

Human Services for Low Income and At Risk LGBT Populations

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EXECUTIVE SUMMARY

The social and legal environment for lesbian, gay, bisexual, and transgender (LGBT) people in the United States is changing rapidly. As more LGBT people openly acknowledge their sexual orientation and gender identity, their visibility in society has increased. Some states have legalized same-sex marriage or civil unions, and federal law now permits recognition of state-sanctioned marriages. Although a federal law to prohibit employment discrimination against LGBT people has not been passed, some states and localities have adopted these protections, and President Obama has signed an executive order prohibiting employment discrimination based on sexual orientation or gender identity by federal contractors.

Despite these changes, existing research suggests that LGBT people, like some other minority groups, may face disproportionate risks to their economic and social well-being. LGBT individuals and families may be more likely than their non-LGBT counterparts to experience poverty, family disruption, homelessness, obstacles to positive youth development, and other difficulties. These problems may be rooted in social stigma—negative attitudes toward LGBT people among individuals and institutions that result in discrimination and disadvantage (Institute of Medicine 2011).

The circumstances of LGBT people signal a potential need for tailored human services to help address the challenges they face and mitigate risks. However, research and data sources identifying LGBT populations are relatively limited, and substantial knowledge gaps exist regarding at-risk and low-income LGBT people and their experiences with human services.

This report presents the results of an assessment of research needs related to human services for LGBT people. Mathematica Policy Research and its subcontractor, the Williams Institute, conducted the assessment for two offices in the U.S. Department of Health and Human Services (HHS): the Office of Planning, Research and Evaluation (OPRE), Administration for Children and Families (ACF) and the Office of the Assistant Secretary for Planning and Evaluation (ASPE). The assessment aimed to determine what is known about low-income and at-risk LGBT people and their interactions with human services, especially services funded by ACF, and identify important topics for further research in this area.

The assessment aimed to determine what is known and what needs to be learned in three general areas: (1) socioeconomic characteristics and risks among LGBT populations, (2) their current participation in human services, and (3) strategies for serving these populations effectively. ACF programs address a wide range of human services and at-risk populations. To focus the needs assessment further, we defined and concentrated on three domains related to ACF programs and the populations ACF serves: (1) low-income LGBT populations and programs to support economic security, (2) LGBT populations and the child welfare system, and (3) LGBT youth¹ and programs to support them. The research team used a variety of methods to conduct the assessment, including developing an annotated bibliography on LGBT populations and human services, consulting with a 13-member expert panel and representatives of ACF

¹ This group includes youth who are questioning or unsure of their sexual orientation and/or gender identity.

program offices, conducting secondary data analyses, and interviewing staff at state and community agencies providing human services to LGBT people.

The report begins by summarizing issues related to measurement of sexual orientation and gender identity and data collection on LGBT populations. It then presents findings on the knowledge base and research needs related to each of the three focal domains. We conclude by summarizing themes across the research needs identified.

Measurement, data collection and analysis issues in research on LGBT populations

- **Sexual orientation and gender identity are multidimensional concepts, and there is no single method for measuring them.** Measures of sexual orientation may address self-identification, sexual behavior, and/or attraction. Gender identity measures may address self-identification, gender expression, and gender nonconformity.
- **The collection and analysis of data on sexual orientation and gender identity pose a range of challenges.** These include the willingness of respondents to accurately report their sexual orientation or gender identity, measurement error, differences in conceptualizations of sexual orientation and gender identity across racial and ethnic cultures and age cohorts, a lack of population-based data that include sexual orientation or gender identity measures, and small sample sizes when such data are available.
- **A handful of federal population-based surveys currently includes sexual orientation or gender identity measures.** Some population-based surveys also allow for the identification of same-sex cohabiting couples. Only one ACF program, the Runaway and Homeless Youth Program, currently collects administrative data including information about clients' sexual orientation and gender identity.

