locker room. Schools make me very scared...” *Interviewer:* “Have you talked to your caseworker about it?” *Participant:* “I can’t go to her, cuz she doesn’t agree (referring to being transgender). Isn’t that crazy?” (straight, transgender, age 17).

In addition to the safety concerns youth faced while at school, some youth expressed fears about the neighborhoods they had been placed in through their transitional living programs:

“I have to be careful about where I go, and I cannot go down that way, if I go down that way... I know I could be potentially jumped or something... especially around here (referring to the neighborhood), they are not tolerant of gay people...so you have to watch it.” (gay, male, age 18).

“I been shot at a couple times before. He (referring to a man in the neighborhood)...tried to shoot me in the head, but he missed.” (straight, transgender, age 17).

“You just have to make sure that safety and stuff is built in to where you are going to live and stuff...there are some things that are just a little bit different to watch out for being part of the LGBTQ.” (straight, transgender, age 17).

Other participants, and especially transgender youth, talked about feeling unsafe when taking public transportation, which was often the only option made available to them for regular travel:

*Participant:* “I don't get on the bus. I mean, if I have to I will but I really don't get on the bus.” *Interviewer:* “Why is that?” *Participant:* “Because, you know, I'm transgender and just don't want nobody else to come at me wrong.” (straight, transgender, age 17).

*Interviewer:* “Did you talk to your caseworker?” *Participant:* “Yeah, but they can't do nothin.” (straight, transgender, age 17).

*Participant:* “I feel like it's (referring to public transportation) too crowded, all eyes on me, all the attention.” *Interviewer:* “So, it feels like you were being stared at?”

*Participant:* “Yeah.” *Interviewer:* “Do you feel safe?” *Participant:* “No, it makes me anxious.” (lesbian, transgender, age 21).

A significant portion of participants (85.7%; n=18) also talked about their experiences with indifference, abuse, and/or neglect from some of the very people who were responsible for their care and wellbeing.

“I physically fought them (referring to former adoptive parents). It was crazy. The last night I was there... I come home, I'm knocking on the door for three hours damn near, it's starts to rain and I'm knocking for another two hours. He is inside, I could hear the TV and everything.” (pansexual, agender, age 18).

“I been harassed by a group home worker. We done fought.” (gay, male, age 18)

Others expressed dismay about being placed with caregivers that were not accepting of LGBTQ youth:

“My foster parents? If they was more helpful and supportive...I think that’s where I would be right now.” (bisexual, mostly female, age 17).

“I just need them to be more open minded with their foster homes. I feel like I was placed with a bunch of people who didn’t like gay people.” (lesbian, non-binary, age 17).

“They didn’t try to match someone that would understand my gender.” (straight, transgender, age 17).

In addition to having access to safe and affirming foster care placements, a large majority of participants in the study (76.2%; n=16) expressed the need to have more help with accessing resources and services from providers and/or agencies that are affirming of and informed about the needs of LGBTQ individuals, such as physical and mental health care and safe spaces for LGBTQ youth:

“No one talked to me about any of it (referring to LGBTQ physical health care). I found them myself.” (transgender, male, age 17).

“I’m still learning to this day, I didn’t know about pills and stuff because I would have been doing that... but it's just like nobody ever told me.” (pansexual, agender, age 18).

“I researched all that stuff (referring to LGBTQ physical health care) myself” [bisexual, mostly female, age 19].

“I wish I had somebody that I could call 24/7 to talk to about any and everything that’s on my mind (referring to mental health)” (bisexual, mostly female, age 20).

“As I’m transitioning, I would like to [have a] crisis line, they have those now. When I was growing up as a child, they didn’t have them.” (straight, transgender, age 17).

“We need more places for just us. It's not easy to find people who accept me for who I am, it's very hard.” [gay, bigender, age 19].

“People need a building they can go to a certain hour or day...nothing but LGBT. They could feel comfortable, feel like home, talk to people, meet people whose problems relate to their problems...people could come be in the comfort zone.” (gay, male, age 18).

Participants (66.7%; n=14) also talked about wanting support to help them understand and explore their sexual and/or gender identity development, as well as the unique issues and risk factors facing LGTBQ individuals:

“It's hard. You have to grow to understand what it means and what is appropriate to talk about and who and when so that you can be comfortable in your own body.” [gay, male, age 18].

“[We] should be getting to know [our] sexuality, why is it good to have safe sex, why is it good to know who you are, why is it good to feel comfortable in your own body.” (straight, transgender, age 17).

“I always wanted somebody who talked to me earlier about STD prevention, someone early to help me about my gender and sexuality” [pansexual, agender, age 18].

Youth that had received support around this issue, also talked about what it was like to lose it. One youth shared about her experience of being transferred to another case manager after the current worker left her position:

“She (referring to former caseworker) helped me a lot. Since I don't have her, like no contact, I'm kinda mad because she was the only person really there for me with identifying as bi and processing it and stuff.” (bisexual, genderqueer, age 17).

In addition to being connected with supportive and informed services/providers, participants discussed their need to have more access to the LGBTQ community, including LGBTQ peers/adults. Although some were able to find LGBTQ-centered agencies, programs, and activities in their own, others said they had no idea who to talk to or where to find people who were like themselves. For example, some youth spoke about feeling isolated, even among friends, because of how they identified and longed to be around people that understood them:

“I’m kind of the outcast with all my friends that’s straight and they don’t understand me or where I’m coming from...they kind of make fun of it, and I’m like ‘Dude, it’s not funny. I’m trying to tell you, you are not getting it and you are laughing at it’, and it’s just frustrating.” [straight, transgender, age 17].

“I always wanted...somebody to help me find friends that were similar to me, stuff like that.” (pansexual, agender, age 18).

*Interviewer:* “What would you need in terms of help from the people who work with you?” *Participant:* “Finding a community that I can talk to about it (referring to being gay), a community of people like me. I always considered joining a gay dating site, I considered it a couple of times, you know?” (gay, male age 19).

Another talked about their relief in finding out there was a place they could go that was just focused on LGBTQ folks:

“I [didn’t] even know they had LGBT services...and I was like this whole time nobody to help me and they could have gotten help this whole time. I was so lost! I was like ‘Oh my god! They have testing here, they have condoms here, and they have different people you can meet that have the same likes as you’ (pansexual, agender, age 18).

Finally, several participants in the study talked about being isolated and alone, and wished they had more people in their lives that accepted them for who they are, especially supportive friends and allies.

*Interviewer:* “Is there anything you wish you had that you don’t have right now?”

*Participant:* “More [people] to support me that don’t judge me.” (pansexual, female, age 17).

“I have some friends. but I can’t really say friends because they are associates. They don’t hang out with me on a daily basis, they don’t call me, they don’t make sure I’m ok, so they are associates.” (straight, transgender, age 17).

“I don’t have very many friends. He (referring to social work practitioner) is my only friend. We talk about his boyfriend and stuff like that.” (questioning, mostly female, age 20).

“I just, I don’t know I just don’t have friends.” (questioning, androgynous, age 18).

**Table 12: Unmet Needs of Foster Youth in Transition to Adulthood: LGBTQ-Specific Supports**

Unmet needs	Exemplary quotes	%/#of youth
<b>Protection/intervention re: SGM-related discrimination, mistreatment, and abuse</b>	<i>Participant:</i> “I dropped out of high school because I was molested in the locker room. Schools make me very scared...” <i>Interviewer:</i> Have you talked to your caseworker about it? <i>Participant:</i> I can’t go to her, cuz she doesn’t agree (referring to being transgender). Isn’t that crazy?” [straight, transgender, age 17]. “I have to be careful about where I go, and I cannot go down that way, if I go down that way... I know I could be potentially jumped or something... especially around here (referring to their neighborhood), they are not tolerant of gay people...so you have to watch it” [gay, male, age 18]. “I been shot at a couple times before. He (referring to a man in the neighborhood)...tried to shoot me in the head, but he missed.” [straight, transgender, age 17]. “You just have to make sure that safety and stuff is built in to where you are going to live and stuff...there are some things that are just a little bit different to watch out for being part of the LGBTQ.” [straight, transgender, age 17]. <i>Participant:</i> “I don’t get on the bus. I mean, if I have to I will but I really don’t get on the bus.” <i>Interviewer:</i> “Why is that?” <i>Participant:</i> “Because, you know, I’m transgender and just don’t want nobody else to come at me wrong.” <i>Interviewer:</i> “Did you talk to your caseworker?” <i>Participant:</i> “Yeah, but they can’t do nothin.” [straight, transgender, age 17]. <i>Participant:</i> “I feel like it’s (referring to public	90.5% (19)

transportation) too crowded, all eyes on me, all the attention.” *Interviewer*: “So, it feels like you were being stared at?” *Participant*: “Yeah.” *Interviewer*: “Do you feel safe?” *Participant*: “No, it makes me anxious.” [lesbian, transgender, age 21]. “Basically, when I was being bullied at school, (referring to transitional living program staff) was not there.” [straight, transgender, age 17]. “You have to be confident, you have to be comfortable with yourself because that’s a sign of fear...people (referring to other youth in care) gonna think you scared and that’s when they think its ok for them to fuck with you.” [gay, male, age 18].

<b>Placement into safe and affirming living situations</b>	<p>“I physically fought them (former adoptive parents). It was crazy. The last night I was there... I come home, I'm knocking on the door for 3 hours damn near, it's starts to rain and I'm knocking for another two hours. He is inside, I could hear the TV and everything.” [pansexual, agender, age 18]. “I been harassed by a group home worker. We done fought.” [gay, male, age 18]. “My foster parents? If they was more helpful and supportive...I think that’s where I would be right now.” [bisexual, mostly female, age 17]. “I just need them to be more open minded with their foster homes. I feel like I was placed with a bunch of people who didn’t like gay people.” [lesbian, non-binary, age 17]. “They didn’t try to match someone that would understand my gender.” [straight, transgender, age 17]. “I was moved a lot. A lot a lot a lot...cuz most of the times was cuz either I was being bullied or I would get so upset and I would break everything and I was ready to fight everybody...it came down to the point when one of the residents were like, ‘Oh, he’s gay, let’s do this to him, and he’s not gonna tell cuz he prolly gonna like it’.” [gay, bigender, age 19]. “They (referring to foster parents) showed me that just because you gay, people just ain’t gonna wanna be around you.” [lesbian, non-binary, age 17]. “Basically, I was stigmatized so I ran away from group homes.” [questioning, female, 18].</p>	85.7% (18)
<b>Access to LGBTQ-informed resources and services</b>	<p><i>Physical health</i>: “No one talked to me about any of it (referring to LGBTQ health care). I found them myself.” [transgender, male, age 17]. “I’m still learning to this day, I didn’t know about pills and stuff because I would have been doing that... but it's just like nobody ever told me.” (pansexual, agender, age 18). “I researched all that stuff (referring to LGBTQ health care) myself” [bisexual, mostly female, age 19]. “I always wanted somebody who talked to me earlier about STD prevention.” [pansexual, agender, age 18]. “I got condoms at a LGBT center, that’s how I learned it (referring to safe sex)” [gay, male, age 18]. <i>Mental health</i>: “I wish I had somebody that I could call 24/7 to talk to about any and everything that’s on my mind” [bisexual, mostly female, age 20]. “As I’m transitioning, I would like to [have a] crisis line, they have those now. When I was growing up as a child, they didn’t have them.” [straight, transgender, age 17]. “I feel like... there should be more places to go to. I feel like there are not many places to go to...to like talk to people about things.” [gay, male, age 18]. “I feel like we need more help mentally and physically and need that love and support because as soon as you say you love a certain type of people, you get less love” [pansexual, agender, age 18]. “I don’t know who to trust. I tend to sit in my house and eat and sleep my life away because if I take a walk then my brain is gonna be going crazy.” [questioning, female, age 18]. <i>Interviewer</i>: “Where do you go to help you with your mental health?” <i>Participant</i>: “I don’t have no resources for that kind of stuff” [lesbian, non-binary, age 17]. <i>Safe spaces</i>: “We need more places for just us. It's not easy to find people who accept me for who I am, it's very hard.” [gay, bigender, age 19]. “People need a building they can go to a certain hour or day...nothing but LGBT. They could feel comfortable, feel like home, talk to people, meet people</p>	76.2% (16)

whose problems relate to their problems...people could come be in the comfort zone.” [gay, male, age 18].

<b>Assistance with SGM identity development</b>	<p>“It’s hard. You have to grow to understand what it means and what is appropriate to talk about and who and when so that you can be comfortable in your own body.” [gay, male, age 18]. “[We] should be getting to know [our] sexuality, why is it good to have safe sex, why is it good to know who you are, why is it good to feel comfortable in your own body.” [straight, transgender, age 17]. “I always wanted somebody who talked to me earlier about STD prevention, someone early to help me about my gender and sexuality” [pansexual, agender, age 18]. “She (referring to former caseworker) helped me a lot. Since I don’t have her, like no contact, I’m kinda mad because she was the only person really there for me with identifying as bi and processing it and stuff.” [bisexual, genderqueer, age 17]. “If [youth] know they are gay...foster parents need to know...there should be someone there they can talk to and listen to them and give them good advice, and not just listen to them and not saying anything. [bisexual, mostly female, age 17].</p>	66.7% (14)
<b>Access to the LGBTQ community</b>	<p><i>LGBTQ peers/adults:</i> “I’m kind of the outcast with all my friends that’s straight and they don’t understand me or where I’m coming from...they kind of make fun of it, and I’m like ‘Dude, it’s not funny. I’m trying to tell you, you are not getting it and you are laughing at it’, and it’s just frustrating.” [straight, transgender, age 17]. “I always wanted...somebody to help me find friends that were similar to me, stuff like that.” [pansexual, agender, age 18]. <i>Interviewer:</i> What would you need in terms of help from the people who work with you? <i>Participant:</i> Finding a community that I can talk to about it (referring to being gay), a community of people like me. I always considered joining a gay dating site, I considered it a couple of times, you know? [gay, male age 19]. “I don’t think I know any other gay people. It’s very strange, I think I only know one other gay person that went to my school, but other than that, not really.” [gay, male, age 18]. <i>LGBTQ programs/organizations:</i> “I [didn’t] even know they LGBT services...and I was like this whole time nobody to help me and they could have gotten help this whole time. I was so lost! I was like ‘Oh my god! They have testing here, they have condoms here, and they have different people you can meet that have the same likes as you” [pansexual, agender, age 18]. “I kind of wish that I got to know more people, like trans people or just LGBT in a program or community or something so I can have another level of friendship with people and stuff like that.” [straight, transgender, age 17].</p>	61.9% (13)
<b>Access to allied friends and/or peers</b>	<p><i>Interviewer:</i> “Is there anything you wish you had that you don’t have right now?” <i>Participant:</i> “More [people] to support me that don’t judge me.” [pansexual, female, age 17]. “I have some friends. but I can’t really say friends because they are associates. They don’t hang out with me on a daily basis, they don’t call me, they don’t make sure I’m ok, so they are associates.” [straight, transgender, age 17]. “I don’t have very many friends. He (referring to social work practitioner) is my only friend. We talk about his boyfriend and stuff like that.” [questioning, mostly female, age 20]. “I just, I don’t know I just don’t have friends.” [questioning, androgynous, age 18]. “Um...to be honest, I really don’t have friends. I have associates.” [straight, transgender, age 17].</p>	42.9% (9)

**Youth recommendations.** When asked about what could be done to help address these issues, participants offered several recommendations:

*Evaluate child welfare professionals.* Participants felt it would be extremely valuable to assess all of the individuals who work in child welfare in relation to their attitudes and beliefs about sexual and/or gender minorities before assigning them to work with foster youth. Given the significance of their role in assisting young people with the transition to adulthood, youth expressed that it is necessary to first determine whether these individuals are able to provide all youth with safe and supportive care. Participants also suggested that the child welfare professionals themselves learn to ascertain the safety and support of providers associated with the child welfare system, prior to referring youth to them for care and services.

*Training child welfare professionals.* Participants in this study believe that child welfare professionals should receive mandated training to help them become more knowledgeable and understanding about the needs of LGBTQ youth. Having access to such training was especially important to transgender and gender diverse youth, as several participants indicated that many individuals who had worked with them were disrespectful (intentionally or unintentionally) and uninformed about their experiences and their care and service needs.

*Connection to the LGBTQ community.* Study participants suggested that child welfare agencies make active efforts to connect SGM foster youth with the LGBTQ-community. Many of the participants interviewed expressed the desire to meet others like them and discussed how this would help them to feel understood and increase their self-esteem (“Being surrounded by people like you, makes you feel more ok with being you.”). Other participants stated that spending time with people in their community or attending groups or activities designed specifically for LGBTQ youth, would provide them something to do and help them feel less

isolated and depressed (“They could come together every once in a while, and just talk so, they could see they aren't the only ones going through whatever they are going through.”).

In addition to community programs, social groups, and events, youth suggested that foster youth who are out about their sexual orientation and/or gender identity should be matched with LGBTQ mentors for support. For example, one youth said that spending time with an LGBTQ-mentor could help them “push through their trials and tribulations” and let them know that they can “still be accepted and wanted”. Another youth felt that having an LGBTQ-mentor would ensure there was someone in his life who would “accept” him and “provide things...like advice and information.”

*Access to LGBTQ-affirming and informed resources and supports.* In addition to the above recommendations, several participants proposed that child welfare agencies find ways to make sure youth have access to more LGBTQ-affirming and informed resources and services, especially for transgender and gender diverse youth. Specifically, youth suggested they needed help with accessing: 1) jobs that are accepting and respectful of their sexual orientations and/or gender identities, 2) educational resources to help them to learn about safe sex and healthy dating/relationships, 3) strategies for responding to employment, housing discrimination, and other forms of discrimination, 4) alternatives to public transportation when they feel unsafe, 5) 24-hour, LGBTQ-specific, mental health/crisis support, 6) supportive doctors and health care services, and 7) allied peers and adults.

## Chapter 5: Discussion and Conclusions

### Summary and Discussion

This study combined conceptual and methodological features of social constructivism and Community Based Research to explore the perspectives and experiences of 21 LGBTQ foster youth, ages 17-21, about the support they had received during their transition from foster care to young adulthood in Wisconsin. Three aims were addressed: 1) identify and describe LGBTQ youths' support networks and the kinds of support provided to them, 2) distinguish any barriers or facilitators to establishing/maintaining supportive relationships and the role this played in youths' receipt of care/services, 3) identify whether there are any specific support-related needs and challenges for LGBTQ transitioning youth, including recommendations for addressing these issues.

Broadly, findings from this study lend support to the extended model of the Theory of Mentoring Youth as an effective framework for conceptualizing how support functions for young people that are in the process of transitioning from foster care to emerging adulthood. Findings also suggest that the model does not fully capture the experiences of LGBTQ foster youth. More specifically, although the majority of themes within each category of Ahrens's model were identified, results indicate that a more extensive range of factors relating to the barriers and facilitators to developing and maintaining supportive relationships, support provisions, and unmet needs should be considered for LGBTQ youth.