Low-income LGBT populations and programs to support economic security

- **Analyses of nationally representative, population-based surveys and other data sources suggest that LGBT people are more likely to face economic difficulties than are non-LGBT people, but findings related to poverty risk vary for LGBT subpopulations and across analyses focusing on individuals or couples.** For example, among respondents to the nationally representative Gallup Daily Tracking survey, those identifying as LGBT were more likely than non-LGBT respondents to report experiencing a time in the past year when they did not have enough money to feed themselves or their family, pay for shelter, or pay for health care. Analyses focusing on couples and controlling for demographic characteristics find that both male and female same-sex couples are more likely to be in poverty than are different-sex married couples. Analyses focusing on individual adults find that bisexual adults are more likely to be poor than heterosexual adults (without controlling for other demographic characteristics). No nationally representative, population-based data are available to assess the extent of poverty among transgender people.
- **Analyses of these data also indicate that some LGBT populations receive benefits that support low-income people at significantly higher rates than non-LGBT populations do.** Multivariate analyses that control for characteristics associated with the likelihood of receiving benefits (including poverty status) indicate that same-sex male and female couples

are more likely to receive cash assistance and SNAP benefits than similar married different-sex couples. In similar analyses focused on individual adults ages 18 to 44, bisexual women are more likely than heterosexual women to report receiving cash assistance.

- **Some providers offer employment programs designed to address barriers to employment that may be specific to LGBT people, especially transgender people.** These programs prepare jobseekers by helping them improve skills, access other services they may need, and address issues related to gender identity in the workplace. They also encourage employers to improve workplace conditions for transgender employees.
- **Research needs related to low-income LGBT populations include the following:**
 - Identifying factors that may contribute to disproportionate poverty and economic insecurity among LGBT populations and exploring how intersections among sexual orientation, gender identity, and other characteristics, such as race/ethnicity, age, and urban/rural status, affect the risk of poverty and economic vulnerability.
 - Further assessment of LGBT populations' use of benefits and other supports for self-sufficiency, including whether LGBT populations attempt to access benefits at different rates than non-LGBT people do or encounter LGBT-specific barriers to access.
 - Documenting the implementation and testing the effectiveness of programs to support self-sufficiency among LGBT people.

LGBT populations and the child welfare system

- **Studies of population-based and purposive samples of LGB adolescents and adults suggest that LGB people are at higher risk of experiencing childhood maltreatment than their non-LGB counterparts.²** In addition, a longitudinal study of a purposive sample of youth found that a higher level of gender nonconforming behavior during childhood was associated with increased risk of maltreatment.
- **In qualitative studies, LGBT youth in foster care have reported harassment by peers in child welfare settings, discomfort or rejection among foster parents and agency staff, and a lack of services to meet their specific developmental or health care needs.** These studies and an analysis of data from a sample of youth exiting foster care in three states also suggest that LGBT youth may be more likely to experience disruption in foster care placements.
- **Child welfare researchers and practitioners have recommended strategies for improving child welfare services for young LGBT people.** These strategies include prohibiting discrimination based on sexual orientation and gender identity and ensuring LGBT youth in care are respected by child welfare agency staff and peers, increasing LGBT cultural competency among agency staff and foster parents, providing child welfare services that address the specific needs of LGBT youth and their families, and effectively managing information on the sexual orientation and gender identity of youth in the child welfare system.

² In this report, we use the abbreviation LGB (rather than LGBT) when describing studies or findings that address lesbians, gays, and bisexuals but not transgender people. In many cases, data sources for these studies did not include measures to identify transgender people.

- **Analyses of nationally representative, population-based survey data suggest that same-sex couples are more likely to be adoptive or foster parents than are different-sex couples.** Among couples with adopted or foster children, same-sex couples were younger than different-sex couples, on average.
- **Research needs related to LGBT populations in the child welfare system include the following:**
 - Exploring the risk of maltreatment among subgroups of young LGBT people and factors that increase or decrease maltreatment risk for these populations.
 - Identifying the number and characteristics of LGBT youth in the child welfare system and determining whether their service experiences and outcomes differ from those of non-LGBT youth.
 - Assessing the effectiveness of strategies to improve child welfare services for young LGBT people in foster care.
 - Analyzing further the characteristics and experiences of LGBT individuals and couples who adopt or foster children through public child welfare agencies as well as the effectiveness of strategies to engage these populations as foster or adoptive parents.

LGBT youth and programs to support them

- **Most LGBT youth are well adjusted; however, analyses of population-based data indicate that the prevalence of many risk behaviors is higher among LGB and questioning youth than heterosexuals.³** Research with population-based and purposive samples has also found that large proportions of LGBT youth experience harassment at school because of their sexual orientation or gender identity.
- **Some studies point to possible protective factors for LGBT youth.** Factors that promote resilience for LGBT youth may include parental acceptance, the presence of supportive adults in schools, a protective school climate, and an affirming social environment.
- **Research on youth homelessness strongly suggests that LGBT youth are overrepresented among runaway and homeless youth, although prevalence estimates vary widely.** Studies with purposive samples have found that LGBT homeless youth were more likely than their non-LGBT counterparts to have poor mental health, be victimized, and engage in risky behaviors.
- **LGB youth face health disparities related to sexually transmitted infections and may be at higher risk than heterosexuals for unintended pregnancy.** According to disease surveillance data, most new HIV infections among young people (ages 13 to 24) occur among gay, bisexual, and other men who have sex with men. Analyses of population-based data have found that lesbian, gay, and bisexual adolescents are all significantly more likely to become pregnant or cause a pregnancy than are heterosexuals. Relatively high rates of pregnancy involvement among LGB adolescents (and those questioning or unsure of their

³ Data sources used in these population-based studies of youth risk behavior did not include measures to identify transgender people.

sexual orientation) may be linked to higher rates of risky sexual behavior that is a response to stigma, or to lower levels of protective factors among these youth.

- **Information on LGBT youths' participation in homelessness and sexual health education services is very limited, and the effectiveness of services for these populations is unknown.** A small number of studies, mainly involving providers, and anecdotal evidence suggest that LGBT youth may experience barriers to social service access related to insufficient provider expertise in serving LGBT youth, lack of LGBT-specific resources or information, and discrimination.
- **Research needs related to services to support LGBT youth include the following:**
 - Further specifying how individual-, family-, and community-level factors increase or reduce the risk of poor outcomes for LGBT youth, especially transgender youth and youth of color.
 - Exploring LGBT youths' participation in and satisfaction with services for runaway and homeless youth and sexual health education programs.
 - Examining whether and how ACF-funded providers take steps to enhance the accessibility of homelessness and sexual health education services or to tailor services for LGBT youth.
 - Assessing the effectiveness of strategies to prevent LGBT youth homelessness, improve outcomes among LGBT youth experiencing homelessness, and provide pregnancy prevention/sexual health education services to LGBT youth.

Themes in research needs

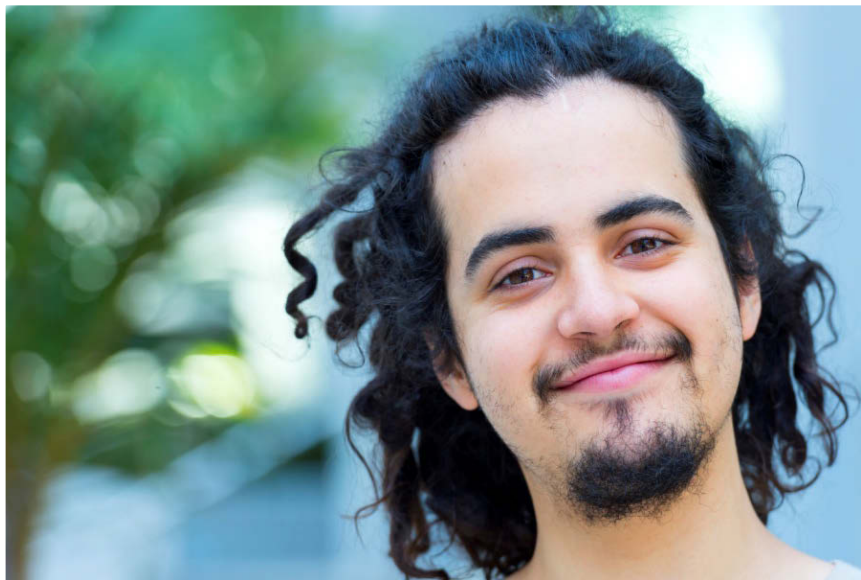
Five main themes in research needs emerged in the assessment:

1. **Developing sources of survey and administrative data to increase understanding of LGBT populations' characteristics and human service use.** A very limited number of population-based and administrative data sources simultaneously address human services and measure LGBT status. Additional sources of survey and administrative data are needed to clarify the number of LGBT people who experience economic hardships and other risks and to determine the extent to which LGBT populations participate in ACF services.
2. **Continuing to explore the nature of risk and protective factors among LGBT people, especially LGBT subpopulations.** More investigation is needed to discern who among LGBT populations is at greatest risk of poor economic outcomes and explore the reasons for disparities that may exist—both between LGBT people and non-LGBT people and between LGBT subpopulations. A relatively substantial body of research indicates that LGB youth are more likely than their heterosexual peers to experience child maltreatment, have poor mental health, and engage in behaviors that pose risks to their health and well-being. Further research is necessary to understand risks for transgender youth and explore individual, family, and community characteristics that support LGBT youth and help them transition successfully to adulthood.
3. **Understanding potential barriers to service access.** Existing research points toward factors that may impede LGBT people from receiving the services they need, factors such as providers' lack of knowledge regarding the specific circumstances of LGBT people or

services that are not relevant to the needs of LGBT clients. It remains unclear how pervasive such barriers are across services, geographic locations, and agencies and whether they are broadly experienced by LGBT people in need of services.