Most notably, findings from this study are largely consistent with the available literature examining the support networks of foster youth nearing adulthood in the general population and emphasize the importance of the role child welfare and other social work professionals may play

in young people's lives. As is the case with prior research studies, this study documented that some of the youth in the sample experienced low numbers of support persons in their networks, and that support provisions received often came from a wide variety of individuals (Collins et al., 2010; Jones, 2014; Perry, 2006). Moreover, as expected, most of the youth in this study included caregivers and professional staff as key sources of support. For example, nearly all youth in the sample identified child welfare caseworkers in their networks, about half included transitional living staff and foster parents, and almost a quarter incorporated group home staff and other professionals working in child welfare.

It is also important to note that approximately 1 of 2 youth participants interviewed also included social work practitioners outside of the child welfare system. Although the number of social workers was much larger than the number of child welfare-related professionals identified, it is not surprising given the number of non-CPS social workers that typically become involved in a young person's case in foster care. Generally, youth are assigned a core set of providers within the child welfare system including a caseworker and transitional living program, foster coordinators, and residential caregivers such as foster parents and group home staff. In addition to these professionals, youth are often linked to multiple other social work providers, not directly involved in child welfare, that provide them with programs and services that meet their various needs. In other words, the proportion of social work practitioners outside of child welfare identified by youth in this study is not likely to be substantially larger than the proportion of child welfare professionals included in youths' networks. Hence, it is important to improve approaches to working with LGBTQ transitioning youth in all areas of social work and not just within child welfare environments.

In regard to the types of support provided, the majority of youth in the sample, to varying degrees, reported receiving at least one type of transitional support from the people in their networks, whereas about half had received some form of LGBTQ-specific support. Although it is encouraging to discover that LGBTQ transitioning youth were receiving some important resources, in both categories, it is clear that social workers must do better at delivering a more comprehensive range of resources and services to this population, particularly in the area of LGBTQ-specific support. For example, only 1 of 3 youth in the sample were receiving role model support, or any one form of LGBTQ-specific support.

In addition to these challenges, results from this study suggest that LGBTQ foster youth experience added factors that helped to either develop or inhibit their relationships with the child welfare professionals and social work practitioners in their networks. Though not all of these factors were associated with the youth's sexual orientation and/or gender identity, most related to the adult's attitude and behaviors towards them in this regard. Recognizing that others may not share their experiences, youth expressed the need to have adults in their network accept them without judgment and make an effort to understand their unique needs and challenges.

Lastly, all of the participants in this study reported having unmet needs and challenges related to support—most of which were associated with their sexual and/or gender minority statuses. Most alarming, youth in this study faced a wide-array of threats to their safety, both within and outside of the child welfare system. Experiences ranged from being abused or mistreated by peers and staff in their foster or group homes, to being bullied or assaulted at school, to feeling threatened or unsafe in their neighborhoods and/or on public transportation. For example, 18 of the 21 youth in this study indicated that they had experienced some form of neglect or mistreatment in current and/or former caregiver settings. Although some youth felt

they had received appropriate levels of support in these situations, many others were not so fortunate. Several participants also reported having a lack of information about how to protect themselves from HIV, STIs, and other health-related risks, or where to turn when they experienced emotional distress or a serious mental health crisis (e.g., suicidal ideation) in relation to being LGBTQ.

In addition to these safety concerns, multiple participants in this study indicated that they were uncertain about how to explore and process their emerging sexual orientations and/or gender identities, and as result, had difficulty moving through this developmental phase. Many youth felt they needed more LGBTQ-specific information and support to guide them through this age-related process and to help them make healthy decisions. According to scholars in other fields such as counseling and developmental psychology, support and/or guidance from caring adults during this challenging stage can lead to more positive identity formation among both minority and non-minority youth (Poston, 1990; Thornton, 2016; Vlaicu & Voicu, 2013).

A number of participants also expressed the need to have access to resources and services that were both affirming of and informed about their needs as sexual and gender minorities. Participants were especially interested in obtaining appropriate physical and mental health care and having safe spaces to gather and meet other young people like themselves. Additionally, many participants wished they had connections to the LGBTQ community-at-large, and to allied peers and friends. Indeed, evidence suggests that support from individuals in the LGBTQ community may help SGM foster youth to feel valued and understood, prevent isolation, provide opportunities for developing additional supports, and decrease emotional distress (Greywolf, 2007; Vranceanu, Hobfoll, & Johnson, 2007). Moreover, having allied peers in friends that

support them may reassure youth that it is possible to reach beyond the community and still find acceptance.

### **Limitations of the Study**

There are several limitations to this study. First, this study is focused on understanding the support experiences of LGBTQ youth in transition from foster care from the perspective of the youth themselves. Hence, it does not provide the perspectives of other individuals such as child welfare professionals, other professionals/service providers tied to child welfare, and social work practitioners outside of the child welfare that are undoubtedly relevant to fully understanding the process of providing supportive care and services to LGBTQ transitioning youth. It is my future intent, however, to interview a number of these subgroups in future phases of this study.

Second, some of the participants in this study were not comfortable about being out to the child welfare professionals and other social work practitioners in their networks due to fear of discrimination, mistreatment, and/or loss of access to current programs/services. As previously discussed, youth in foster care must navigate a wide-array of individual and systemic biases regarding their sexual and gender minority statuses when determining whether to reveal their LGBTQ identities. Consequently, many of the emergent themes identified within the LGBTQ-specific support category were drawn from participants that were out to others or could not hide their identities.

Although I was unable to explore some of the experiences of participants who were not out—in terms of obtaining LGBTQ-specific support—the existence of this group strongly supports the need to implement model policy/practice standards for working with LGBTQ youth transitioning from foster care across all child welfare settings. This includes making sure that

organizational cultures are respectful and inclusive, programs and services are universally accessible, and that all youth receive support with exploring their sexual and gender identities (Wilber, Reyes, & Marksamer, 2006). Moreover, this study gathers information about factors that may prevent youth from coming out to these professionals and offers insights that may lead to more affirming approaches to working with LGBTQ youth who are hesitant to share their identities with providers.

Third, all of the youth in the study were drawn from a sample of counties within the State of Wisconsin. Child welfare policies and practices, service contexts, and the resources available to youth exiting foster care vary widely across geographical locations (Fernandes-Alcantara, 2012; Stott, 2013). Moreover, although this study attempted to obtain a diverse sample of youth by engaging in recruitment in urban, suburban, and rural counties, the majority of youth came from urban and suburban locations. Thus, findings may not represent the experiences and perspectives of all LGBTQ transitioning youth living in Wisconsin or other regions of the United States.

### **Implications and Recommendations for Social Work**

**Practice.** This study has several important implications for social work practice, and in particular, child welfare. As indicated earlier, child welfare professionals and other social worker practitioners play an important role in supporting youth as they prepare to transition from foster care to emerging adulthood. In addition to providing young people in foster care with tangible resources, youth rely on the social workers in their networks to supply them with the guidance, direction, and parenting they need to be successful in young adulthood. For LGBTQ youth, this includes having access to care and support that is safe, appropriate, and supportive of who they are.

Accordingly, findings from this study emphasize the need for social work professionals, both within and outside of the child welfare system, to develop various skills for assisting LGBTQ foster youth in transition to achieve healthy developmental functioning. For example, this study suggests that youth in this population are exposed to added layers of risk during this critical time in their lives, and often have a variety of unique needs that may go unmet by ‘practice as usual’ approaches in child welfare—especially around issues of safety. Thus, social workers and other professionals need to be vigilant about LGBTQ foster youths’ pervasive exposure to these risks, take the proper steps to protect them from potential harm, and intervene when they are experiencing discrimination, mistreatment, and/or violence in any context. For example, child welfare professionals must be conscientious about placing youth with safe and supportive caregivers, as well as in transitional living placements that are located in safe neighborhoods and communities.

As previously discussed, although most youth in the sample were receiving some variation of transitional support provision, only half had received some form of LGBTQ-specific support. Additionally, all of the youth interviewed identified that they had unmet needs. Hence, it is clear that social workers must do better at delivering a more comprehensive range of resources and services to this population, particularly in the area of LGBTQ-specific support. Indeed, having access to the full menu of essential support provisions is important for ensuring LGBTQ foster youth have the best chance at making a successful transition to adulthood (Gardner, 2008; Lemon Osterling, Hines, & Merdinger, 2005).

Furthermore, as social work practitioners, the tenets of our profession compel us to honor the dignity and worth of the person, act with integrity, challenge social injustice, and promote the development of social work practice (National Association of Social Workers, 2017). Thus, in

addition to adopting an appropriate set of skills for working with LGBTQ youth, social workers should be advocating for these youth at work, in our communities, and within our institutions.

Findings from this study may also have immediate application for social services agencies and professionals in terms of how they interact with and support the LGBTQ youth in their care. For example, this dissertation identifies a number of resource provisions and practice suggestions that could be used to increase the safety of LGBTQ youth and provide them with a more comprehensive set of supports, including factors that may help social workers to strengthen their relationships with LGBTQ youth. Several youth revealed their need to have child welfare and other social work professionals actively demonstrate a sense of respect and/or understanding of SGM populations as a prerequisite developing a trusting relationship with them. Further, LGBTQ youth indicated they had several unmet service needs including 1) developing strategies for responding to employment and housing discrimination; 2) having opportunities to attend alternative education programs (e.g. online schools, work and learn), 3) accessing information about safe-sex and sexual/gender minority development, 4) cultivating healthy relationships; 5) accessing safe transportation options (i.e. transgender and gender variant youth); 6) developing connections to the LGBTQ community; and 7) receiving support and guidance around engaging in self-advocacy and self-defense.

Findings also underscore the importance of ensuring that supports and services provided to foster youth in transition are universally safe and affirming of LGBTQ individuals.

Establishing a climate that is open and supportive of youth with diverse sexual orientations and gender identities—including those who are in the process of exploring their sexualities and/or gender identity or are not “out” to others regarding their LGBTQ status—is essential for making

sure youth have access to the care and services they need without having to disclose their SGM status.

Results could also be used to facilitate trainings for foster parents, caregivers, and others (i.e. child welfare agency employees, service providers) to better support LGBTQ transitioning foster youth and to urge child placing agencies to create more inclusive and affirming policies, provide more comprehensive services and supports, and make improvements to practices around caregiver-child matching. It should be noted that in order to create a positive environment for LGBTQ foster youth and provide them with access to as many supportive adults as possible, agencies should ensure that employees at all levels within the organization receive guidance and become competent at interacting with LGBTQ youth. Indeed, youth indicated that some of the most important relationships they had developed with adults included agency-based drivers, custodians, and office staff, as these individuals may have more time to listen, affirm, and interact with them. Additionally, once such support systems are in place, child welfare staff and other service providers should be provided with opportunities to receive hands-on guidance (i.e. case consultation) to help problem-solve and implement what they have learned in their practice.

**Policy.** This study provides evidence that supports the implementation of policies that prevent discrimination and promote safe and appropriate care and services for LGBTQ youth in child welfare. At the most basic level, the federal government, states, local municipalities, and social service agencies could develop policies that prohibit harassment and victimization based on sexual orientation and gender identity including procedures that ensure they are implemented and evaluated. States should also consider collecting data on SGM youth, implement policy/practices to protect this information, and share it when it is necessary and appropriate. Policies mandating training for child welfare professionals and other providers on the risks and

protective factors related to the safety and wellbeing of LGBTQ foster youth, and the provision of safe and appropriate services to this population are also warranted.

**Education.** Accredited schools of social work have the responsibility of ensuring that students have the skills necessary to meet the primary mission of the social work profession which is to “Enhance human wellbeing and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty” (National Association of Social Workers, 2017). Likewise, social work schools that receive federal dollars from Title IV-E are required to offer a curriculum that fosters competency in public child welfare practice.

In line with these goals, findings from this study may be used to provide students with effective approaches for working with LGBTQ youth transitioning from foster care and for developing and implementing LGBTQ-informed programs and services, and the motivation to initiate institutional change. Specifically, courses in child welfare should offer curricula that more deeply incorporates information about the experiences of LGBTQ foster youth and challenges students to think critically about how to improve current systems of care and services for this population. Courses should also include literature that highlights what we know about LGBTQ youth in foster care as well as in other settings, and discuss concepts such as the minority stress theory, cis- and heteronormativity in social services, and best policies practices for working with LGBTQ youth.

### **Study Contributions**

This study contributes to the growing body of literature that investigates the perspectives of youth in transition, as well as to the literature that explores the support systems of these youth. This is the first study to my knowledge, however, that explores the support experiences of

LGBTQ youth as they prepare to leave the foster care system as young adults. It is also the first study to use the extended model of the Theory of Youth Mentoring as a framework for understanding and contextualizing how LGBTQ status may play out during this transition.

In addition to these contributions, this study provides an initial understanding and awareness of some of the issues and challenges faced by LGBTQ transitioning youth and identifies topics for future research. This study also offers several insights and recommendations about how to better care for and serve this unique population including implications for improving policy, practice, and social work education.

### **Directions for Future Research**

Future phases of this study will collect and analyze data on child welfare professional perspectives, as well as experiences of LGBTQ foster youth post-foster care exit. Additionally, researchers should continue studying the perspectives of LGBTQ youth during various levels of their journey through foster care (e.g., pre/post placement, reunification, and adoption). These types of studies are still largely absent in social work research and provide valuable insight for making improvements to social work policy and practice.

Further exploratory research is also needed to extend or replicate the results of this study and should be conducted on with the aim of developing a more robust understanding of the experiences of LGBTQ foster youth and other distinct subgroups transitioning from care. Community Participatory Based Research (CBPR) may be particularly effective for conducting future qualitative studies on LGBTQ youth in transition. According to experts in the field, CBPR has important advantages over more traditional methodologies research, and has been successful at elucidating the needs of previously disenfranchised and underserved populations (Hacker, 2013). Engaging young people as partners in the research process, which is the essence of CBPR,

may be a better methodological fit for identifying the causes of poor outcomes and improving interventions targeted towards LGBTQ foster youth (Bagnoli & Clark, 2010). It may also be more effective at breaking down barriers that result from feelings of fear, distrust and rejection that are frequent among LGBTQ foster youth (Cunningham & Diversi, 2013; Munoz-Plaza et al., 2002; Potoczniak et al., 2007; Samuels & Pryce, 2008). Future research in this area would also benefit from grounded theory studies that help to conceptualize how experiences with LGBTQ-related stigma, discrimination and oppression may further complicate former foster youth's abilities to function as independent adults. This research would also benefit from being conducted with a social justice lens; using principles embedded in both the queer and critical race interpretive frameworks.

Additionally, scholars should consider conducting research to evaluate current state and local programs or policies that provide support to LGBTQ youth in foster care, as it is important to understand whether existing programs are effective for working with this population. Results from this study suggest it might be important to conduct and state, county, and/or agency-level climate studies and needs assessments to gain an understanding of the issues and challenges that exist for this vulnerable group of young people in each of these settings. Findings could also be used to inform theoretical research, identify problem areas, and help to develop intervention strategies to better meet the needs of LGBTQ foster youth.

Lastly, I did not include questions about race/ethnicity, and/or other intersectional identities in relation to the support SGM youth had received within this phase of the study. Although these issues are extremely important and are sure to offer crucial understanding and insights about the experiences and perspectives of LGBTQ foster youth during emerging adulthood, the primary goal of this study phase was to begin the process of defining issues of concern for this

population. Accordingly, more research is needed to examine issues related to intersectionality and disproportionality among dimensions of race, class, sexual orientation and gender identity for LGBTQ transitioning youth—a goal that will be addressed in future phases of this study.

### **Conclusion**

This study explored important questions about LGBTQ youth as they transitioned from foster care to adulthood in Wisconsin and identified key factors, both positive and negative, regarding their experiences with and perceptions of support. Information gathered begins to build a body of knowledge about the needs and challenges that LGBTQ foster youth face during this critical transition period and offers implications for social work practice, policy and education. More importantly, this dissertation brings to light the importance of identifying and addressing the individual and organizational biases that currently exist in child welfare, as well as the need to provide foster youth with care and services that are safe, appropriate, and affirming of who they are.

“We are people and we should be treated like we are somebody”

- Foster youth, transgender, age 17

## Chapter 6: References

- Abrams, L. S. (2010). Sampling 'hard to reach' populations in qualitative research: The case of incarcerated youth. *Qualitative Social Work, 9*(4), 536-550.
- Agee, J. (2009). Developing qualitative research questions: a reflective process. *International journal of qualitative studies in education, 22*(4), 431-447.
- Ahrens, K. R., DuBois, D. L., Garrison, M., Spencer, R., Richardson, L. P., & Lozano, P. (2011). Qualitative exploration of relationships with important non-parental adults in the lives of youth in foster care. *Children and Youth Services Review, 33*(6), 1012-1023.
- Ahrens, K. R., DuBois, D. L., Richardson, L. P., Fan, M.-Y., & Lozano, P. (2008). Youth in foster care with adult mentors during adolescence have improved adult outcomes. *Pediatrics, 121*(2), e246-e252.
- Ahrens, K. R., Garrison, M. M., & Courtney, M. E. (2014). Health outcomes in young adults from foster care and economically diverse backgrounds. *Pediatrics, 134*(6), 1067-1074.
- Arnett, J. J. (2000). Emerging adulthood: A theory of development from the late teens through the twenties. *American Psychologist, 55*(5), 469-480.
- Arnett, J. J., & Schwab, J. (2013). *The Clark University Poll of Parents of Emerging Adults Parents and their grown kids: Harmony, support, and (occasional) conflict*. Retrieved from emerging-adults/pdfs/clark-university-poll-parents-emerging-adults.pdf
- Arnett, J. J., & Tanner, J. L. (2006). Emerging adults in America coming of age in the 21st century. In J. J. Arnett & J. L. Tanner (Eds.). Washington, DC: American Psychological Association.
- Avery, R. J. (2010). An examination of theory and promising practice for achieving permanency for teens before they age out of foster care. *Children and Youth Services Review, 32*(3), 399-408.
- Bagnoli, A., & Clark, A. (2010). Focus groups with young people: a participatory approach to research planning. *Journal of Youth Studies, 13*(1), 101-119.
- Beier, S. R., Rosenfeld, W. D., Spitalny, K. C., Zansky, S. M., & Bontempo, A. N. (2000). The potential role of an adult mentor in influencing high-risk behaviors in adolescents. *Archives of Pediatrics & Adolescent Medicine, 154*(4), 327-331.
- Berberet, H. M. (2006). Putting the pieces together for queer youth: A model of integrated assessment of need and program planning. *Child Welfare, 85*(2), 361-384.

- Berzin, S. C., Rhodes, A. M., & Curtis, M. A. (2011). Housing experiences of former foster youth: How do they fare in comparison to other youth? *Children and Youth Services Review, 33*(11), 2119-2126.
- Bettencourt, B. (2014). *State policies concerning LGBTQ youth*. Retrieved from <http://www.cssp.org/reform/child-welfare/get-r-e-a-l>
- Birks, M., Chapman, Y., & Francis, K. (2008). Memoing in qualitative research: Probing data and processes. *Journal of Research in Nursing, 13*(1), 68-75.
- Bockting, W., & Coleman, E. (2007). Developmental stages of the transgender coming out process: Toward an integrated identity. In R. Ettner, S. Monstrey, & A. E. Eyler (Eds.), *Principles of transgender medicine and surgery* (pp. 185-208). Binghamton, NY: Haworth Press.
- Bonevski, B., Randell, M., Paul, C., Chapman, K., Twyman, L., Bryant, J., . . . Hughes, C. (2014). Reaching the hard-to-reach: a systematic review of strategies for improving health and medical research with socially disadvantaged groups. *BMC medical research methodology, 14*(1), 42.
- Bowden, A., Fox-Rushby, J., Nyandieka, L., & Wanjau, J. (2002). Methods for pre-testing and piloting survey questions: illustrations from the KENQOL survey of health-related quality of life. *Health policy and planning, 17*(3), 322-330.
- Boyce, C., & Neale, P. (2006). *Interviews: A Guide for Designing and Conducting In-Depth Interviews for Evaluation Input*. Watertown, MA: Pathfinder International.
- Brandford, C. (2002). *Foster youth transition to independence study: First annual report*. Seattle WA: Office of Children's Administration.
- Calix, A. R. (2004). Is the ecomap a valid and reliable social work tool to measure social support? (Master thesis, Louisiana State University). Available from LSU Digital Commons [https://digitalcommons.lsu.edu/gradschool\\_theses/3239](https://digitalcommons.lsu.edu/gradschool_theses/3239).
- Catalano, R., Goldman-Mellor, S., Saxton, K., Margerison-Zilko, C., Subbaraman, M., LeWinn, K., & Anderson, E. (2011). The health effects of economic decline. *Annu Rev Public Health, 32*, 431-450.
- Chenail, R. J. (2011). Interviewing the investigator: Strategies for addressing instrumentation and researcher bias concerns in qualitative research. *The qualitative report, 16*(1), 255.
- Chu, P. S., Saucier, D. A., & Hafner, E. (2010). Meta-analysis of the relationships between social support and well-being in children and adolescents. *Journal of Social and Clinical Psychology, 29*(6), 624-645.

- Clausen, J., Landsverk, J., Ganger, W., Chadwick, D., & Litrownik, A. (1998). Mental health problems of children in foster care. *Journal of Child and Family Studies, 7*(3), 283-296.
- Clements, J. A., & Rosenwald, M. (2008). Foster parents' perspectives on LGB youth in the child welfare system. *Journal of Gay & Lesbian Social Services, 19*(1), 57-69.
- Cochran, B. N., Stewart, A., Ginzler, J. A., & Cauce, A. M. (2002). Challenges faced by homeless sexual minorities: Comparison of gay, lesbian, bisexual, and transgender homeless adolescents with their heterosexual counterparts. *American Journal of Public Health, 92*(5), 773-777.
- Coffey, A., & Atkinson, P. (1996). *Making sense of qualitative data: complementary research strategies*: SAGE Publications.
- Cohen, S., & Wills, T. A. (1985). Stress, social support, and the buffering hypothesis. *Psychological Bulletin, 98*(2), 310.
- Collins, M. E. (2001). Transition to adulthood for vulnerable youths: A review of research and implications for policy. *Social Services Review, 75*(2), 271-291.
- Collins, M. E., Paris, R., & Ward, R. (2008). The permanence of family ties: Implications for youth transitioning from foster care. *American Journal of Orthopsychiatry, 78*(1), 54-62.
- Collins, M. E., Spencer, R., & Ward, R. (2010). Supporting youth in the transition from foster care: Formal and informal connections. *Child Welfare, 89*(1), 125.
- Colorafi, K. J., & Evans, B. (2016). Qualitative descriptive methods in health science research. *HERD: Health Environments Research & Design Journal, 9*(4), 16-25.
- Courtney, M. E., Dworsky, A., Brown, A., Cary, C., Love, K., & Vorhies, V. (2011). *Midwest evaluation of the adult functioning of former foster youth: Outcomes at age 26*. Retrieved from Chicago, IL:
- Courtney, M. E., Dworsky, A., Cusick, G. R., Havlicek, J., Perez, A., & Keller, T. E. (2011). *Midwest evaluation of the adult functioning of former foster youth: Outcomes at age 21*. Retrieved from Chicago, IL:
- Courtney, M. E., Dworsky, A., & Pollock, H. (2007). *When should the state cease parenting? Evidence from the Midwest Study*. Retrieved from Chicago, IL:
- Courtney, M. E., Dworsky, A. L., Cusick, G. R., Havlicek, J., Perez, A., & Keller, T. E. (2007). *Midwest evaluation of the adult functioning of former foster youth: Outcomes at age 21*.
- Creswell, J. W. (2017). *Qualitative inquiry and research design: Choosing among five approaches* (4th ed.). Thousand Oaks, CA: SAGE Publications.

- Creswell, J. W., & Miller, D. L. (2000). Determining validity in qualitative inquiry. *Theory Into Practice, 39*, 124-130.
- Cunningham, M. J., & Diversi, M. (2013). Aging out: Youths' perspectives on foster care and the transition to independence. *Qualitative Social Work, 12*(5), 587-602.
- D'Augelli, A. R., & Hart, M. M. (1987). Gay women, men, and families in rural settings: Toward the development of helping communities. *American Journal of Community Psychology, 15*(1), 79-93.
- D'Augelli, A. R., Grossman, A. H., & Starks, M. T. (2006). Childhood gender atypicality, victimization, and PTSD among lesbian, gay, and bisexual youth. *Journal of Interpersonal Violence, 21*(11), 1462-1482.
- Daining, C., & DePanfilis, D. (2007). Resilience of youth in transition from out-of-home care to adulthood. *Children and Youth Services Review, 29*(9), 1158-1178.
- Dean, L., Meyer, I. H., Robinson, K., Sell, R., Sember, R., Silenzio, V., . . . Dunn, P. (2000). Lesbian, gay, bisexual, and transgender health: Findings and concerns. *Journal of the Gay and Lesbian Medical Association, 4*(3), 101-151.
- Denzin, N. K. (2017). *The research act: A theoretical introduction to sociological methods*. New York, NY: Routledge.
- Doty, N. D., Willoughy, B. L., Lindahl, K. M., & Malik, N. M. (2010). Sexuality related social support among lesbian, gay, and bisexual youth. *Journal of youth and adolescence, 39*(10), 1134-1147.
- Downe-Wamboldt, B. (1992). Content analysis: method, applications, and issues. *Health care for women international, 13*(3), 313-321.
- Dressler, W. W. (1993). Commentary on "Community research: Partnership in Black communities". *American journal of preventive medicine, 9*(6), 32-34.
- DuBois, D. L., Holloway, B. E., Valentine, J. C., & Cooper, H. (2002). Effectiveness of mentoring programs for youth: A meta-analytic review. *American Journal of Community Psychology, 30*(2), 157-197.
- DuBois, D. L., & Silverthorn, N. (2005). Natural mentoring relationships and adolescent health: Evidence from a national study. *American Journal of Public Health, 95*(3), 518-524.
- Dworsky, A. (2013). *The economic wellbeing of lesbian, gay, bisexual youth transitioning out of foster care* (OPRE Report No. 2012-41). Retrieved from [https://www.acf.hhs.gov/sites/default/files/opre/opre\\_lgbt\\_brief\\_01\\_04\\_2013.pdf](https://www.acf.hhs.gov/sites/default/files/opre/opre_lgbt_brief_01_04_2013.pdf)

- Dworsky, A., & Courtney, M. E. (2009). Homelessness and the transition from foster care to adulthood. *Child Welfare, 88*(4), 23.
- Eccles, J. S., Midgley, C., Wigfield, A., Buchanan, C. M., Reuman, D., Flanagan, C., & Mac Iver, D. (1993). Development during adolescence: The impact of stage-environments fit on young adolescents' experiences in school and in families. *American Psychologist, 48*(2), 90-101.
- Elam, G., & Fenton, K. A. (2003). Researching sensitive issues and ethnicity: lessons from sexual health. *Ethnicity and Health, 8*(1), 15-27.
- Estrada, R., & Marksamer, J. (2006). The legal rights of LGBT youth in state custody: What child welfare and juvenile justice professionals need to know. *Child Welfare, 85*(2), 171-194.
- Factor, R. J., & Rothblum, E. D. (2008). A study of transgender adults and their non-transgender siblings on demographic characteristics, social support, and experiences of violence. *Journal of LGBT health research, 3*(3), 11-30.
- Farmer, T. W., Estell, D. B., Leung, M.-C., Trott, H., Bishop, J., & Cairns, B. D. (2003). Individual characteristics, early adolescent peer affiliations, and school dropout: An examination of aggressive and popular group types. *Journal of School Psychology, 41*(3), 217-232.
- Feinstein, R., Greenblatt, A., Hass, L., Kohn, S., & Rana, J. (2001). *Justice for all? A report on lesbian, gay, bisexual and transgendered youth in the New York juvenile justice system*. Retrieved from <https://files.eric.ed.gov/fulltext/ED471676.pdf>.
- Fergusson, D., Horwood, L. J., & Beautrais, A. (1999). Is sexual orientation related to mental health problems and suicidality in young people? *Arch General Psychiatry, 56*(10), 876-880.
- Fernandes-Alcantara, A. L. (2012). *Youth transitioning from foster care: Background and federal programs* (CRS Report No. RL34499). Retrieved from [https://greenbook-waysandmeans.house.gov/sites/greenbook.waysandmeans.house.gov/files/2011/images/RL34499\\_gb.pdf](https://greenbook-waysandmeans.house.gov/sites/greenbook.waysandmeans.house.gov/files/2011/images/RL34499_gb.pdf)
- Fingerman, K. L., Cheng, Y. P., Wesselmann, E. D., Zarit, S., Furstenberg, F., & Birditt, K. S. (2012). Helicopter parents and landing pad kids: Intense parental support of grown children. *Journal of Marriage and Family, 74*(4), 880-896.
- Fingerman, K. L., Kim, K., Davis, E. M., Furstenberg, F. F., Birditt, K. S., & Zarit, S. H. (2015). "I'll Give You the World": Socioeconomic Differences in Parental Support of Adult Children. *Journal of Marriage and Family, 77*(4), 844-865.

- Finlay, L. (2002). "Outing" the researcher: The provenance, process, and practice of reflexivity. *Qualitative Health Research, 12*(4), 531-545.
- Finlay, L., & Gough, B. (2008). *Reflexivity: A practical guide for researchers in health and social sciences*: John Wiley & Sons.
- Fowler, P. J., Marcal, K. E., Zhang, J., Day, O., & Landsverk, J. (2017). Homelessness and aging out of foster care: A national comparison of child welfare-involved adolescents. *Children and Youth Services Review, 77*, 27-33.
- Freudenberg, N., & Ruglis, J. (2007). Peer reviewed: Reframing school dropout as a public health issue. *Preventing Chronic Disease: Public Health Research, Practice, and Policy, 4*(4), 1-11.
- Freundlich, M., & Avery, R. J. (2004). Gay and lesbian youth in foster care: Meeting their placement and service needs. *Journal of Gay & Lesbian Social Services, 17*(4), pp. 1-24.
- Friedlander, L. J., Reid, G. J., Shupak, N., & Cribbie, R. (2007). Social support, self-esteem, and stress as predictors of adjustment to university among first-year undergraduates. *Journal of College Student Development, 48*(3), 259-274.
- Friedman, C. K., & Morgan, E. M. (2009). Comparing sexual-minority and heterosexual young women's friends and parents as sources of support for sexual issues. *Journal of youth and adolescence, 38*(7), 920-936.
- Furstenberg, F. F., Rumbaut, R. G., & Settersten, R. A. (2005). On the frontier of adulthood: Emerging themes and new directions. In Furstenberg, Rumbaut & Settersten (Eds.), *On the frontier of adulthood: Theory, research, and public policy* (pp. 3-25). Chicago, IL: University of Chicago Press.
- Furstenberg Jr, F. F., & Hughes, M. E. (1995). Social capital and successful development among at-risk youth. *Journal of Marriage and the Family, 57*(3), 580-592.
- Gallegos, A., Roller White, C., Ryan, C., O'Brien, K., Pecora, P., & Thomas, P. (2011). Exploring the experiences of lesbian, gay, bisexual, and questioning adolescents in foster care. *Journal of Family Social Work, 14*(3), 226-236.
- Gardner, D. (2008). *Youth aging out of foster care: Identifying strategies and best practices* (Issue Brief). Retrieved from the National Association of Counties website, <http://www.naco.org/sites/default/files/documents/Youth%20Aging%20Out%20of%20Foster%20Care.pdf>.
- Garland, A., Landsverk, J., & Hough, R. (1996). Type of maltreatment as a predictor of mental health service use for children in foster care. *Child Abuse & Neglect, 20*(8), 675-688.

- Garofalo, R., Deleon, J., Osmer, E., Doll, M., & Harper, G. (2006). Overlooked, misunderstood and at-risk: Exploring the lives and HIV risk of ethnic minority male-to-female transgender youth. *Journal of Adolescent Health, 38*, 230-236.
- Gates, G. J. & Newport, F. (2012, October 12). How many people are lesbian, gay, bisexual, and transgender? *GALLUP News*. Retrieved from <http://www.gallup.com/poll/158066/special-report-adults-identify-lgbt.aspx>.
- Gattis, M. N., & McKinnon, S. L. (2015). *School experiences of transgender and gender non-conforming students in Wisconsin*. Madison, WI: GSAFE.
- Ghavami, N., Fingerhut, A., Peplau, L. A., Grant, S. K., & Wittig, M. A. (2011). Testing a model of minority identity achievement, identity affirmation, and psychological well-being among ethnic minority and sexual minority individuals. *Cultural Diversity and Ethnic Minority Psychology, 17*(1), 79-88.
- Gilman, A. B., Hill, K. G., & Hawkins, J. D. (2015). When is a youth's debt to society paid? Examining the long-term consequences of juvenile incarceration for adult functioning. *Journal of Developmental and Life-Course Criminology, 1*(1), 33-47.
- Given, L. M. & Benaquisto, L. (2008). Methods: Codes and coding. In Given L. (Ed.), *The SAGE encyclopedia of qualitative research methods* (pp 3-9). Thousand Oaks, CA: SAGE Publications.
- Gorden, R. L. (2013). Literature Review of Interviewing & Re-Interviewing. Retrieved from the Identification and Rapid Response Consortium website, [http://www.idr-consortium.net/LR\\_Interviewing\\_Re-InterviewingMethods.pdf](http://www.idr-consortium.net/LR_Interviewing_Re-InterviewingMethods.pdf)
- Gottlieb, B. H. (1983). *Social support strategies: Guidelines for mental health practice* (Volume 7). Beverly Hills, CA: SAGE Publications.
- Greeson, J. K., & Thompson, A. E. (2014). Aging out of foster care in emerging adulthood. In Arnett, J.J. (Ed.), *The Oxford handbook of emerging adulthood* (pp. 559-577). New York, NY: Oxford University Press.
- Greywolf, D. S. (2007). *Social support, sexual identity development stage, internalized, and external homophobia in lesbian, gay, bisexual youth* (Doctoral dissertation, Walden University). Available from Proquest Dissertations and Thesis database (UMI No. 3239369).
- Grossman, A. H., & D'Augelli, A. R. (2006). Transgender youth: Invisible and vulnerable. *Journal of Homosexuality, 51*(1), 111-128.

- Grossman, A. H., & D'Augelli, A. R. (2008). Transgender youth. *Journal of Homosexuality*, *51*(1), 111-128.
- Grossman, A. H., & Kerner, M. S. (1998). Self-esteem and supportiveness as predictors of emotional distress in gay male and lesbian youth. *Journal of Homosexuality*, *35*(2), 25-39.
- Hacker, K. (2013). *Community-based participatory research*. Thousand Oaks, CA: SAGE Publications.
- Harold, R. D., Mercer, L. R., & Colarossi, L. G. (1997). Eco maps: A tool to bridge the practice-research gap. *J. Soc. & Soc. Welfare*, *24*(4), pp. 29-44.
- Hershberger, S. L., & D'Augelli, A. R. (1995). The impact of victimization on the mental health and suicidality of lesbian, gay, and bisexual youths. *Developmental psychology*, *31*(1), 65-74.
- Holsten, J. A., & Gubrium, J. F. (1997). The active interview. In Silverman, D. (Ed.), *Qualitative Research-Theory, Method and Practice*. (pp. 140-161). London: SAGE Publications.
- Hook, J. L., & Courtney, M. E. (2011). Employment outcomes of former foster youth as young adults: The importance of human, personal, and social capital. *Children and Youth Services Review*, *33*(10), 1855-1865.
- Horn, S. S., Kosciw, J. G., & Russell, S. T. (2009). Special issue introduction: new research on lesbian, gay, bisexual, and transgender youth: studying lives in context. *Journal of Youth and Adolescence*, *38*(7), 863-866.
- How The Law Protects LGBTQ Youth* (n.d.). Retrieved May 10, 2018, from Lambda Legal website, <http://www.lambdalegal.org/know-your-rights/how-the-law-protects-lgbtq-youth-0>.
- Hsieh, H.-F., & Shannon, S. E. (2005). Three approaches to qualitative content analysis. *Qualitative Health Research*, *15*(9), 1277-1288.
- Institute of Medicine (2011). *The health of lesbian, gay, bisexual and transgender people: Building a foundation for better understanding*. Washington, DC: National Academies Press.
- Israel, B. A., Schulz, A. J., Parker, E. A., & Becker, A. B. (1998). Review of community-based research: assessing partnership approaches to improve public health. *Annu Rev Public Health*, *19*(1), 173-202.
- Jacobs, J., & Freundlich, M. (2006). Achieving permanency for LGBTQ youth. *Child Welfare*, *85*(2), 299-316.