4. **Identifying and documenting efforts to improve human service delivery to LGBT populations.** Researchers, professional associations, and advocacy groups have recommended steps to increase the safety, accessibility, and relevance of human services to LGBT populations. The extent to which service providers nationwide have adopted these recommendations is not known, and factors that facilitate or inhibit their full implementation have not been well documented in the research literature.
5. **Evaluating the effectiveness of human service interventions targeting LGBT populations.** Our assessment identified several examples of services tailored for LGBT clients, specifically in the areas of employment assistance, child welfare services, and emergency shelter and transitional housing for runaway and homeless youth. Studies are needed to establish whether these and other interventions improve outcomes for LGBT adults and youth. Research is also needed to assess whether LGBT-specific services are more effective for LGBT participants than are services designed for the general population.

I. INTRODUCTION



I. INTRODUCTION

Chapter Summary

- **This report presents the results of an assessment of research needs related to human services for lesbian, gay, bisexual, and transgender (LGBT) populations.** The assessment aimed to (1) determine what is known about low-income and at-risk LGBT populations and their interactions with human services, especially services funded by the Administration for Children and Families (ACF) in the U.S. Department of Health and Human Services (HHS), and (2) identify important topics for further research in this area.
- **The research needs assessment focused on three domains related to ACF programs and populations ACF serves.** These domains were (1) low-income LGBT populations and programs to support income security, (2) young LGBT people and LGBT foster and adoptive parents in child welfare settings, and (3) at-risk LGBT youth and programs to support them.

The social and legal environment for lesbian, gay, bisexual, and transgender (LGBT) people in the United States is changing rapidly. As more LGBT people openly acknowledge their sexual orientation and gender identity, their visibility in society has increased. In a recent nationally representative poll of LGBT Americans conducted by the Pew Research Center, 92 percent of respondents indicated they believe that compared to 10 years ago, society is now more accepting of LGBT people (Pew Research Center 2013). Some states have legalized same-sex marriage or civil unions, and federal law now permits recognition of state-sanctioned marriages. Although a federal law to prohibit employment discrimination against LGBT people has not been passed, some states and localities have adopted these protections, and President Obama has signed an executive order prohibiting employment discrimination based on sexual orientation or gender identity by federal contractors.

Despite these changes, existing research suggests that LGBT people, like some other minority groups, may face disproportionate risks to their economic and social well-being. LGBT individuals and families may be more likely than their non-LGBT counterparts to experience poverty, family disruption, homelessness, obstacles to positive youth development, and other difficulties. These problems may be rooted in social stigma—negative attitudes toward LGBT people among individuals and institutions that result in discrimination and disadvantage (Institute of Medicine 2011). The circumstances of LGBT people signal a potential need for tailored human services to help address the challenges they face and mitigate risks. However, research and data sources identifying LGBT populations are relatively limited, and substantial knowledge gaps exist regarding at-risk and low-income LGBT people and their experiences with human services.

This report presents the results of an assessment of research needs related to human services for LGBT people. Mathematica Policy Research and its subcontractor, the Williams Institute, conducted the assessment for two offices in the U.S. Department of Health and Human Services (HHS): the Office of Planning, Research and Evaluation (OPRE), Administration for Children and Families (ACF) and the Office of the Assistant Secretary for Planning and Evaluation (ASPE). The assessment aimed to determine what is known about low-income and at-risk LGBT

people and their interactions with human services, especially services funded by ACF, and identify important topics for further research in this area.

To provide context for the needs assessment findings, we begin by describing the scope and estimated size of the LGBT community in the United States as well as factors that may contribute to social and economic disadvantages for LGBT people. We then present the framework and methods for the needs assessment.