- Järvensivu, T., & Törnroos, J.-Å. (2010). Case study research with moderate constructionism: Conceptualization and practical illustration. *Industrial Marketing Management*, 39(1), 100-108.
- Jones, L. P. (2014). The role of social support in the transition from foster care to emerging adulthood. *Journal of Family Social Work*, 17(1), 81-96.
- Jones, R. P., & Cox, D. (2015). How race and religion shape millennial attitudes on sexuality and reproductive health: Findings from the 2015 Millennials, Sexuality, and Reproductive Health Survey. Retrieved from the Public Religion Research Institute website, <https://www.prrri.org/event/release-of-the-2015-survey-of-millennials-sexuality-and-reproductive-health/>.
- Keenan, K., Loeber, R., Zhang, Q., Stouthamer-Loeber, M., & Van Kammen, W. B. (1995). The influence of deviant peers on the development of boys' disruptive and delinquent behavior: A temporal analysis. *Development and Psychopathology*, 7(4), 715-726.
- Koken, J. A., Bimbi, D. S., & Parsons, J. T. (2009). Experiences of familial acceptance-rejection among transwomen of color. *J Fam Psychol*, 23(6), 853-860.
- Kools, S. M. (1997). Adolescent identity development in foster care. *Family Relations*, 46(3), 263-271.
- Kosciw, J., Palmer, N., Kull, R., & Greytak, E. (2013). The effect of negative school climate on academic outcomes for LGBT youth and the role of in-school supports. *Journal of School Violence*, 12(1), 45-63.
- Kosciw, J. G., Greytak, E. A., Giga, N. M., Villenas, C., & Danischewski, D. J. (2016). *The 2015 National School Climate Survey: The Experiences of Lesbian, Gay, Bisexual, Transgender, and Queer Youth in Our Nation's Schools*. New York, NY: GLSEN.
- Krantz, G., & Östergren, P.O. (2000). Common symptoms in middle aged women: their relation to employment status, psychosocial work conditions and social support in a Swedish setting. *Journal of epidemiology and community health*, 54(3), 192-199.
- Lemon Osterling, K., Hines, A., & Merdinger, J. (2005). From foster care to young adulthood: The role of independent living programs in supporting successful transitions. *Children and Youth Services Review*, 27(3), 251-270.
- Lenhart, A. (2012). *Teens, smartphones & texting*. Washington D.C.: Pew Research Center.
- Lick, D. J., Durso, L. E., & Johnson, K. L. (2013). Minority stress and physical health among sexual minorities. *Perspectives on Psychological Science*, 8(5), 521-548.

- Lincoln, Y. S., Lynham, S. A., & Guba, E. G. (2011). Paradigmatic controversies, contradictions, and emerging confluences, revisited. In Denzin, N.K. & Lincoln, Y.S. (Eds.), *The SAGE handbook of qualitative research* (pp. 97-128). Thousand Oaks, CA: SAGE Publications.
- Lorenz, B. (n.d.) Map: How Many States Still Lack Clear Non-Discrimination Protections. Retrieved January 11, 2015, from Human Rights Campaign website, [http://www.hrc.org/state\\_maps](http://www.hrc.org/state_maps).
- Maguen, S., Floyd, F. J., Bakeman, R., & Armistead, L. (2002). Developmental milestones and disclosure of sexual orientation among gay, lesbian, and bisexual youths. *Journal of Applied Developmental Psychology, 23*(2), 219-233.
- Mallon, G. (1998). *We don't exactly get the welcome wagon: The experiences of gay and lesbian adolescents in child welfare systems*. New York: Columbia University Press.
- Mallon, G., Aledort, N., & Ferrera, M. (2002). There's no place like home: Achieving safety, permanency, and well-being for lesbian and gay adolescents in out-of-home care settings. *Child Welfare, 81*(2), 407-439.
- Mallon, G., & Woronoff, R. (2006). Busting out of the child welfare closet: Lesbian, gay bisexual and transgendered-affirming approaches to child welfare. *Child Welfare, 85*(2), 115-122.
- Mantzoukas, S. (2005). The inclusion of bias in reflective and reflexive research: A necessary prerequisite for securing validity. *Journal of Research in Nursing, 10*(3), 279-295.
- Martin, M., Down, L., & Erney, R. (2016). *Out of the Shadows: Supporting LGBTQ youth in child welfare through cross-system collaboration*. Washington, DC: Center for the Study of Social Policy.
- Mason, J. (2017). *Qualitative researching*. Thousand Oaks, CA: SAGE Publications.
- Mathison, S. (1988). Why triangulate? *Educational Researcher, 17*(2), 13-17.
- Mayring, P. (2014). Qualitative content analysis: theoretical foundation, basic procedures and software solution. Retrieved from Social Science Open Access Repository website, [https://www.ssoar.info/ssoar/bitstream/handle/document/39517/ssoar-2014-mayring-Qualitative\\_content\\_analysis\\_theoretical\\_foundation.pdf](https://www.ssoar.info/ssoar/bitstream/handle/document/39517/ssoar-2014-mayring-Qualitative_content_analysis_theoretical_foundation.pdf).
- McCarn, S. R., & Fassinger, R. E. (1996). Revisioning sexual minority identity formation a new model of lesbian identity and its implications for counseling and research. *The Counseling Psychologist, 24*(3), 508-534.
- McHaelen, R.P. (2006). Bridges, barriers, & boundaries. *Child Welfare, 85*(2), 407-438.

- McTavish, D. G., & Pirro, E. B. (1990). Contextual content analysis. *Quality and Quantity*, 24(3), 245-265.
- Metzger, S. (2006). Permanency for teens: New York City's emerging policy. *Voices* 5(2), 1-18.
- Miles, M. B., & Huberman, A. M. (1994). *Qualitative data analysis: An expanded sourcebook* (2nd ed.). Thousand Oaks, CA: SAGE Publications.
- Mohr, J. J., & Fassinger, R. E. (2003). Self-acceptance and self-disclosure of sexual orientation in lesbian, gay, and bisexual adults: An attachment perspective. *Journal of Counseling Psychology*, 50(4), 482.
- Morrow, S. L. (2005). Quality and trustworthiness in qualitative research in counseling psychology. *Journal of Counseling Psychology*, 52(2), 250.
- Morse, J. M., & Field, P. A. (1995). *Qualitative research methods for health professionals*. Thousand Oaks, CA: SAGE Publications.
- Mountz, S. (2011). Revolving doors: LGBTQ youth at the interface of the child welfare and juvenile justice systems. Retrieved from Village Counseling Center website, [http://www.villagecounselingcenter.net/Revolving\\_Doors\\_-\\_LGBTQ\\_Youth\\_at\\_the\\_Interface\\_of\\_the\\_Child\\_Welfare\\_and\\_Juvenile\\_Justice\\_Systems.pdf](http://www.villagecounselingcenter.net/Revolving_Doors_-_LGBTQ_Youth_at_the_Interface_of_the_Child_Welfare_and_Juvenile_Justice_Systems.pdf)
- Munoz-Plaza, C., Quinn, S. C., & Rounds, K. A. (2002). Lesbian, gay, bisexual and transgender students: Perceived social support in the high school environment. *The High School Journal*, 85(4), 52-63.
- Munson, M. R., Smalling, S. E., Spencer, R., Scott Jr, L. D., & Tracy, E. M. (2010). A steady presence in the midst of change: Non-kin natural mentors in the lives of older youth exiting foster care. *Children and Youth Services Review*, 32(4), 527-535.
- Murphy, E., Dingwall, R., Greatbatch, D., Parker, S., & Watson, P. (1998). *Qualitative research methods in health technology assessment: a review of the literature*. Southampton, England: National Coordinating Centre for Health Technology Assessment.
- Mustanski, B., Andrews, R., & Puckett, J. A. (2016). The effects of cumulative victimization on mental health among lesbian, gay, bisexual, and transgender adolescents and young adults. *American Journal of Public Health*, 106(3), 527-533.
- Mustanski, B., Garofalo, R., & Emerson, E. (2010). Mental health disorders, psychological distress, and suicidality in a diverse sample of lesbian, gay, bisexual, and transgender youths. *Am J Public Health*, 100(12), 2426-2432.

- Mustanski, B., Newcomb, M. E., & Garofalo, R. (2011). Mental health of lesbian, gay, and bisexual youths: A developmental resiliency perspective. *Journal of Gay & Lesbian Social Services, 23*(2), 204-225.
- Myers, M. D., & Newman, M. (2007). The qualitative interview in IS research: Examining the craft. *Information and organization, 17*(1), 2-26.
- National Association of Social Workers. (2017). Code of Ethics of the National Association of Social Workers. Retrieved on February 22, 2018, from NASW website, <https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English>.
- Needham, B. L., & Austin, E. L. (2010). Sexual orientation, parental support, and health during the transition to young adulthood. *Journal of Youth and Adolescence, 39*(10), 1189-1198.
- Nesmith, A., Burton, D., & Cosgrove, T. J. (2008). Gay, lesbian, and bisexual youth and young adults: Social support in their own words. *Journal of Homosexuality, 37*(1), 95-108.
- Newcomb, M. D., & Bentler, P. M. (1988). Impact of adolescent drug use and social support on problems of young adults: A longitudinal study. *Journal of Abnormal Psychology, 97*(1), 64.
- Osgood, D. W., Foster, E. M., & Courtney, M. E. (2010). Vulnerable populations and the transition to adulthood. *The Future of Children, 20*(1), 209-229.
- Padgett, D. (2008). *Qualitative methods in social work research* (2nd ed.). New York, NY: SAGE Publications.
- Patton, M. Q. (1990). *Qualitative evaluation and research methods*. Thousand Oaks: SAGE Publications.
- Pearlmutter, S. (2002). Listening to clients. *The Social Policy Journal, 1*(4), 43-61.
- Pecora, P. J., Kessler, R. C., O'Brien, K., White, C. R., Williams, J., Hiripi, E., . . . Herrick, M. A. (2006). Educational and employment outcomes of adults formerly placed in foster care: Results from the Northwest Foster Care Alumni Study. *Children and Youth Services Review, 28*(12), 1459-1481.
- Pecora, P. J., White, C. R., Jackson, L. J., & Wiggins, T. (2009). Mental health of current and former recipients of foster care: A review of recent studies in the USA. *Child & Family Social Work, 14*(2), 132-146.
- Perry, B. L. (2006). Understanding social network disruption: The case of youth in foster care. *Social Problems, 53*(3), 371-391.

- Pilkington, N. W., & D'Augelli, A. R. (1995). Victimization of lesbian, gay, and bisexual youth in community settings. *Journal of Community Psychology, 23*(1), 34-56.
- Poston, W. S. C. (1990). The biracial identity development model: A needed addition. *Journal of Counseling & Development, 69*(2), 152-155.
- Potoczniak, D. J., Aldea, M. A., & DeBlaere, C. (2007). Ego identity, social anxiety, social support, and self-concealment in lesbian, gay, and bisexual individuals. *Journal of Counseling Psychology, 54*(4), 447.
- Propp, J., Ortega, D., & NewHeart, F. (2003). Independence or interdependence: Rethinking the transition from ward of the court to adulthood. *Families in Society: The Journal of Contemporary Social Services, 84*(2), 259-266.
- Ragg, M., Dennis, P., & Ziefert, M. (2006). Slamming the closet door: Working with gay and lesbian youth in care. *Child Welfare, 85*(2), 243-265.
- Ray, R. A., & Street, A. F. (2005). Ecomapping: An innovative research tool for nurses. *Journal of advanced nursing, 50*(5), 545-552.
- Rhodes, J. E. (2002). *Stand by me: The risks and rewards of mentoring today's youth*. Cambridge, MA: Harvard University Press.
- Rhodes, J. E. (Ed.) (2005). *A model of youth mentoring*. Thousand Oaks, CA: SAGE Publications.
- Robinson, O. C. (2014). Sampling in interview-based qualitative research: A theoretical and practical guide. *Qualitative Research in Psychology, 11*(1), 25-41.
- Roller, M. R. (2012). Interviewer Bias & Reflexivity in Qualitative Research. Retrieved from Roller Research website, <https://researchdesignreview.com/2012/11/14/interviewer-bias-reflexivity-in-qualitative-research/>.
- Rosenwald, M. (2009). A glimpse within: An exploratory study of child welfare agencies' practices with LGBTQ youth. *Journal of Gay & Lesbian Social Services, 21*(4), 343-356.
- Rubin, D., Alessandrini, E., Feudtner, C., Mandell, D., Localio, A. R., & Hadley, T. (2004). Placement stability and mental health costs for children in foster care. *Pediatrics, 113*(5), 1336-1341.
- Russell, S. (2003). Sexual minority youth and suicide risk. *American Behavioral Scientist, 46*(9), 1241-1257.

- Saewyc, E. M., Bearinger, L. H., Blum, R. W., & Resnick, M. D. (1999). Sexual intercourse, abuse and pregnancy among adolescent women: Does sexual orientation make a difference? *Family Planning Perspectives, 31*(3), 127-131.
- Saewyc, E. M., Poon, C. S., Homma, Y., & Skay, C. L. (2008). Stigma management? The links between enacted stigma and teen pregnancy trends among gay, lesbian, and bisexual students in British Columbia. *The Canadian journal of human sexuality, 17*(3), 123.
- Saewyc, E. M., Skay, C. L., Pettingell, S. L., Reis, E. A., Bearinger, L., Resnick, M., . . . Combs, L. (2006). Hazards of stigma: The sexual and physical abuse of gay, lesbian, and bisexual adolescents in the United States and Canada. *Child Welfare, 85*(2), 195-213.
- Safren, S. A., & Pantalone, D. W. (2006). Social Anxiety and Barriers to Resilience Among Lesbian, Gay, and Bisexual Adolescents. In A. M. Omoto & H. S. Kurtzman (Eds.), *Contemporary perspectives on lesbian, gay, and bisexual psychology. Sexual orientation and mental health: Examining identity and development in lesbian, gay, and bisexual people* (pp. 55-71). Washington, D.C.: American Psychological Association.
- Salahu-Din, S. N., & Bollman, S. R. (1994). Identity development and self-esteem of young adolescents in foster care. *Child and Adolescent Social Work Journal, 11*(2), 123-135.
- Samuels, G. M., & Pryce, J. M. (2008). What doesn't kill you makes you stronger: Survivalist self-reliance as resilience and risk among young adults aging out of foster care. *Children and Youth Services Review, 30*(10), 1198-1210.
- Sandelowski, M. (2000). Focus on research methods-whatever happened to qualitative description? *Research in Nursing & Health, 23*(4), 334-340.
- Sandelowski, M. (2010). What's in a name? Qualitative description revisited. *Research in Nursing & Health, 33*(1), 77-84.
- Scannapieco, M., Connell-Carrick, K., & Painter, K. (2007). In their own words: Challenges facing youth aging out of foster care. *Child & Adolescent Social Work Journal, 24*(5), 423-435.
- Schoeni, R. F., & Ross, K. E. (2005). *Material assistance from families during the transition to adulthood*. Chicago, IL: University of Chicago Press.
- Schulenberg, J. E., Bryant, A. L., & O'Malley, P. M. (2004). Taking hold of some kind of life: How developmental tasks relate to trajectories of well-being during the transition to adulthood. *Development and Psychopathology, 16*(04), 1119-1140.
- Schwandt, T. A. (2000). Three epistemological stances for qualitative inquiry: Interpretivism, hermeneutics, and social constructionism. *Handbook of Qualitative Research, 2*(2000), 189-213.

- Scourfield, J., Roen, K., & McDermott, L. (2008). Lesbian, gay, bisexual and transgender young people's experiences of distress: resilience, ambivalence and self-destructive behaviour. *Health & Social Care in the Community, 16*(3), 329-336.
- Shah, M. F., Liu, Q., Mark Eddy, J., Barkan, S., Marshall, D., Mancuso, D., . . . Huber, A. (2017). Predicting homelessness among emerging adults aging out of foster care. *American Journal of Community Psychology, 60*(1-2), 33-43.
- Sheets, R. L., & Mohr, J. J. (2009). Perceived social support from friends and family and psychosocial functioning in bisexual young adult college students. *Journal of Counseling Psychology, 56*(1), 152.
- Shilo, G., & Savaya, R. (2011). Effects of family and friend support on LGB youths' mental health and sexual orientation milestones. *Family Relations, 60*(3), 318-330.
- Simmel, C. (2012). Highlighting adolescents' involvement with the child welfare system: A review of recent trends, policy developments, and related research. *Children and Youth Services Review, 34*(7), 1197-1207.
- Smith, C., Lizotte, A. J., Thornberry, T. P., & Krohn, M. D. (1995). Resilient youth: Identifying factors that prevent high-risk youth from engaging in delinquency and drug use. *Current Perspectives on Aging and the Life Course, 4*(1995), 217-247.
- Snapp, S. D., Watson, R. J., Russell, S. T., Diaz, R. M., & Ryan, C. (2015). Social support networks for LGBT young adults: Low cost strategies for positive adjustment. *Family Relations, 64*(3), 420-430.
- Sparrowe, R. T., Liden, R. C., Wayne, S. J., & Kraimer, M. L. (2001). Social networks and the performance of individuals and groups. *Academy of Management Journal, 44*(2), 316-325.
- Spencer, R., Collins, M. E., Ward, R., & Smashnaya, S. (2010). Mentoring for young people leaving foster care: Promise and potential pitfalls. *Social Work, 55*(3), 225-234.
- Stein, M. (2006). Research review: Young people leaving care. *Child and Family Social Work, 11*, 273-279.
- Stein, M. (2012). *Extending foster care beyond 18: Improving outcomes for older youth*. Retrieved from National Resource Center for Permanency and Family Connections at Hunter College website, [http://www.hunter.cuny.edu/socwork/nrcfcpp/downloads/information\\_packets/ExtendingFosterCareBeyond18ImprovingOutcomesforOlderYouth.pdf](http://www.hunter.cuny.edu/socwork/nrcfcpp/downloads/information_packets/ExtendingFosterCareBeyond18ImprovingOutcomesforOlderYouth.pdf)

- Steinberg, L. & Sheffield-Morris, A. (2001). Adolescent development. *Annual Reviews Psychology*, 52, 83–110.
- Stemler, S. (2001). An Overview of Content Analysis. *Practical Assessment, Research and Evaluation*, 7(17). Retrieved from <http://PAREonline.net/getvn.asp?v=7&n=17>
- Stewart, C. J., Kum, H.-C., Barth, R. P., & Duncan, D. F. (2014). Former foster youth: Employment outcomes up to age 30. *Children and Youth Services Review*, 36, 220-229.
- Stott, T. (2013). Transitioning youth: Policies and outcomes. *Children and Youth Services Review*, 35(2), 218-227.
- Stotzer, R. L., Silverschanz, P., & Wilson, A. (2013). Gender identity and social services: Barriers to care. *Journal of Social Service Research*, 39(1), 63-77.
- Strand, K., Marullo, S., Cutforth, N., Stoecker, R., & Donohue, P. (Spring 2003). Principles of best practice for Community-Based Research. *Michigan Journal of Community Service Learning*, 9(3), 5-15.
- Szymanski, D. M. (2009). Examining potential moderators of the link between heterosexist events and gay and bisexual men's psychological distress. *Journal of Counseling Psychology*, 56(1), 142.
- Testa, R. J., Sciacca, L. M., Wang, F., Hendricks, M. L., Goldblum, P., Bradford, J., & Bongar, B. (2012). Effects of violence on transgender people. *Professional Psychology: Research and Practice*, 43(5), 452.
- Thornton, S. (2016). Who am I? Supporting students experiencing a crisis of identity. *British Journal of School Nursing*, 11(7), 350-352.
- Toomey, R., McGuire, J., & Russell, S. (2012). Heteronormativity, school climates, and perceived safety for gender nonconforming peers. *J Adolesc*, 35(1), 187-196.
- Toomey, R., Ryan, C., Diaz, R., Card, N., & Russell, S. (2010). Gender-nonconforming lesbian, gay, bisexual, and transgender youth: School victimization and young adult psychosocial adjustment. *Developmental Psychology*, 46(6), 1580-1589.
- Tweddle, A. (2007). Youth leaving care: How do they fare? *New Directions for Youth Development*, 2007(113), 15-31.
- U.S. Department of Health & Human Services. (2012). John H. Chafee Foster Care Independence Program. Retrieved from Administration of Children & Families website, <http://www.acf.hhs.gov/programs/cb/resource/chafee-foster-care-program>.

- University of Huddersfield. (2017). Quality checks and reflexivity. Retrieved from University of Huddersfield website, <http://www.hud.ac.uk/hhs/research/template-analysis/technique/quality-and-reflexivity/>.
- Vaismoradi, M., Turunen, H., & Bondas, T. (2013). Content analysis and thematic analysis: Implications for conducting a qualitative descriptive study. *Nursing & Health Sciences*, *15*(3), 398-405.
- Vaughn, M., Ollie, M., McMillen, C., Scott, L., & Munson, M. (2007). Substance use and abuse among older youth in foster care. *Addictive Behaviors*, *32*, 1929–1935.
- Veevers, J. E., & Mitchell, B. A. (1998). Intergenerational exchanges and perceptions of support within “boomerang kid” family environments. *The International Journal of Aging and Human Development*, *46*(2), 91-108.
- Vlaicu, C., & Voicu, C. (2013). Supporting Adolescent Identity Development through Personal Narratives. *Procedia-Social and Behavioral Sciences*, *92*(10), 1026-1032.
- Vranceanu, A.-M., Hobfoll, S. E., & Johnson, R. J. (2007). Child multi-type maltreatment and associated depression and PTSD symptoms: The role of social support and stress. *Child Abuse & Neglect*, *31*(1), 71-84.
- Weber, R. P. (1990). *Basic content analysis* (Vol 49). Newbury Park, CA: SAGE Publications.
- Wilber, S., Reyes, C., & Marksamer, J. (2006). The model standards project: Creating inclusive systems for LGBT youth in out-of-home care. *Child Welfare*, *85*(2), 133-149.
- Wilkinson, R. G., & Marmot, M. G. (2003). *Social determinants of health: The solid facts*. Copenhagen, DN: World Health Organization, International Centre for Health and Society.
- Wilson, B., Cooper, K., Kastanis, A., & Nezhad, S. (2014). *Sexual and gender minority youth in foster care: Addressing disproportionality and disparities in Los Angeles*. Retrieved from The Williams Institute at the UCLA School of Law website, [https://williamsinstitute.law.ucla.edu/wp-content/uploads/LAFYS\\_report\\_final-aug-2014.pdf](https://williamsinstitute.law.ucla.edu/wp-content/uploads/LAFYS_report_final-aug-2014.pdf).
- Wisconsin State Statute §48.366, Extended Out-of-Home Care.
- Wornoff, R., & Estrada, R. (2006). Regional listening forums: An examination of the methodologies used by Child Welfare League of America and Lambda Legal to highlight experiences of youth in care. *Child Welfare*, *85*(2), 341-360.
- Woronoff, R., Estrada, R., & Sommer, S. (2006). Out of the margins: A report on regional listening forums highlighting the experiences of lesbian, gay, bisexual, transgender, and

questioning youth in care. Retrieved from Lambda Legal website,  
<https://www.lambdalegal.org/publications/out-of-the-margins>.

Wright, E., & Perry, B. (2006). Sexual identity distress, social support, and the health of gay, lesbian, and bisexual youth. *Journal of Homosexuality*, 51(1), 81-110.

**APPENDIX A: Research Question Alignment**

<b>Question</b>	<b>Interview Questions/Ecomap Construction</b>	<b>Theoretical Category and/or Research Aim</b>
Q1	<b>Where do you see yourself on each of these scales?</b>	N/A - General background question
Q2	<b>How would you like me to refer to your sexual orientation and/or gender identity?</b>  How would you describe who you are romantically attracted to?  How would you describe how you feel on the inside?	N/A - General background question
Q3	<b>How old were you when you began to feel this way?</b>	N/A - General background question
Q4	<b>Please tell me about your current foster placement or living arrangement?</b>  How would you describe to a friend where you live?  How long have you been living there?	N/A - General background question
Q5	<b>Where do you think you will be living in the next year? In 2 years? In 5 years?</b>  What are your plans to leave your current foster placement or living arrangement?	N/A - General background question

	What, if anything, do you look forward to about leaving your current foster placement or living arrangement? What, if anything, are you not looking forward to?	
Q6	<b>What do you want your life to be like in 2 years? In 5 years?</b>  What goals do you have for yourself?	N/A - General background question
Ecomap	<b>First, on the eco-map, you will see that there is a circle in the middle. Would you please write your initials or a made-up name for yourself in the middle of that circle?</b>  Now, I'd like you to think about all of the adults in the foster care system whose job it is to provide you with support to as you transition from foster care to adulthood—people like foster parents, social workers and transitional living staff.  In thinking about these adults, would you please write the first name or initials of each adult and their role, in one of the boxes on this map.  Next, I'd like you to think about any other adults in your life that provide you with support as you transition from foster care to adulthood. These people do not have to be in the foster care system—they can be any adult that is helpful or supportive to you.	Research Aim 1  Supports provided by the adult
Q7	<b>Are there any other adults you go to (or might go to) when you need help with something?</b>  <i>If yes:</i> Would you please add to your map their first name or initials, and the role or relationship you have with them?  Would you please draw symbols for the kind of support each new person gives you next to their names?  Please choose one of the new people listed on your map and talk about the kinds of things they do (or have done) to support you with your transition from foster care to adulthood.	Research Aim 1  Supports provided by the adult

Ecomap	<b>On the ecomap, you will see symbols that represent 5 different kinds of support. Please draw a _____ (symbol being discussed) next to each adult that has provided you with this type of support.</b>	Research Aim 1  Supports provided by the adult
Q8	<b>Now, I'd like you to choose one of the adults listed on your map whose job it is to support you with your transition from foster care to adulthood. Please, talk about the kinds of things that adult does (or has done) to help support you with this transition?</b>	Research Aim 1
Q9	<b>Next, choose one of the other adults you listed on you map. Please talk about the kinds of things do they do (or have done) to support you with your transition from foster care to adulthood?</b> [Repeat for all adults]	Research Aim 1  Supports provided by the adult
Q10	<b>Are there any other people, that are not already on your map, that you go to (or might go to) when you need support with your transition from foster care to adulthood? These people do not have to be adults—they can be anyone who is helpful or supportive to you.</b>  <i>If yes:</i> Would you please add their first names or initials, and the role or relationship you have with them to your map?  Would you please draw symbols for the kind of support each new person gives you next to their names?  Please choose one of the new people listed on your map and talk about the kinds of things they do (or have done) to support you with your transition from foster care to adulthood.	Research Aim 1  Supports provided by the adult
Q11	<b>Are there any other kinds of things the people on your map do (or have done) to support you with your transition from foster care to adulthood that I haven't asked you about?</b>	Research Aim 1

	<i>If yes: Can you tell me about those things?</i>	Supports provided by the adult
Ecomap	<b>Please place a rainbow sticker next to the name of each person on the map that you are out to as (Participant's LGBTQ identity) and circle the sticker if you know whether that individual also identifies as LGBTQ</b>	N/A - General background question
Q12	<b>What sorts of things affected your decision about whether or not to tell them about your being (Participant's LGBTQ identity)?</b>	Research Aim 2  Facilitators to initial/ongoing connection  Barriers to initial/ongoing connection
Ecomap	<b>Next, on the ecomap, you will see symbols representing 5 different kinds of support that have been helpful to people in your age group who identify as LGBTQ.</b>  Please draw a _____ (symbol being discussed) next to each adult that has provided you with this type of support.	Research Aim 1  Supports provided by the adult
Q13	<b>Again, I'd like you to choose one of the adults listed on your map whose job it is to support you with your transition from foster care to adulthood. Please, talk about the kinds of things that adult has done to support you as someone who identifies as (Participant's LGBTQ identity)?</b>	Research Aim 1

	<p>Now, choose one of the other adults you have listed on your map. Please talk about the kinds of things that adult has done to support you as someone who identifies as (Participant's LGBTQ identity)? [Repeat for all adults]</p>	<p>Supports provided by the adult</p>
Q14.	<p><b>Are there any other people, who are not already on your map, that you go to (or might go to) when you need support as someone who identifies as (Participant's LGBTQ identity)?</b></p> <p><i>If yes:</i> Would you please add their first names or initials, and the role or relationship you have with them to your map?</p> <p>Next to their names, would you please draw symbols for the kind of support each new person gives you next to their names?</p> <p>Please choose one of the new people listed on your map and talk about the kinds of things they do (or have done) to support you as someone who identifies as _____ (Participant's LGBTQ identity).</p>	<p>Research Aim 1</p> <p>Supports provided by the adult</p>
Q15	<p><b>Are there any other kinds of things the people on your map do (or have done) to support you as someone who identifies as _____ (Participant's LGBTQ identity) that I haven't asked you about?</b></p> <p><i>If yes:</i> Can you tell me about these things?</p>	<p>Research Aim 1</p> <p>Supports provided by the adult</p>
Ecomap	<p><b>Using the black marker, would you please draw a solid or dashed line from your circle (in the middle) to each person on your map? In doing so, use the line that best represents how supportive they have been to you.</b></p> <p>Next, would you please draw a line with cross marks from your circle to each person on your map with whom your relationship is (or has been) problematic.</p>	<p>Research Aim 2</p> <p>Facilitators to initial/ongoing connection</p>

		Barriers to initial/ongoing connection
Q16	<b>I see you drew a _____ (support line type) between you and _____ (insert adult's first name or initials). Why did you choose to draw that type of line?</b> [Repeat for all adults]	Research Aim 2  Facilitators to initial/ongoing connection  Barriers to initial/ongoing connection
Q17	<b>I see you also drew a line indicating there is (or has been) a problem in your relationship with _____ (insert adult's first name or initials whose job it is provide them with transitional support). Why did you choose to draw this line? What kinds of problems do (or have) you had with this relationship?</b> [Repeat for each adult who also has a line with cross marks]	Research Aim 2  Facilitators to initial/ongoing connection  Barriers to initial/ongoing connection
Q18	<b>Thinking back to when you first met _____ [name or initials of adult]. What kinds of things, if any, made it easier to start a relationship with them? That is, what helped you connect with them when you first began working together?</b>  What kinds of things, if any, made it harder to start a relationship with them?	Research Aim 2

	<p>Was there anything that made it easier for you to trust them—like maybe they did or said something that showed you they really care, or things you had in common with them?</p> <p>Was there anything that made it harder for you to trust them? Things like experiences you have had, things you were afraid of happening, or things that they did or said?</p>	<p>Facilitators to initial connection</p> <p>Barriers to initial connection</p>
Q19	<p><b>What kinds of things, if any, make it easier to continue having a relationship with these adults—that is, what helps you stay connected to them? What kinds of things, if any, make it harder to stay connected?</b></p> <p>Is there anything that make it easier for you to stay connected to them—things like having a way to stay in contact, or showing that they really care about you?</p> <p>Is there anything that gets in the way of you staying connected to them—things like not being able to see or contact them, or fears you have about the relationship?</p>	<p>Research Aim 2</p> <p>Facilitators to ongoing relationship</p> <p>Barriers to ongoing relationship</p>
Q20	<p><b>Do you think the support you need is similar or different from other young people leaving foster care who do not identify as (Participant’s LGBTQ identity)?</b></p>	<p>Research Aim 3</p>
Q21	<p><b>What kinds of needs or challenges have you had, if any, with the transition to adulthood as someone who identifies as (Participant’s LGBTQ identity)? What are some examples?</b></p>	<p>Research Aim 3</p>
Q22	<p><b>What kinds of support do you wish you had, that you don’t have, that would help you transition from foster care to adulthood? What are some examples?</b></p>	<p>Research Aim 3</p> <p>Unmet needs</p>

Q23	<p><b>Have you ever been treated poorly because of your sexual orientation or gender identity as you prepare to transition to adulthood?</b></p> <p><i>If yes:</i> Please tell me about what happened.</p> <p>Have you ever not gotten support because you identify as (Participant’s LGBTQ identity)? <i>If yes:</i> Please tell me about what happened.</p> <p>Has anyone in the child welfare system ever treated poorly because you identify as (Participant’s LGBTQ identity)? <i>If yes:</i> Please tell me about what happened.</p>	<p>Research Aim 3</p> <p>Unmet needs</p>
Q24	<p><b>In your opinion, what is being done well to support LGBTQ young people as they prepare to transition from foster care to adulthood?</b></p>	<p>Research Aim 3</p>
Q25	<p><b>What could be done better to support LGBTQ young people as they transition from foster care to adulthood?</b></p> <p>What kinds of support would be available?</p> <p>How would this support be provided?</p>	<p>Research Aim 3</p> <p>Unmet needs</p>
Q26	<p><b>Is there anything I haven’t asked about that you think is important for me to know about support for LGBTQ young people as they get ready to transition from foster care to adulthood?</b></p>	<p>Research Aim 3</p>

## APPENDIX B: Recruitment Letter to Child Welfare Professionals



June 2, 2017

«First\_Name» «Last\_Name»  
 «County\_Name»  
 «Address»  
 «City» «State» «Zip»

Dear «First\_Name»,

My name is June Paul and I am a doctoral student from the University of Wisconsin in Madison. I am writing to request your assistance with a research study I am conducting to learn about the experiences of lesbian, gay, bisexual, transgender, queer and questioning (LGBTQ) young people in Wisconsin who are likely leave the child welfare system as adults.

What is this study and why is it being done?

**I will be talking with young people, age 17 to 21, that identify as LGBTQ, and are still in some type of child welfare placement—to find out what works well and what could be done better to support them with this transition.** Youth who are currently living in temporary or transitional living arrangements (e.g., shelters, correctional facilities, supervised independent living) are eligible for the study, as long as they are legally considered to be a part of the foster care system. Information from this study will be used to identify distinct issues and challenges faced by LGBTQ young adults in out of home care in Wisconsin, and to make suggestions for improvements to programs and services.

Prior to returning to school, I spent many years supervising foster care and transitional living programs at the Wisconsin Department of Children and Families, and working with adolescents who identify as LGBTQ (lesbian, gay, bisexual, transgender and questioning). This work has helped me to develop a strong understanding of the issues and challenges faced by young people who are preparing to leave foster care, as well as the unique needs of LGBTQ youth. More importantly, it helped me recognize the potential need to provide LGBTQ foster youth with specific supports and services to help them make a more successful transition to young adulthood.

How will this study affect you, your agency, or youth participants?

**None of the information gathered in this study will identify you, your agency, or youth participants personally.** Personal information collected will remain confidential and will not be shared with anyone outside of the research team. I will not use you, your agency, or youth participants' names or other identifying information in any reports or papers; youths' answers to the questions I ask will be combined with those of others when results are described.

What will young people be asked to do in this study?

Young people who volunteer for this study will be interviewed about their opinions on the support available to them as they prepare to leave foster care, as well as their unique experiences as someone who

identifies as LGBTQ. Interviews will last between 1-2 hours and will be conducted in a location that is best for the young person. Participants will be informed that their decision to participate in the study is completely voluntary and that they can stop the interview at any time. They will also have full discretion about how much they share about themselves and their experiences and will not have to answer any questions they do not want to.

What will young people get for participating?

**Participants will be paid \$35 in cash and will be entered into a drawing for a pair of wireless Beats headphones** (provided to one winner after all of the interviews have been completed). Being a part of this study will also give young people the chance to tell their stories about what it has been like for them in foster care as someone who is LGBTQ, and to give their opinions about what LGBTQ young people need to feel supported as they prepare to transition from foster care to adulthood.

How will this benefit you or your agency?

Once the study is completed, I will provide you, and the State of Wisconsin, with a general summary of my findings in the form of a policy brief or other publication-level document that may be used to improve services and supports for LGBTQ foster youth, both before and after they leave care. Again, no information will be shared with anyone that may be used to identify to you, your agency, or youth participants, including staff at the Wisconsin Department of Children and Families, or county human services and tribal child welfare agencies.

What am I asking you to do?

**I am requesting your assistance with distributing copies of the enclosed 4x5 recruitment card to all youth who are currently placed in out of home care in Wisconsin through your agency, and are between the ages of 17 and 21.** To make distribution to youth as convenient as possible, you will receive a hard copy of this letter and several copies of the recruitment card through regular mail within the next few days. In order to ensure the privacy of potential youth participants, **I respectfully ask that you do not engage in any other recruitment activities and refer all questions from youth about the study to me.** Young people will self-select into the study, and should be encouraged to speak with me directly, using the study's contact information provided on the recruitment card, if they have any questions. Distribution of this email or the recruitment card does not violate state laws and policies regarding confidentiality.

If you have any questions or concerns, please contact me by phone at (608) 279-4644 or by email at [jpaul3@wisc.edu](mailto:jpaul3@wisc.edu). Thank you, in advance, for your willingness to assist me with this study. I appreciate your efforts, and hope this is a relatively simple request that won't take much of your time.

Sincerely,

June Paul, MSW, APSW  
 Doctoral Candidate, School of Social Work  
 Eileen Blackey Research Fellow, National Association of Social Workers Foundation  
 P. 608-279-4644  
 E. [jpaul3@wisc.edu](mailto:jpaul3@wisc.edu)

*School of Social Work*

University of Wisconsin-Madison 1350 University Ave. Madison, Wisconsin 53706  
 608/263-3660 Fax: 608/263-3836

## APPENDIX C: Recruitment Card

Front



**WISCONSIN**  
UNIVERSITY OF WISCONSIN-MADISON

**Are you in foster care?  
Do you identify as LGBTQ?**

If you said yes to these questions, you may qualify to be in a research study about the experiences of **lesbian, gay, bisexual, transgender, queer and questioning (LGBTQ)** young people in **foster care** at the University of Wisconsin-Madison.

**We want to hear your thoughts** about how to better serve **young people who are transitioning from foster care to adulthood.**



**Participants get \$35 in cash  
and are entered into a drawing to win a set of wireless Beats headphones**

Back

**Interested in participating?**

**We want to speak with you if:**

- ✓ you are **age 17 to 21**
- ✓ you are **currently in foster care or some other type of child welfare placement**
- ✓ you are **living in Wisconsin**
- ✓ you **identify as LGBTQ**, and
- ✓ you think you will be in foster care **until at least your 18<sup>th</sup> birthday**

Please scan the QR code




Or visit the study's webpage at:  
[www.facebook.com/WILGBTQResearchStudy](http://www.facebook.com/WILGBTQResearchStudy)

You may also call or text (608) 334-0166, or  
send an email to [qstudywi@gmail.com](mailto:qstudywi@gmail.com)

**Your participation will be kept confidential**

As a part of this study, you will be asked to complete 1-2 hour interview and short survey.  
Interviews will take place at a time and location that is best for you!