A. Understanding LGBT populations

Lesbian, gay, bisexual, and transgender people are often considered together in policy discussions and popular discourse. These populations share a common experience of not conforming to cultural norms regarding sexual orientation and gender identity or expression (Institute of Medicine 2011). (Box I.1 provides definitions of sexual orientation, gender identity, gender expression, and other key terms used in this report.) Sexual orientation relates to an individual's sexual attractions and behaviors. Those who express same-sex attractions and behaviors commonly identify as lesbian, gay, or bisexual. Gender identity is the expression of one's gender, regardless of biological sex. Transgender individuals are those who express their gender in ways that are not typically associated with their biological sex.

Although LGBT people often form a recognizable cultural or political coalition, each of the groups that make up the LGBT community is a distinct population. Moreover, members of each group are diverse in terms of gender, race and ethnicity, socioeconomic status, and other characteristics (Institute of Medicine 2011). Transgender people also differ from lesbians, gays, and bisexuals in their experiences and circumstances.

In this report, we adopt the convention of considering LGBT people in combination while recognizing that many differences exist among and within these groups. We acknowledge these differences by referring to "LGBT populations." In addition, as appropriate, we indicate when research findings or identified research needs apply to a specific population within the LGBT community. As described below, the framework for the research needs assessment includes specific questions regarding subgroups of the LGBT community, such as people of color, transgender people, and youth.

Box I.1. Key terms: Sexual orientation, gender identity, gender expression, and transgender

According to the American Psychological Association (2011):

- *Sexual orientation* refers to “the sex of those to whom an individual is sexually and romantically attracted” and generally includes the categories lesbian, gay, bisexual, and heterosexual.
- *Gender identity* refers to “one’s sense of oneself as male, female, or transgender.”
- *Gender expression* is “the way a person communicates gender identity to others through behavior, clothing, hairstyles, voice, or body characteristics.”
- *Transgender* is a broad term describing people whose self-identified gender or gender expression does not correspond to their biological sex or sex assigned at birth.

1. How many people in the United States are LGBT?

Gates (2011) has estimated the percentage of U.S. adults who identify themselves as lesbian, gay, or bisexual (LGB) by averaging results from five state and national population-based surveys conducted between 2004 and 2009. According to this analysis, approximately 3.5 percent of the U.S. adult population (more than eight million people) identify as LGB. About half of this group identifies as lesbian or gay and half as bisexual. To estimate the size of the transgender population in the United States, Gates averaged the results of population-based surveys in two states, Massachusetts and California. This analysis suggests that approximately 0.3 percent of U.S. adults (more than 697,000 people) are transgender.

Analyses of data from the Gallup Daily Tracking poll (a nationally representative survey conducted from June through September 2012) provide a roughly similar estimate of the proportion of U.S. adults that identify as LGBT: 3.5 percent (Gates and Newport 2013). This survey does not distinguish among lesbian, gay, bisexual, and transgender respondents. LGBT identification was higher among nonwhite respondents compared to white respondents and women compared to men. Adults ages 18 to 29 were more likely to identify as LGBT than were those in older age groups.

Estimating the proportion of people younger than 18 who are LGBT is difficult because few population-based surveys of youth include questions on sexual orientation or gender identity. Mustanski et al. (2014a) draw one set of estimates from analyses of the 2005 and 2007 Youth Risk Behavior Survey (YRBS), which is administered to a representative sample of students in grades 9 to 12. In 14 states and cities, this survey included questions related to sexual orientation, sexual attraction, and/or gender of sexual contacts. For these jurisdictions, estimates of the percentage of “sexual minority” youth (those who identified as LGB or unsure, reported attraction to the same sex, or had same-sex sexual contacts) ranged from 2.2 to 13.4 percent. Kann et al. (2011) found that in nine jurisdictions where the YRBS included questions to assess sexual identity, an average of 1.3 percent of respondents identified themselves as gay or lesbian, 3.7 percent as bisexual, and 2.5 percent as unsure.

2. What links LGBT status to disparities in social and economic well-being?

LGBT populations face a basic disadvantage in the form of social stigma (Herek 1998; Lombardi et al. 2002). Stigma refers to the “inferior status, negative regard, and relative powerlessness that society collectively assigns to individuals and groups that are associated with various conditions, statuses, and attributes” (Institute of Medicine 2011, p. 61). It may be experienced or exhibited at the individual or structural level (Herek et al. 2009). At the individual level, people may hold and act on negative attitudes toward LGBT people, and LGBT people may internalize these negative attitudes. At the structural level, society’s institutions may disadvantage LGBT people by not acknowledging them (for example, implementing policies or programs that assume all people are heterosexual) or by actively discriminating against them.