## APPENDIX D: Online Form/Phone Screening Questions

Respondent ID: \_\_\_\_\_

### Wisconsin LGBTQ Youth in Foster Care Study

Find out if you qualify to be in the Wisconsin LGBTQ Young Adults in Child Welfare Study by answering the questions below.

Your decision to answer these questions is completely voluntary. By clicking the "submit" button at the end of this form, you agree to have your answers forwarded to the study's research team. If you qualify for the study, a member of the research team will contact you within the next 72 hours. Submitting this form does not mean you to have to participate in the research study.

All of the information you provide will be kept confidential and will only be seen by members of the research team.

\* (Required)

Valid email address\* \_\_\_\_\_ (This form is collecting email addresses)

1. How old are you? \_\_\_\_\_
2. Do you currently live in Wisconsin? *Mark only one oval \**
  - Yes
  - No
3. Which of the following best describes the place where you currently live? *Mark only one oval\**
  - Foster family home with relative
  - Foster family home with someone other than a relative
  - Group home or other residential facility
  - Shelter care facility
  - Hospital
  - Jail or other correctional facility
  - Supervised or other type of transitional living situation
  - Other \_\_\_\_\_
4. Which of the following best describes how you think about yourself? *Mark only one oval\**
  - Lesbian, Gay, or Homosexual
  - Bisexual or Pansexual
  - Straight or Heterosexual

- Don't know or Questioning
  - Other \_\_\_\_\_
5. What is your current gender identity? *Check all that apply\**
- Female
  - Male
  - Transgender
  - Genderqueer, neither exclusively male or female
  - Other \_\_\_\_\_
6. Which sex is listed on your original birth certificate? *Mark only one oval*
- Female
  - Male
7. Which categories best describe your racial background? *Please choose all that apply*
- American Indian or Alaskan Native
  - Asian
  - Black or African American
  - Native Hawaiian or Other Pacific Islander
  - White/Caucasian
  - Other \_\_\_\_\_
8. Are you Hispanic or Latin@/x? *Please choose one answer only*
- No, not Hispanic/Latin@/Latinx
  - Yes, Hispanic/Latin@/Latinx
9. What is your first name?\* \_\_\_\_\_
10. What is your last name?\* \_\_\_\_\_
11. What city do you live in?\* \_\_\_\_\_
12. What is your phone number? (Please include area code)\* \_\_\_\_\_
13. How may we contact you to talk about the study and set up an interview?\*
- Phone call
  - Skype (audio only) If yes, what is your username? \_\_\_\_\_
  - Facetime (audio only) If yes, what is your username? \_\_\_\_\_
14. What are the best times to contact you?\* \_\_\_\_\_

## APPENDIX E: Oral Informed Consent

Respondent ID: \_\_\_\_\_

### Wisconsin LGBTQ Youth in Foster Care Study

1. I need to read you some information about the study and your rights related to the study. I have to read this word for word, and it will take a few minutes. Please stop me at any time if you have a question.

I am asking you to be in a research study. The purpose of giving you this information is to help you decide whether to be in the study or not. You may ask questions about the purpose of the research, what I will ask you to do, the possible risks and benefits, your rights as a volunteer, and anything else about the research that is not clear at any time. When I have answered all your questions, you can decide if you want to be in the study or not. This process is called “informed consent.”

Do you have any questions about what I have said so far?

**If Yes:** What is your question? \_\_\_\_\_  
**[Continue to 2]**

**If No:** **[Continue to 2]**

2. Your decision to participate is completely voluntary—you do not have to be in this study if you do not want to be. If you decide you do not want to be in the study after we begin, that’s okay too—you may change your mind at any time.

If you agree to participate in this study, I will ask you to schedule an interview with me, at a time and location that is best for you, that will last between 45 minutes to 2 hours. Immediately before the interview, I will also ask you to fill out a short survey, which should take no more than 5 minutes to complete. If you are unable to meet with me in person, it may be possible to conduct the interview using a videoconference program such as Skype. If the interview is conducted over Skype or some other virtual platform, security cannot be guaranteed.

During the interview, I will be asking you to tell me about your experiences and thoughts on being in foster care and nearing adulthood as someone who identifies LGBTQ, as well as your opinions about support for LGBTQ foster youth. There is a possibility that some of the questions I ask may be difficult to talk about. For example, you will be asked about the support you have received as someone who identifies as LGBTQ. You do not have to answer any questions that you don’t feel comfortable answering and you have the right to stop the interview at any time. You can still be in the study if you do not answer all of the questions, or end the interview early.

Do you have any questions about what I have said so far?

**If Yes:** What is your question? \_\_\_\_\_  
**[Continue to 3]**

**If No:** **[Continue to 3]**

3. I would like to take notes and audio-record our discussion during the interview to be sure I hear your views correctly and don't miss anything you say. If you give me permission to record the interview, the recording will be stored securely. Only authorized people on the research team will have access to the recordings and they will never be released to the public. I will destroy the recordings within 90 days after this round of data collection has been completed. You can still be interviewed even if you do not want to be recorded.

In addition to this interview, I will ask for your permission to use the information I collect during this study for future studies. I will also ask if I can contact you again, in the future, to see if you want to participate in another interview. You can still be in this study if you do not want your information to be used in future studies or to be contacted for another interview. Agreeing to being contacted for another interview in the future also does not mean you have to participate in future studies.

Do you have any questions at this time?

**If Yes:** What is your question? \_\_\_\_\_  
**[Continue to 4]**

**If No:** **[Continue to 4]**

4. If you decide to be in this study, your participation in the study and the information you provide will be kept private and will not be shared with anyone who is not a part of the research team. I will not use your name or any other identifying information in any reports or papers, and I will only share what I learn from this research project in a general way and to improve support for LGBTQ youth in the child welfare system.

*Although the risk of this happening is very low, it is possible that someone could get unauthorized access or break into the system that stores information about you. To protect your privacy, all of the information about you will be kept confidential by:*

- not putting your name on any written records except for the screening form and keeping that screening form in a separate place;
- storing the information about you in a locked drawer or in a secure password protected computer;
- only giving people on the research team access to your information; and by

- destroying audio recordings within 90 days after the current period of data collection has been completed.

I may also be required to share information: for example, in the rare instance that it is required by a court order, or if you report evidence of child abuse or neglect, or if you threaten to hurt yourself or someone else.

There are no major risks involved in your participation in this study. There are also no direct benefits to you. However, being a part of this study will give you the chance to tell your story about what it has been like for you in the foster care system, and give your opinion about the kinds of things you think LGBTQ youth in the child welfare system need to feel safe and supported. Your help may really make a difference for LGBTQ youth in foster care in the future.

Do you have any questions at this time?

**If Yes:** What is your question? \_\_\_\_\_  
**[Continue to 5]**

**If No:** **[Continue to 5]**

5. You will receive \$35 in cash for completing the interview and the survey. You will also be entered into a drawing to win a pair of *Beats* headphones that will be provided to one study participant after all of the interviews have been completed. You will still receive this \$35 payment and be entered into the drawing if you do not answer all of the questions, end the interview early, or choose not to have the interview recorded.

The person in charge of this study is myself, June Paul. If you have any questions about the study, please contact me at:

University of Wisconsin—Madison  
 School of Social Work  
 1350 University Ave.  
 Madison, WI 53705  
 Phone: (608) 279-4644  
 Email: [jpaul3@wisc.edu](mailto:jpaul3@wisc.edu)

If you are not satisfied with the response you receive from me you may also contact Lawrence Berger at (608) 263-6332, or at [lberger@wisc.edu](mailto:lberger@wisc.edu).

If you are not satisfied with the response of the research team, have more questions, or want to talk with someone about your rights as a research participant, you should contact the Education and Social/Behavioral Science IRB Office at 608-263-2320.

Do you have any questions at this time?

**If Yes:** What is your question? \_\_\_\_\_  
**[Continue to 6]**

**If No:** **[Continue to 6]**

6. Now, I am going to read a list of statements asking you if I have explained the conditions of your participation and if your questions have been answered to your satisfaction. Please say “yes” or “no” to each of the following statements. *[Interviewer: Enter 1 for YES or 2 for NO].*

- I understand that my participation in this study is voluntary.
- I understand that my participation in the study and everything I say will be kept confidential, as described above, and will not be shared with anyone other than the research team.
- I understand that my name or any other identifying information will not be used in written reports, presentations, or papers.
- I understand that I may withdraw from this study or end the interview at any time without any consequences.
- I understand that any recordings will be destroyed within 90 days after the current period of data collection has been completed, and that the recording will not be made public.
- I agree that this study has been explained to me and I understand the procedures described above.
- I voluntarily agree to be interviewed and complete a short survey for this study.
- I agree to have the interview audio recorded for quality control purposes.
- I agree that data gathered in this study may be used for future purposes.
- I agree to be contacted by the research team in the future to see if I want to participate another interview.

**Permission granted:** **[Continue to Interview Scheduling]** *[Interviewer: Subjects that answer “no” to any of the last three questions may still participate in the study].*

**Permission denied:** Thank you very much for your time. **[End contact]**

## APPENDIX F: Interview Scheduling

Respondent ID: \_\_\_\_\_

### Wisconsin LGBTQ Youth in Foster Care Study

Interviews will be scheduled after the subject provides oral informed consent to participate in the study.

1. Let's schedule a time now to complete the interview and the short survey.

What days/dates are you available in the next week meet for the interview and survey?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What time can you meet on \_\_\_\_\_ [chosen day/date]?

Ok, so we will meet on \_\_\_\_\_ (day), \_\_\_\_\_ (month/date) at  
 \_\_\_\_\_: \_\_\_\_\_ am/pm [confirm meeting date/time] [Continue to 2]

2. Where would you like to meet? [if subject has no ideas or preference, offer preset meeting location options – based on respondent's city of residence]?

Ok, so we will meet at \_\_\_\_\_ [confirm meeting location] [Continue to 3]

[If subject is unable to meet face-to-face, Continue to 7]

3. Are you able to get to [meeting location] on [date/time scheduled]?

If Yes: [Continue to 5]

If No: Ok, where will you be coming from \_\_\_\_\_ [pick up location of participant]? [Continue to 4]

4. Is there a bus that can bring you to \_\_\_\_\_ [meeting location]?

If Yes: Ok, I will send you a bus voucher in the mail. [Continue to 5]

**If No:** Ok, I can pay for a cab from \_\_\_\_\_ [pick up location of participant] to \_\_\_\_\_ [meeting location] [Interviewer: cab transportation of respondent to the interview location must be within 15 miles] [Continue to 5]

5. Are you able to get to where you need to be after the interview?

**If Yes:** [Continue to 8]

**If No:** Ok, what address will you going to after we meet \_\_\_\_\_ [destination of youth]? [Continue to 6]

6. Is there a bus that can bring you to \_\_\_\_\_ [destination of youth]?

**If Yes:** Ok, I will send you a bus voucher in the mail. [Continue to 8]

**If No:** Ok, I can pay for a cab from \_\_\_\_\_ [meeting location] to \_\_\_\_\_ [destination of participant] [Interviewer: cab transportation to the respondent's destination must be within 15 miles] [Continue to 8]

7. It sounds like it may be too difficult for us to meet face-to-face, would you be able to interview with me over Skype instead? [Interviewer inform the participant that security cannot be guaranteed if interview is conducted over Skype or some other virtual platform].

**If Yes:** Ok great, what is your Skype name \_\_\_\_\_? [Interviewer: ask participants if they would create a Skype account, if they do not currently have one] [Continue to 8]

**If No:** Is there some other virtual platform you would like me to use? [Interviewer: suggest Facetime or other virtual account, as needed]

**If yes:** Ok great, what is the name of the platform? What is your contact information? [Continue to 8].

**If no:** Ok, thank you for your time. [end call].

8. Now, I am going to read a list of ways I might communicate with you. Please say "yes" or "no" after I read each one to let me know whether it is ok for me to use. [Interviewer: Check all that apply]. Ok great, which of these methods would you say are the best ways for me to reach you? [Interviewer: Check all that apply]

Ok to use? Best Method?

Call (please specify number): \_\_\_\_\_  
Text  
Email: \_\_\_\_\_  
Regular mail\*  
Other (please specify): \_\_\_\_\_

\*What is your mailing address? (Required if participant needs a bus voucher, wants to meet at home, or completes an interview via videoconference)

---

---

Thank you, I will send you a reminder about 1 to 2 days before the interview. I will also send you my contact information in case you have any questions or concerns before the interview.

In the meantime, please feel free to contact me if you have any questions about the study. Again, my name is June Paul and I can be reached by text or by phone as at 608-334-0166, or by email at [qstudywi@gmail.com](mailto:qstudywi@gmail.com).

## APPENDIX G: Resources for Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) Youth



### National Resources and Organizations

#### **The TREVOR Project**

PO Box 69232

West Hollywood, CA 90069

Business Tel: 310.271.8845 (Hollywood, CA) or 212.695.8650 (New York, NY)

**Trevor Lifeline: 1.866.488.7386**

The Trevor Project provides crisis intervention and suicide prevention services to lesbian, gay, bisexual, transgender and questioning (LGBTQ) young people ages 13-24 nationwide.

*Website:* <http://www.thetrevorproject.org/>

#### **Services include:**

- **Trevor Lifeline:** National 24/7 crisis intervention and suicide prevention lifeline for LGBTQ young people (ages 13-24), available at 1.866.488.7386. (<http://www.thetrevorproject.org/pages/get-help-now#lifeline>)
- **TrevorChat:** A free, confidential, secure instant messaging service for LGBTQ youth that provides live help from trained volunteer counselors, open daily from 3:00 p.m. - 9:00 p.m. ET / 12:00 p.m. - 6:00 p.m. PT. (<http://www.thetrevorproject.org/pages/get-help-now#tc>)
- **TrevorText:** A free, confidential, secure service in which LGBTQ young people can text a trained Trevor counselor for support and crisis intervention, available Thursdays and Fridays from 4:00 p.m. - 8:00 p.m. ET / 1:00 p.m. - 5:00 p.m. PT at 202.304.1200. (<http://www.thetrevorproject.org/pages/get-help-now#tt>)
- **TrevorSpace:** Social networking community for LGBTQ youth ages 13 through 24 and their friends and allies. (<https://www.trevorspace.org/login>)
- **Trevor Support Center** - A resource where LGBTQ youth and their allies can find answers to frequently asked questions, and explore resources related to sexual orientation, gender identity and more. (<http://www.thetrevorproject.org/pages/support-center>)

#### **Trans Lifeline**

2443 Fillmore St #380-9468,

San Francisco, CA 94115

Business Tel: 415.483.5361

**Trans Lifeline Crisis Tel: 1.877.656.8860**

The Trans Lifeline (1.877.656.8860) is a national, non-profit dedicated to the wellbeing of transgender people. The crisis hotline staffed by transgender people for transgender people. Volunteers are all trans identified and educated in the range of difficulties transgender people experience. The Trans Lifeline is primarily for transgender people experiencing a crisis. This includes people who may be struggling with their gender identity and are not sure that they are transgender. While the goal is to prevent self-harm, they welcome calls from any transgender person in need.

### **GLBT National Help Center**

2261 Market Street, #296

San Francisco, CA 94114

Business Tel. 415.355.0003

**GLBT National Hotline: 1.888.843.4564**

**GLBT National Youth Talkline: 1.800.246.7743 (PRIDE)**

*Website:* <http://glbtnationalhelpcenter.org/>

The Gay, Lesbian, Bisexual and Transgender (GLBT) National Help Center provides peer-support, community connections and resource information to people with questions regarding sexual orientation and/or gender identity.

#### Key programs/services include:

- **GLBT National Hotline:** Provides telephone, online private one-to-one chats and email peer-support for people of all ages (youth and adult) on a wide array of topics(coming-out, relationship concerns, bullying, workplace issues, HIV/AIDS, anxiety, safer-sex), as well as factual information and local resources for cities and towns across the United States.
- **GLBT National Youth Talkline:** Provides telephone, online private one-to-one chats and email peer-support specifically for callers age 25 and younger.
- **GLBT Near Me:** A nationwide database of over 15,000 LGBTQ+ resources including social and support resources, community centers, crisis lines. To receive resource listings go to <http://glbtnationalhelpcenter.org/> and type in the zip code, travel distance, and choose a resource category.

### **Statewide (WI) Resources and Organizations**

#### **Wisconsin HOPELINE**

Mailing address: PO Box 845

Kaukana, WI 54130

Business Tel: 920.475.4748

*Website:* <http://centerforsuicideawareness.org/services/hopeline/about.html>

**24 Hour Text line:** Text "HOPELINE" to 741741 or scan the QR code

HOPELINE, by the Center for Suicide Awareness, is a text-in (versus voice

call-in) free service for help and hope. HOPELINE is the Emotional Support Text Line in the



State of Wisconsin and provides service throughout the entire state. HOPELINE's purpose is to offer emotional support and resources before situations rise to crisis level. Texts received reflect struggles with breakups, job loss, bullying, LGBTQ issues, parental issues, school, friends, relationship issues or any struggle a person is experiencing.

### **AIDS Resource Center of Wisconsin**

Tel: 1.800.359.9272

Locations: <http://arcw.org/about-us/locations/>

Website: <http://www.arcw.org/>

The AIDS Resource Center of Wisconsin provides integrated HIV prevention and intervention services including medical, dental and mental health clinics, pharmacy and social services that include food pantries, a legal program, and social work case management. ARCW is available to all Wisconsin residents with 10 offices and clinics statewide.

### **Diverse & Resilient**

2439 N Holton St.

Milwaukee, WI 53212

Tel: 414.390.0444

Website: <https://www.diverseandresilient.org/>

Diverse & Resilient coordinates a variety of services and supports that improve the safety and well-being of LGBTQ people and communities in Wisconsin, including programs that address issues related to mental and sexual health, substance misuse, and intimate partner and community violence.

### **Key services/programs include:**

- **Room to Be Safe:** Connects individuals to local anti-violence/intimate partner violence programs throughout the state Wisconsin via a non-emergency **LGBTQ Intimate Partner Violence Resource Line: 414.856.LGBT (5428)**. *This is not a 24-hour hotline. A call will be returned to you within 24 hours on weekdays and varying hours on weekends.* (<https://www.roomtobesafe.org/>)
- **Safe Dates:** Helps young people recognize the difference between healthy and unhealthy relationships.
- **Sexual Health Services:** Uses trained health professionals to provide programming related to LGBTQ sexual health.
- **Thinking Under the Influence:** Teaches participants about the mechanics of alcohol on the body and brain and offers strategies for dealing with social situations where alcohol is present.