Stigma produces conditions that may impair the social and economic well-being of LGBT people. According to the Pew survey of LGBT Americans, more than half of LGBT people (53 percent) believe there is “a lot” of discrimination against gays and lesbians, and substantial proportions report having been threatened or physically attacked (30 percent) or treated unfairly by an employer (21 percent) because of their sexual orientation or gender identity (Pew Research Center 2013). Harassment or violence based on sexual orientation or gender identity results in mental or physical harm. LGBT people who experience discrimination in employment or housing may experience economic insecurity. As a marginalized group, LGBT people may also have difficulty accessing needed services. In a 2011 report on the health of LGBT populations, the Institute of Medicine (IOM) identified social stigma as a primary source of barriers to accessing health care (IOM 2011). Similarly, stigma may have implications for LGBT people’s ability to participate in and benefit from human services.

B. Approach to the research needs assessment

In collaboration with OPRE and ASPE, we specified two organizing structures for the research needs assessment: (1) a set of goals and research questions and (2) three program and population domains of special interest. The assessment’s overarching goal was to identify opportunities for research to help ACF and others understand and address the human service needs of LGBT populations more completely. As summarized in Table I.1, the assessment aimed to determine what is known and what needs to be learned in three general areas: (1) socioeconomic characteristics and risks among LGBT populations, (2) their current participation in human services, and (3) strategies for serving these populations effectively (Table I.1).

Table I.1. Goals and questions for the research needs assessment

Identify what is known and what needs to be learned about	In order to	Research questions
LGBT populations' socioeconomic characteristics and risk factors	Ascertain the kinds of human services and supports that low-income and at-risk LGBT populations may need	• What do we know about the social and economic risk factors that LGBT populations face? • How do these risk factors and their magnitudes differ among subgroups of the LGBT population (for example, people of color, transgender people, and youth)? • What unique risk factors are associated with the intersection of LGBT and other minority statuses? • What are key information gaps regarding the social and economic circumstances of at-risk LGBT populations?
How low-income and at-risk LGBT populations currently participate in human services	Understand LGBT populations' current use of human services and potential barriers to access	• What do we know about the proportion of people using specific services who are LGBT? About service use among members of subgroups of the LGBT population (for example, people of color, transgender people, and youth)? • What barriers, if any, do LGBT people face in accessing or using services? What specific barriers do subgroups of the LGBT population (for example, people of color, transgender people, and youth) face? • What are key information gaps regarding LGBT populations' participation in human services?
Strategies for meeting the human service needs of low-income and at-risk LGBT populations	Understand how barriers can be addressed and service delivery improved	• What models, if any, exist for delivering human services effectively to LGBT populations? • What is known about outcomes among LGBT people accessing human services? • What is known about the successes and challenges that providers have experienced in serving LGBT populations? • What are key information gaps regarding service strategies and effectiveness?

ACF programs address a wide range of human services and at-risk populations. To focus the needs assessment further, we defined and concentrated on three domains related to ACF programs and the populations ACF serves. These specific program and population domains were prioritized because they address major program areas within ACF or existing research suggested that LGBT populations may have frequent interactions with the services they encompass:

1. **Low-income LGBT populations and programs to support self-sufficiency.** This domain addresses risks of poverty and economic vulnerability among LGBT populations and programs to support income maintenance and self-sufficiency. It corresponds broadly to ACF programs overseen by the Office of Family Assistance (OFA), such as cash and employment assistance funded by the Temporary Assistance for Needy Families (TANF) program; and programs overseen by the Office of Child Support Enforcement (OCSE).

2. **LGBT youth⁴ and adults in the child welfare system.** Topics under this domain include the risk of maltreatment for LGBT young people, experiences among LGBT youth in foster care, and the experiences of LGBT adults who foster or adopt children through the public child welfare system. The domain corresponds broadly to programs administered by the Children's Bureau in the Administration for Children, Youth and Families (ACYF), which is part of ACF.
3. **LGBT youth and services to support them.** This domain focuses on risks to positive youth development among LGBT youth. The assessment addresses topics related to services for runaway and homeless youth and to preventing sexually transmitted diseases and pregnancy among adolescents. The Family and Youth Services Bureau in ACYF administers programs supporting these services.

A variety of ACF programs serve LGBT populations, and the needs assessment activities (described below) included consultations with programs in addition to those mentioned above. In Appendix A, we provide a summary of key findings from these additional consultations.

Methods

The Mathematica–Williams Institute team drew on multiple methods and information sources to complete the assessment. Our activities included the following:

- **Developing an annotated bibliography on LGBT populations and human services.** To provide a foundation for conducting the research needs assessment, the project team compiled existing peer-reviewed research and published reports focusing on low-income and at-risk LGBT populations and their interactions with human services. The team identified relevant literature through searches of social science databases and requests to experts. We then prepared an annotated bibliography (included in this report as Appendix B) and a summary memo highlighting key findings under the project's three program and population domains.
- **Convening an expert panel.** The project team consulted periodically with an expert panel of academics and representatives of government agencies and private service providers. The 13-member panel helped specify the project's research focus, identify the knowledge base related to LGBT populations and human services, and review needs assessment findings. A list of expert panel members appears in Appendix C.
- **Discussions with representatives of ACF program offices.** Staff from OPRE and ASPE and the project team met with representatives of 11 ACF program offices. These discussions addressed current program activities related to LGBT populations, perceptions among program office staff of human service needs among these populations, the current availability of relevant information to guide program planning in this area, and perceived research needs.
- **Interviews with representatives of state and local agencies serving LGBT populations.** To learn more about service approaches and perceived knowledge gaps in this area, the project team interviewed representatives of six agencies with experience providing human

⁴ We include in this group youth who are questioning or unsure of their sexual orientation and/or gender identity.

services to LGBT populations. The agencies were selected purposively to cover each of the three program and population domains. We identified candidates for these interviews through web searches and consultations with expert panelists.

- **Secondary data analyses.** We conducted secondary data analyses to expand the knowledge base on two topics: (1) economic vulnerability and participation in programs for low-income people among LGBT populations and (2) the prevalence of adoption and fostering among same-sex couples and demographic differences between same-sex and different-sex couples raising adopted and foster children under age 18. These analyses used data from the National Survey of Family Growth (2006–2010), the American Community Survey (2008–2011), the Gallup Daily Tracking Survey (June–December 2012), and the National Transgender Discrimination Survey (2010).
- **Four case studies of Runaway and Homeless Youth (RHY) Program grantees serving LGBT and questioning youth.** The case studies explored how providers collect and use data on sexual orientation and gender identity, how they serve LGBT and questioning youth, and research needs related to LGBT RHY. A separate report (Burwick et al. 2014) presents detailed findings from the case studies.

To prepare this report, the research team synthesized information gathered during the needs assessment process. We reviewed and categorized existing literature, information gathered from participants in the needs assessment process, and findings from secondary data analyses to develop statements regarding current knowledge and research needs under each domain. (Box I.2 describes our approach to summarizing methods and findings from existing research.) To refine statements of research needs, the team conducted a series of conference calls with expert panelists focusing on each domain.

Box I.2. Samples and analytic methods in the research literature

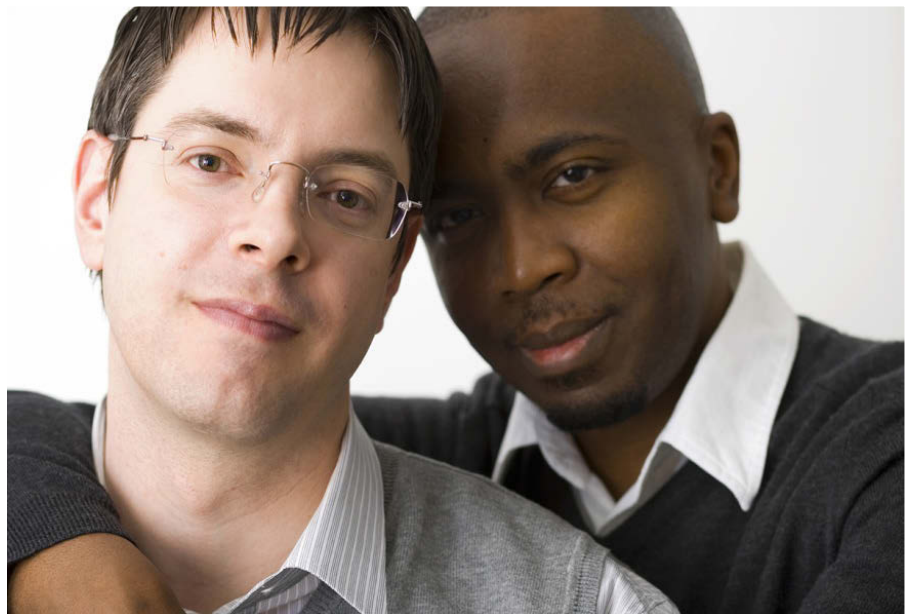
This report describes findings from studies using a wide variety of samples and analytic methods. The report indicates the types of samples used in the studies (distinguishing between population-based samples and purposive or convenience samples) and the studies' analytic methods (quantitative, qualitative, or both). For studies using quantitative methods, we highlight statistically significant differences between LGBT and non-LGBT subgroups (and among LGBT subgroups) when they are reported by the study authors. We use the abbreviation LGB (rather than LGBT) when describing studies or findings that focus on sexual minorities (lesbians, gays, and bisexuals). In many cases, data sources for these studies did not include measures to identify transgender people.