## Regional/Local Resources and Organizations

### University of Wisconsin (UW) LGBT Campus Centers

#### **UW Madison**

GSCC Campus Center  
 UW-Madison, Red Gym, Room 123  
 716 Langdon St  
 Madison, Wisconsin 53706  
 Tel: 608.265.3344

*Website:* <http://lgbt.wisc.edu/trans.htm>

*Website:* <https://www.uwosh.edu/lgbtqcenter>

#### **UW LaCrosse Pride Center**

UW-LaCrosse, Cartwright Center, Rm. 42  
 LaCrosse, WI 54901  
 608.785.8887

*Website:* <https://www.uwlax.edu/pride-center/>

#### **UW Milwaukee**

LGBT Resource Center  
 UWM Student Union WG89  
 UW-Milwaukee, 2200 E. Kenwood Blvd.  
 Milwaukee, WI 53211  
 Tel. 414.229.4116

*Website:* <https://uwm.edu/lgbtrc/>

#### **UW Eau Claire**

**Women's & LGBTQIA+ Resource Center**  
**UW-Eau Claire, W.R. Davies Student Center**  
 77 Roosevelt Avenue, Rm. 229  
 Eau Claire, WI 54702  
 Tel. 715.836.2693 or 715.836.4541

*Website:*  
<http://www.uwec.edu/Speakout/LGBTQ/Welcome.htm>

#### **UW Oshkosh**

**LGBTQ Resource Center**  
 UW-OshKosh, 717 W. Irving Ave.  
 Oshkosh, WI 54901  
 Tel. 920.424.3465

#### **UW Steven's Point**

Gender and Sexuality Resource Center  
 UW-Steven's Point, Dreyfus University Center, Room 206  
 Tel. 715-346-3829

*Website:*  
<https://www.uwsp.edu/dca/LGBT/Pages/default.aspx>

#### **UW Green Bay**

Pride Center, Union 153  
 UW-Green Bay, 2420 Nicolet Dr  
 University Union Room 153  
 Green Bay, WI 54311-7001  
 Tel: 920.465.2167

*Website:* <https://www.uwgb.edu/pride-center/>

#### **UW Superior**

UW-Superior, Gender & Equity Resource Center  
 Swenson Hall 1031  
 P.O. Box 2000 Superior, WI 54880  
 Tel: 715.394.8091

*Website:*  
<https://www.uwsuper.edu/genderequity/index.cfm>

UW LGBT campus centers offer information and resources for UW LGBTQ student communities and their allies. Services vary by site, but often include resource/lending libraries, safe spaces, discussion/support groups, social activities, and training workshops.

### **Parents, Families & Friends of Lesbians and Gays (PFLAG)**

PFLAG National Office  
1828 L Street, NW, Suite 660  
Washington, DC 20036  
Tel: 202.467.8180  
*Website:* [www.pflag.org](http://www.pflag.org)

PFLAG provides opportunity for dialogue about sexual orientation and gender identity, and acts to create a society that is healthy and respectful of human diversity. Local Wisconsin PFLAG chapters are listed by region:

#### **PFLAG Sturgeon Bay/Door County**

P.O. Box 213  
Sturgeon Bay, WI 54235  
Tel: 920.743.8146  
*Website:* [www.pflagdoorcounty.org](http://www.pflagdoorcounty.org)

#### **PFLAG Milwaukee**

252 E. Highland Ave  
Milwaukee, WI 53202  
Tel: 414.299.9198 Phone  
*Website:*

#### **PFLAG Duluth/Superior**

1308 Jean Marie St.  
Cloquet, MN 55720  
Tel: 218.724.4768  
jbpehkonen@msn.com  
*Website:* [www.pflagduluthsuperior.org](http://www.pflagduluthsuperior.org)

#### **PFLAG Greater Oshkosh Area**

1923 North Point Street  
Oshkosh, WI 54901  
Tel: 920.426.0991  
*Website:* [www.oshkoshsofa.org/pflag](http://www.oshkoshsofa.org/pflag)

#### **PFLAG Appleton/Fox Cities**

740 Kensington Rd  
Neenah, WI 54956  
Tel: 920.722.7145

#### **PFLAG Galesville/Western Wisconsin**

17150 N. 4th St  
Galesville, WI 54630  
Tel: 608.582.2114

#### **PFLAG Madison**

4221 Venetian Lane  
Madison, WI 53708  
Tel: 608.848.2333 (English) or  
608.221.1956 (Español)  
*Website:* [www.pflag-madison.org](http://www.pflag-madison.org)

#### **PFLAG Kenosha/Racine**

PO Box 580058  
Pleasant Prairie WI 53158  
Tel: 262.694.2729  
*Website:*  
[www.hometown.aol.com/pflagkenosh](http://www.hometown.aol.com/pflagkenosh)

### **FORGE (For Ourselves: Reworking Gender Expression)**

P.O. Box 1272  
Milwaukee, WI 53201

Tel: 414.559.2123

Website: <http://forge-forward.org/in-wisconsin/>

FORGE is a national transgender anti-violence organization, founded in 1994 that provides direct services to transgender, gender non-conforming and gender non-binary survivors of sexual assault.

### **Project Q (PQ)**

Milwaukee LGBT Community Center  
1110 N Market St.  
2nd Floor (Courtyard Entrance)  
Milwaukee, WI 53202

Tel: 414.292.3066

Website: <http://www.mkelgbt.org/programs/youth/>

Project Q is a youth development program and safe space serving lesbian, gay, bisexual, transgender and allied youth ages 13 to 24. Activities and services include workforce/job skills development, leadership and life skills activities, community service projects, expression/arts-based activities, alcohol, tobacco and other drug risk reduction activities, safe sex and healthy relationship education, assistance in starting a [Gay-Straight Alliance](#).

### **Pathfinders**

4200 N Holton St., Suite 400  
Milwaukee, WI 53212  
Business Tel: 414.964.2565

**Crisis Line Tel: 414.261.1560 or Toll free: 1.866.212.SAFE (7233)**

Website: <http://pathfindersmke.org/>

### **Key services/programs include:**

- **Crisis Line:** Trained staff and volunteer counselors are available 24 hours a day, 7 days a week for young people in crisis.
- **Q-Blok:** Supportive housing for LGBTQ-identified young adults, aged 18-25, who are at imminent risk of becoming homeless. Services include housing, financial assistance, case management, education, employment, and transitional living skills development.
- **Drop-In Center:** Basic needs assistance (food, shelter, clothing, intensive case management) to at-risk and homeless youth, aged 11-17, in Milwaukee.

### **Monroe, Inc.**

1240 E Brady St.  
Milwaukee, WI 53202  
Tel: 414.539.3826

Facebook Page: <https://www.facebook.com/momonroemke/>

Monroe, Inc. provides services to improve the quality of life for culturally diverse LGBT individuals and their respective families through racial and social justice, capacity building, advocacy, service navigation, programming, community mobilization and engagement.

**Key services/programs include:**

- **MPower:** A adult drop-in center that provides activities such as lock-ins, art shows, pride events, movie nights, mixers and more.
- **Be Poz:** A HIV-positive youth social support group in Milwaukee for Black gay, bisexual, and other men who have sex with men.
- **Vogue Knights:** A reoccurring monthly activity in which primarily Black young gay, bisexual, other men who have sex with men and transgender persons compete in categories of dance and modeling.

**Outreach LGBT Community Center**

2701 International Lane, Suite 101  
Madison, WI 53704  
Tel. 608.255.8582

*Website:* <http://www.lgbtoutreach.org/>

Outreach offers programs for lesbian, gay, bisexual and transgender people in South Central, including resource identification and referral, a cybercenter, lending library, speaker's bureau, social and support groups, events, and health programs. OutReach has opened a safe space/meeting space in Janesville to help reach the LGBT communities who reside in the Rock County and the surrounding area.

- **OutThere:** Social, member-lead program for LGBTQ youth (18-24) and their allies that includes weekly meetings, get togethers, trips and activities (meets in Madison).
- **ORock:** Rock County version of OutThere (meets in Janesville).
- **GenderWellness:** Provides gender variant and transgender people with information and resources related to HIV/AIDS prevention and ways to stay healthy.
- **Directory:** Web-based directory that lists area-based LGBT-affirming resources (<http://www.lgbtdirectory.org/>)

**Briarpatch Youth Services of Southern Wisconsin**

1955 Atwood Ave  
Madison, WI 53704

**Business Tel: 608.245.2550**

**Crisis Line: 608. 251.1126 or Toll free 1.800.798.1126**

*Website:* <http://www.youthsos.org>

**Key services/programs include:**

- **Crisis Line:** Trained staff and volunteer counselors are available 24 hours a day, 7 days a week for young people in crisis.
- **Independent Living Program:** Transitional living cooperative designed to provide shelter and life-skills training to at risk or homeless young adults ages 18-21. Services include housing, financial assistance, case management, education, employment, and independent living skills development.
- **Drop-In Center:** Basic needs assistance (food, shelter, clothing, intensive case management) to at-risk and homeless youth, aged 11-17, in Southern Wisconsin.
- **Teens Like Us:** Safe space and social support group for LGBTQ+ young people aged 13-19.

**LGBT Resource Center for the 7 Rivers Region**

230 Sixth Street South

La Crosse, WI 54601

608-784-0452

Website: <https://7riverslgbtq.org/>

7 Rivers is a non-profit LGBTQ affirming agency that provides resource referrals, safe spaces, programming, and outreach to individuals from a variety of diverse sexuality and gender identity-based cultures in La Crosse Monroe, Trempealeau, Jackson, Vernon and Buffalo counties.

**Key services/programs include:**

- **Andromeda:** A social and support group for LGBTQ and allied young adults ages 18+.
- **GALAXY:** A safe space group for LGBTQ young people ages 13 to 20 who want to hang out with other LGBTQ teens and discuss issues relevant to LGBTQ teens.
- **Transgender/Gender Queer Gathering:** A safe space support group for all gender nonconforming persons, transgender, gender queer, gender non-binary folks to bender.

**LGBT Center of Southeast Wisconsin**

1456 Junction Ave.

Racine, WI 53403

262.664.4100

Website: [www.lgbtsewisc.org](http://www.lgbtsewisc.org)

The LGBT Center provides resource referrals, safe spaces, support groups, and outreach to individuals from a variety of diverse sexuality and gender identity-based cultures in Racine and Walworth Counties.

**Key services/programs include:**

- **Gender Non-Conforming Support:** A support group for transgender and gender non-conforming persons aged 18+.
- **Rainbow Rockstars! Aged 13-18:** A social and support group for LGBTQ+ young people Transgender and Gender Non- Conforming persons aged 13-18.

June Paul, MSW, APSW  
University of Wisconsin-Madison  
School of Social Work

## APPENDIX H: In-depth Interview Guide

Respondent ID: \_\_\_\_\_  
 Time/date of interview: \_\_\_\_\_  
 Location of interview: \_\_\_\_\_

### Wisconsin LGBTQ Youth in Foster Care Study

#### Introduction

Thank you for agreeing to meet with me, and for taking the time to complete the short survey.

Today, I will be asking you to tell me about what it is like as someone who is LGBTQ to transition from foster care to adulthood. I am interested in hearing about your own personal experiences and opinions on the issues we discuss—both positive and negative—so I hope you'll tell me what you really think.

There are no right or wrong answers to the questions I'll be asking, so please share anything you think is important for me to know. Your views are very valuable to me, and I am here to learn from you.

I want to remind you that as we are talking, if you don't want to answer a question, you would like to take a break or you want to stop the interview, just let me know.

Our interview may last anywhere between 45 minutes to 2 hours. At the end of the interview and short survey I'll pay you \$35 in cash to thank you for your time. I will also enter your name into the study's drawing to win a pair of wireless headphones, which will be given to the winner, after all of the interviews have been completed.

If you like, I can also give you a list of resources that might be of interest to you or someone you know.

**Do you have any questions for me before we start?**

#### Sexual orientation/gender identity

Before we begin, I would like to ask you a couple of questions about your sexual orientation and gender identity or expression. This information will help me understand how you think about and express who you are. Like the rest of this interview, your answers to these questions will be kept confidential.

1. Where do you see yourself on each of these scales? [*Show youth the Spectrum<sup>15</sup> handout. Ask the participant to identify where they fall for each individual measure. Demonstrate how to use scales by disclosing own identity, as needed*].
  
2. How would you like me to refer to your sexual orientation and/or gender identity?
  - 2.1 *Probe:* How would you describe who you are romantically attracted to?
  
  - 2.2 *Probe:* How would you describe how you feel on the inside? [*Ask individuals who identify as transgender or gender expansive which pronouns they would like you to use. Provide an example of own pronouns as needed*].
  
3. How old were you when you began to feel this way? [*As needed, ask participants to specify for both sexual orientation and gender identity*].

### **Background**

Thank you for sharing that with me. Next, I'd like to talk about where you are living now and your plans for leaving foster care.

4. Please tell me about your current foster placement or living arrangement?
  - 4.1 *Probe:* How would you describe to a friend where you live?
  
  - 4.2 *Probe:* How long have you been living there?
  
5. Where do you think you will be living in the next year? In 2 years? In 5 years?

*If planning to leave foster care or current living situation over next 5 years:*

- 5.1 *Probe:* What are your plans to leave your current foster placement or living arrangement?

---

<sup>15</sup> *The Trevor Project.* (2016). Retrieved March 18, 2016 from The Trevor Project website, <http://www.thetrevorproject.org/pages/spectrum>.

5.2 *Probe:* What, if anything, do you look forward to about leaving your current foster placement or living arrangement? What, if anything, are you not looking forward to?

6. What do you want your life to be like in 2 years? In 10 years?

6.1 *Probe:* What goals do you have for yourself?

### **Transitional support**

Now I would like to ask you some questions about the adults who provide you with support as you transition from foster care to adulthood. I am not asking about the friends you hang out with.

To learn about your support network, I'd like to use a tool called an 'eco-map'. [*Show participant the "Support System Eco Map"*]. First, on the eco-map, you will see that there is a circle in the middle. Would you please write your initials or a made-up name for yourself in the middle of that circle?

- Now, I'd like you to think about all of the adults in the foster care system **whose job it is to provide you with support** to as you transition from foster care to adulthood—people like foster parents, social workers and transitional living staff.
- In thinking about these adults, would you please write the first name or initials of each adult and their role, in one of the boxes on this map. [*Show participant the "Support System Eco Map"*].
- Next, I'd like you to think about any other adults in your life that provide you with support as you transition from foster care to adulthood. These people **do not have to be in the foster care system**—they can be any adult that is helpful or supportive to you.

7. Are there any other adults you go to (or might go to) when you need help with something?

*If yes:*

7.1 *Probe:* Would you please add to your map their first name or initials, and the role or relationship you have with them?

For each adult you have listed on your ecomap, I am going to ask you to talk about the kinds of things they do (or have done) to help prepare you for the transition from foster care to adulthood. After you talk about these things, I am going to ask you to draw symbols next to the people that best represents the types of support they give you.

Are you ready to begin?

On the ecomap, you will see symbols that represent 5 different kinds of support. Please draw a \_\_\_\_\_ (symbol being discussed) next to each adult that has provided you with this type of support. *[Repeat Q7 until all 5 symbols have been assigned to each adult on the map—as appropriate].*

*[Use Support Eco-Map key to show participants the symbols used to represent each type of support]:*

- The first symbol represents **emotional support**. These are the adults you call when you want to talk about your feelings, or you need encouragement. For example, maybe you're upset and having a bad day. Or maybe you get good news and you want to tell an adult about it. This type of support is represented by a 'flower'.
  - Second is **informational support** which includes things like guidance or information about how to open a bank account, how to find a doctor, or how to apply for college or get a job. This type of support is represented by a 'question mark'
  - Third, is **concrete support**. This kind of support includes things that adults might give you like money, a place to sleep or do your laundry, or a ride somewhere. This type of support is represented by a 'plus sign'
  - Fourth, is **role model support**. These are adults that you look up to, admire, or you want to be like. This type of support is represented by a 'star'
  - Fifth, is **parent-like support**. These are adults that you think of as being like a parent to you. This type of support is represented by a 'smiley face'
8. Now, I'd like you to choose one of the adults listed on your map **whose job it is to support you** with your transition from foster care to adulthood. Please, talk about the kinds of things that adult does (or has done) to help support you with this transition? *[If respondent doesn't know what is meant, then tell them that it can be anything that was helpful or supportive.]*  
*[Repeat until all 5 symbols have been assigned to each adult on the map].*
9. Next, choose one of the other adults you listed on you map. Please talk about the kinds of things do they do (or have done) to support you with your transition from foster care to adulthood? *[Repeat until all 5 symbols have been assigned to each additional adult on the map].*

*[Note: If there are many other people listed, ask the participant to focus on 1 adult who have provided the most and 1 adult who have provided the least amount of transitional support].*

10. Are there any other people, that are not already on your map, that you go to (or might go to) when you need support with your transition from foster care to adulthood? **These people do not have to be adults—they can be anyone who is helpful or supportive to you.**

*If yes:*

- Would you please add their first names or initials, and the role or relationship you have with them to your map?
- Would you please draw symbols for the kind of support each new person gives you next to their names? *[Use Support Eco-Map key to help participants draw symbols representing type of support.]*
- Please choose one of the new people listed on your map and talk about the kinds of things they do (or have done) to support you with your transition from foster care to adulthood. *[Repeat until all 5 symbols have been assigned to each additional person on the map. Again, as needed, ask participant to focus on 1-2 of these new people].*

11. Are there any other kinds of things the people on your map do (or have done) to support you with your transition from foster care to adulthood that I haven't asked you about?

*If yes:* Can you tell me about those things?

### **LGBTQ-specific support**

Now, I would like to ask some questions about your experiences with getting support when you need to talk someone about things as someone who identifies as \_\_\_\_\_ (Participant's LGBTQ identity).

First, I am first going to ask you which of the people on your ecomap know that you identify as \_\_\_\_\_ (Participant's LGBTQ identity).

Then, I am going to ask you to draw symbols next to the adult's name or initials that best represents the types of help they give, if anything, to support you—and ask you to talk about the kinds of support they provide.

Are you ready?

First, please place a **rainbow sticker** next to the name of each person on the map that you are out to as \_\_\_\_\_ (Participant's LGBTQ identity) and **circle the sticker** if you know whether that individual also identifies as LGBTQ.

12. What sorts of things affected your decision about whether or not to tell them about your being \_\_\_\_\_ (Participant's LGBTQ identity)?

Next, on the ecomap, you will see symbols representing 5 different kinds of support that have been helpful to people in your age group who identify as LGBTQ.

Please draw a \_\_\_\_\_ (symbol being discussed) next to each adult that has provided you with this type of support. *[Repeat until all 5 symbols have been assigned to each adult on the map].*

*[Use Support Eco-Map key to show participants the symbols used to represent each type of support]:*

- The first symbol represents support **romantic support** which includes support around romantic feelings or relationships you may have or have had. This type of support is represented by a 'heart'.
- The second symbol is for **identity support**, which includes support for things like what it means to be \_\_\_\_\_ (Participant's LGBTQ identity), or how to come out to your family or friends. This type of support is represented by a 'triangle'.
- The third is **anti-bias support**. This kind of support includes things that adults do or say to help you deal with being treated poorly because of your sexual orientation or gender identity. This type of support is represented by an 'a circle with a line through it'.
- The fourth is **community support** which includes support from adults who also identify as \_\_\_\_\_ (Participant's LGBTQ identity), or who help you meet or connect with other people who identify as \_\_\_\_\_ (Participant's LGBTQ identity). This type of support is represented by an 'equal sign'.
- And the fifth is **practical support** which includes things that adults do to help you get services from professionals who understand the needs of people who identify as \_\_\_\_\_ (Participant's LGBTQ identity). This type of support is represented by the 'checkmark'.

13. Again, I'd like you to choose one of the adults listed on your map **whose job it is to support you** with your transition from foster care to adulthood. Please, talk about the kinds of things that adult has done to support you as someone who identifies as \_\_\_\_\_ (Participant's LGBTQ identity)? *[If respondent doesn't know what is meant, then tell them that it can be anything that was helpful or supportive.] [Repeat until all 5 symbols have been assigned to each additional adult on the map].*

- 13.1 *Probe:* Now, choose one of the other adults you have listed on your map. Please talk about the kinds of things that adult has done to support you as someone who identifies as \_\_\_\_\_ (Participant's LGBTQ identity)?

*[Note: If there are many other people listed, ask the participant to focus on 1 other adult who have provided the most and 1 other adult who have provided the least amount of transitional support].*

14. Are there any other people, who are not already on your map, that you go to (or might go to) when you need support as someone who identifies as \_\_\_\_\_ (Participant's LGBTQ identity)? **These people do not have to be adults—they can be anyone who is helpful or supportive to you.**

*If yes:*

- Would you please add their first names or initials, and the role or relationship you have with them to your map?
- Next to their names, would you please draw symbols for the kind of support each new person gives you next to their names? *[Use Support Eco-Map key to help participants draw symbols representing type of support.]*
- Please choose one of the new people listed on your map and talk about the kinds of things they do (or have done) to support you as someone who identifies as \_\_\_\_\_ (Participant's LGBTQ identity). *[As needed, ask the participant to focus on 1 adult who have provided the most and 1 adult who have provided the least amount of transitional support].*

15. Are there any other kinds of things the people on your map do (or have done) to support you as someone who identifies as \_\_\_\_\_ (Participant's LGBTQ identity) that I haven't asked you about?

*If yes:* Can you tell me about them?

*Section Summary: [Interviewer, provide a brief oral summary of main points from this section of the interview. Ask participants whether it is accurate, and if anything was missed]*

### **Supportiveness of relationships**

Now, I am going to ask you to show me how supportive you feel each person is (or has been) to you. On the ecomap, you will see that there are three types of lines to show how supportive a person has been. The **dark solid line** is used to show that a person has been very supportive, the

**lighter solid line** shows they have been somewhat supportive, and the **dashed line** shows they have not been at all supportive. You will also see a fourth **line that has cross marks**. This line is used to show you have problems in your relationship with that adult.

Using the black marker, would you please draw a solid or dashed line from your circle (in the middle) to each person on your map? In doing so, use the line that best represents how supportive they have been to you.

Next, would you please draw a line with cross marks from your circle to each person on your map with whom your relationship is (or has been) problematic. *[Use Support Eco-Map key to help participants draw lines representing level of support]. [If the respondent doesn't know what is meant, tell them that it can be anything that they feel is a problem in this relationship].*

*[Again, direct participant to first focus on the adults whose job it is to support them with their transition, and then the other persons on their map].*

*[As needed, ask the participant to focus on 1 other adult with the most supportive, and 1 other adult with the least supportive lines].*

16. I see you drew a \_\_\_\_\_ (support line type) between you and \_\_\_\_\_ (insert adult's first name or initials). Why did you choose to draw that type of line? *[Repeat until all of the adults whose job it is provide them with transitional support, and the 1 other most/least supportive persons have been discussed].*

17. *For each adult who also has a line with cross marks:* I see you also drew a line indicating there is (or has been) a problem in your relationship with \_\_\_\_\_ (insert adult's first name or initials whose job it is provide them with transitional support). Why did you choose to draw this line? What kinds of problems do (or have) you had with this relationship? *[Repeat 19.1 until the respondent has talked about each identified adult who also have problem lines].*

Thinking back to when you first met \_\_\_\_\_ [name or initials of adult]

18. What kinds of things, if any, made it easier to start a relationship with them? That is, what helped you connect with them when you first began working together? What kinds of things, if any, made it harder to start a relationship with them?

18.1 *Probe:* Was there anything that made it easier for you to trust them—like maybe they did or said something that showed you they really care, or things you had in common with them?

- 18.2 *Probe:* Was there anything that made it harder for you to trust them?—things like experiences you have had, things you were afraid of happening, or things that they did or said?

Now, thinking about the relationship you have with this adult today...

19. What kinds of things, if any, make it easier to continue having a relationship with these adults—that is, what helps you stay connected to them? What kinds of things, if any, make it harder to stay connected?
- 19.1 *Probe:* Is there anything that make it easier for you to stay connected to them—things like having a way to stay in contact, or showing that they really care about you?
- 19.2 *Probe:* Is there anything that gets in the way of you staying connected to them—things like not being able to see or contact them, or fears you have about the relationship?

*Section Summary: [Interviewer, provide a brief oral summary of main points from this section of the interview. Ask participants whether it is accurate, and if anything was missed]*

### **Support for LGBTQ youth leaving foster care**

For these last few questions, I am going to ask you about your overall thoughts and opinions concerning support for LGBTQ young people as they prepare to transition from foster care to adulthood.

You have talked about the support you are receiving (or have received) from adults.

20. Do you think the support you need is similar or different from other young people leaving foster care who do not identify as \_\_\_\_\_ (Participant's LGBTQ identity)? *If similar:* What makes it similar? *If different:* What makes it different? *[As needed, probe mental or physical health care, relationship support, job training/employment, housing, and education].*
21. What kinds of needs or challenges have you had, if any, with the transition to adulthood as someone who identifies as \_\_\_\_\_ (Participant's LGBTQ identity)? What are some examples?

22. What kinds of support do you wish you had, that you don't have, that would help you transition from foster care to adulthood? What are some examples?
23. Have you ever been treated poorly because of your sexual orientation or gender identity as you prepare to transition to adulthood? *If yes: Please tell me about what happened.*
- 23.1 *Probe:* Have you ever not gotten support because you identify as \_\_\_\_\_ (Participant's LGBTQ identity)? *If yes: Please tell me about what happened.*
- 23.2 *Probe:* Has anyone in the child welfare system ever treated poorly because you identify as \_\_\_\_\_ (Participant's LGBTQ identity)? *If yes: Please tell me about what happened.*

*Section Summary: [Interviewer, provide a brief oral summary of main points from this section of the interview. Ask participants whether it is accurate, and if anything was missed]*

### **Wrap-up**

24. In your opinion, what is being done well to support LGBTQ young people as they prepare to transition from foster care to adulthood?
25. What could be done better to support LGBTQ young people as they transition from foster care to adulthood?
- 25.1 *Probe:* What kinds of support would be available?
- 25.2 *Probe:* How would this support be provided?
26. Is there anything I haven't asked about that you think is important for me to know about support for LGBTQ young people as they get ready to transition from foster care to adulthood?

*Final Summary: [Interviewer, provide a brief oral summary of main points from full interview. Ask participants whether it is accurate, and if anything was missed]*

Thank you again for taking the time to share your thoughts and experiences with me today.  
*[Interviewer – give \$35 cash to the participant]*

# APPENDIX I: Support System Ecomap

Respondent ID:

## Support System Eco Map





### Transitional Support

EMOTIONAL  INFORMATIONAL  CONCRETE  ROLE MODEL  PARENT-LIKE 

### LGBTQ Specific Support

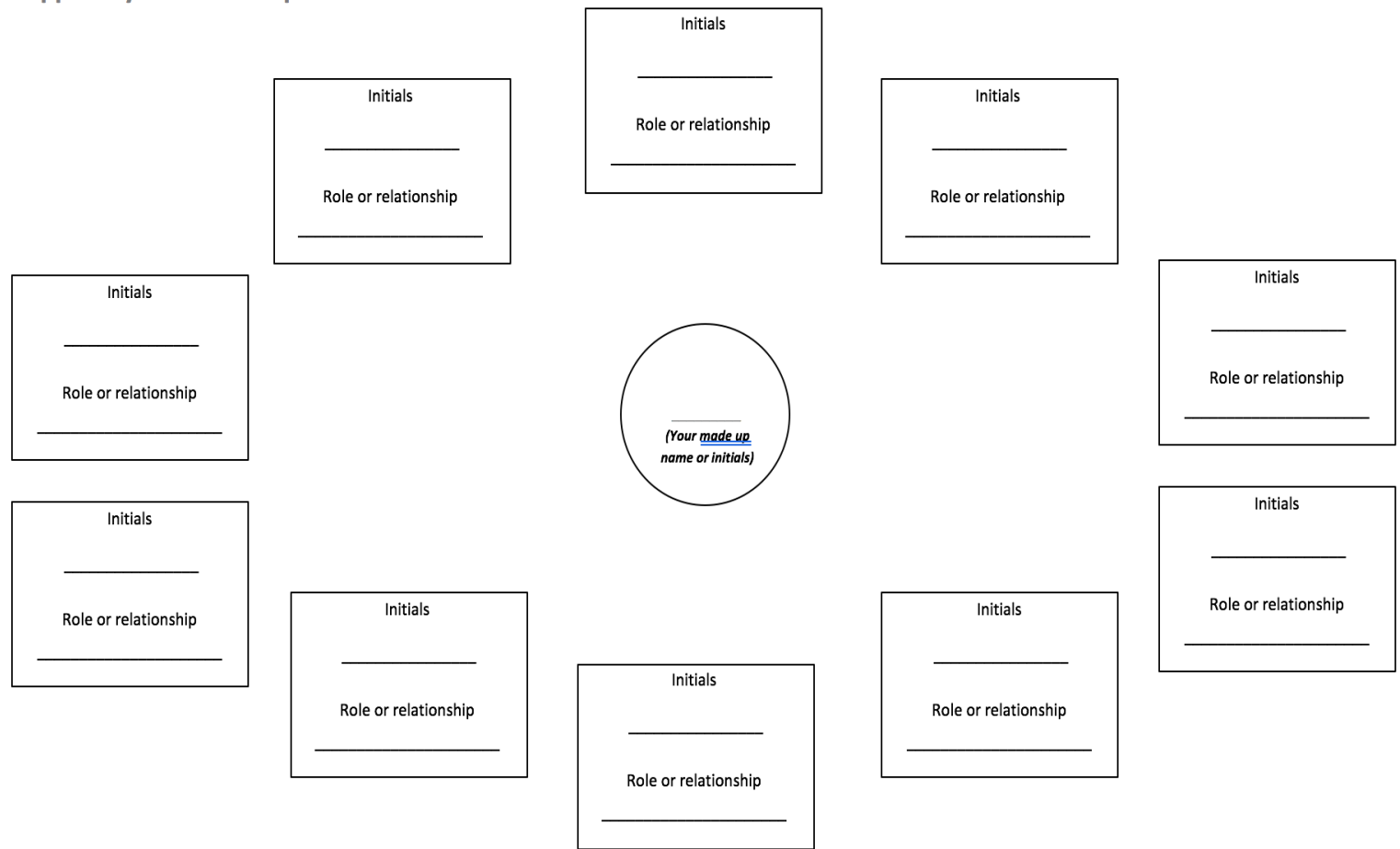
ROMANTIC  IDENTITY  ANTI-BIAS  COMMUNITY  PRACTICAL 

### Supportiveness of Relationship

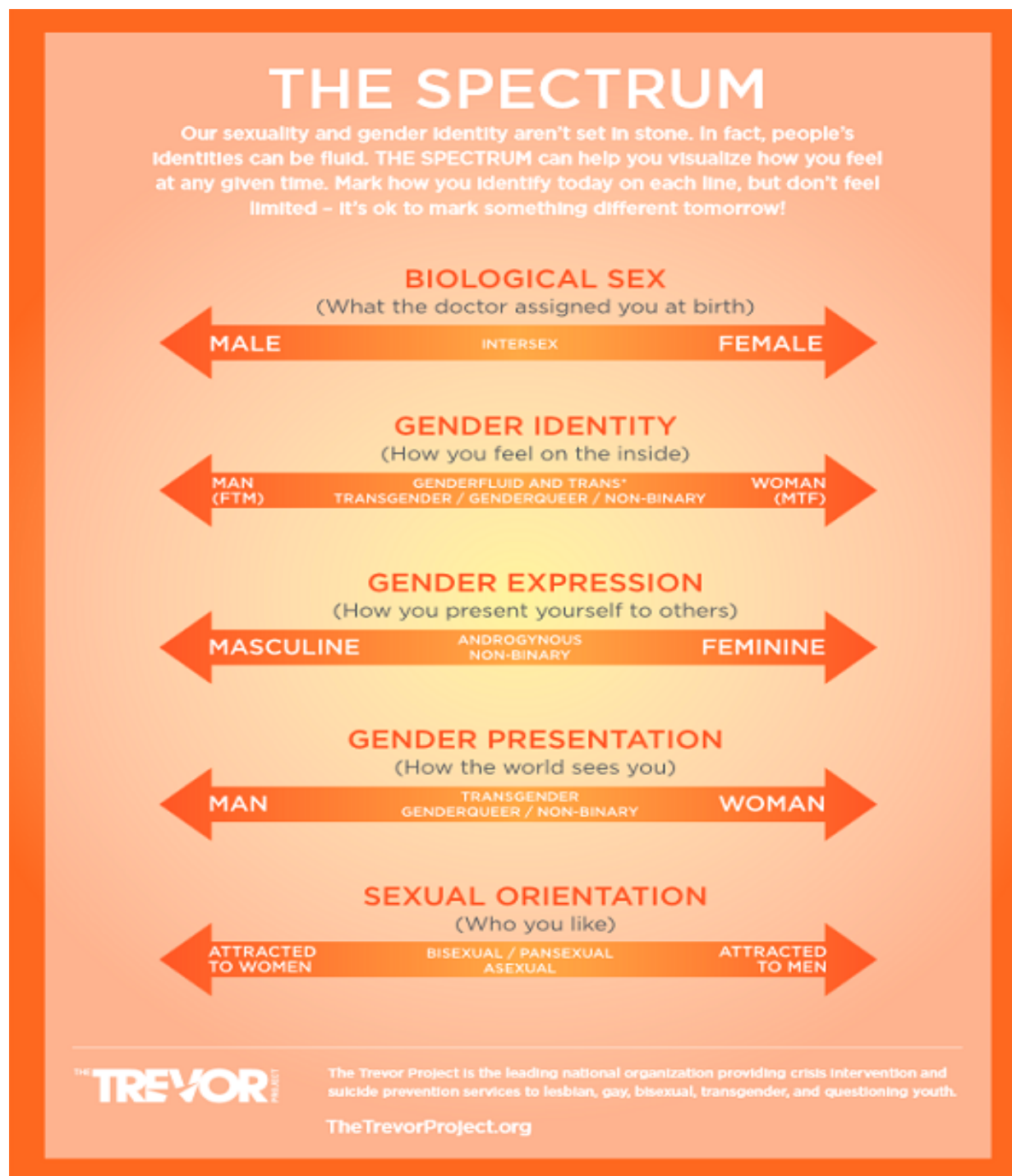
 VERY SUPPORTIVE  
 SOMEWHAT SUPPORTIVE  
 NOT AT ALL SUPPORTIVE  
 PROBLEMS OR CONFLICT

### Support System Eco Map

Respondent ID: \_\_\_\_\_



## APPENDIX J: Trevor Project Sexual and Gender Identity Spectrum



**APPENDIX K: Short Survey**

Respondent ID: \_\_\_\_\_

**Wisconsin LGBTQ Youth in Foster Care Study**

This survey should take you about 5 minutes to complete. Please check the box next to the answer of your choice, and write answers, as needed, in the space provided. Please try to answer each question as best you can. Your decision to complete this survey is voluntary. You do not have to answer any question you do not want to answer. Just leave that question blank.

1. How old were you when you first entered foster care?

*Please choose one answer only*

- Less than 1 year old
- 1 to 2 years old
- 3 to 5 years old
- 6 to 10 years old
- 11 to 13 years old
- 14 to 17 years old

2. If you have been in foster care more than one time, how old were you when you last entered foster care?

*Please choose one answer only*

- Less than 1 year old
- 1 to 2 years old
- 3 to 5 years old
- 6 to 10 years old
- 11 to 13 years old
- 14 to 17 years old

3. Thinking about all of the times you have been in foster care, how long have you been in foster care in total? *Please choose one answer only*

- Less than 1 year
- 1 to 2 years
- 3 to 4 years
- 5 to 6 years

- 7 to 8 years
- 9 to 10 years
- More than 10 years

4. What types of foster care placements have you lived in while you have been in foster care?  
*Please choose all that apply*

- Foster family home with relative
- Foster family home with someone other than a relative
- Group home or residential facility
- Shelter care facility
- Hospital
- Jail or other correctional facility
- Supervised or other type of transitional living situation
- Other, please specify \_\_\_\_\_
- No other placements

5. How many times were you moved to different living situation while in foster care?  
*Please choose one answer only*

- Never
- 1 time
- 2 to 3 times
- 4 to 5 times
- 6 to 10 times
- 11 to 15 times
- 16 to 20 times
- 21 to 25 times
- 26 or more times

*If yes: What is the reason (or reasons) you have experienced a change in foster placement?  
Please write your answers below*

---

---

---

---

6. How many times have you experienced a change in foster placement due to your sexual orientation or gender identity?

*Please choose all that apply*

- Never  
 1 time  
 2 to 3 times  
 4 to 5 times  
 6 or more times

7. About how old do you think you will be when you leave the child welfare system?

*Please choose one answer only*

- 17  
 18  
 19  
 20  
 21

8. What is the reason (or reasons) you were you placed into foster care? *Please write your answers below.*

---



---



---



---

9. So that I may contact you again for future interviews, please list the names and contact information of 5 people who always know where you are:

1) \_\_\_\_\_  
 Name Relationship to you Phone Number

\_\_\_\_\_

Street Address City State Zip Email

2) \_\_\_\_\_  
Name Relationship to you Phone Number  
\_\_\_\_\_

3) \_\_\_\_\_  
Name Relationship to you Phone Number  
\_\_\_\_\_

4) \_\_\_\_\_  
Name Relationship to you Phone Number  
\_\_\_\_\_

5) \_\_\_\_\_  
Name Relationship to you Phone Number  
\_\_\_\_\_

Thank you for taking the time to complete this survey!