The research cited includes quantitative studies that compare LGBT and non-LGBT (or LGB and non-LGB) populations using bivariate analyses (which examine differences between the groups without controlling for other factors) and multivariate analyses (which control statistically for other factors that may be related to an outcome of interest, such as poverty). Bivariate analyses can provide descriptive statistics indicating possible differences in characteristics and risk factors between LGBT and non-LGBT populations, but the differences observed cannot necessarily be attributed to sexual orientation or gender identity. In general, multivariate analyses provide stronger evidence that an observed difference may be linked to LGBT status.

C. Organization of the report

To provide a foundation for understanding the current state of research on LGBT populations, Chapter 2 summarizes issues related to measurement of sexual orientation and gender identity and data collection on LGBT populations. Chapters 3, 4, and 5 present findings on the knowledge base and research needs related to each of the program and population domains. In Chapter 6, we summarize themes in the research needs identified through the assessment and describe next steps in specifying and prioritizing research opportunities.

II. MEASUREMENT, DATA COLLECTION, AND ANALYSIS ISSUES IN RESEARCH ON LGBT POPULATIONS



II. MEASUREMENT, DATA COLLECTION, AND ANALYSIS ISSUES IN RESEARCH ON LGBT POPULATIONS

Chapter Summary

- **Sexual orientation and gender identity are multidimensional concepts, and there is no single method for measuring them.** Measures of sexual orientation may address self-identification, sexual behavior, and/or attraction. Gender identity measures may address self-identification, gender expression, and gender nonconformity.
- **The collection and analysis of data on sexual orientation and gender identity pose a range of challenges.** These challenges include the willingness of respondents to accurately report their sexual orientation or gender identity, measurement error, differences in conceptualizations of sexual orientation and gender identity across racial and ethnic cultures and age cohorts, a lack of population-based data that include sexual orientation or gender identity measures, and small sample sizes when such data are available.
- **A handful of federal and state population-based surveys includes sexual orientation or gender identity measures.** Some population-based surveys also allow for the identification of same-sex cohabiting couples. Only one ACF program, the Runaway and Homeless Youth Program, currently collects administrative data including information about clients' sexual orientation and gender identity.

In this chapter, we provide context for understanding the current state of research on LGBT populations by describing approaches to measuring sexual orientation and gender identity and challenges in collecting and analyzing these data. The chapter also highlights a need to further develop sources of population-based and other data that measure sexual orientation and gender identity to facilitate research related to LGBT people and human services.

A. Measuring sexual orientation and gender identity

There is no single methodology for measuring sexual orientation or gender identity. Instead, methods of measuring and analyzing data on sexual orientation and gender identity must take into account differences in the concepts of sexual orientation and gender identity, varied ways to measure different dimensions of these concepts, and the research questions of interest.

Some research questions may be designed to consider the LGBT population as a single group, but it is often necessary to separately consider sexual orientation from gender identity. Although there may be experiences that are shared across the LGBT population, transgender and LGB individuals likely face distinctive challenges rooted in their gender identity or sexual orientation. The experiences or characteristics of gay and lesbian individuals also differ from and are not representative of the bisexual population.

Some data sources (such as the U.S. Census Bureau's decennial census tabulations or the annual American Community Survey [ACS]) collect information about cohabiting couples that measure the sex or gender of spouses or unmarried partners living together in the same household. Just as characteristics associated with the LGB population may not always be

applicable to the transgender population, characteristics of same-sex or different-sex couples may not be applicable to the larger LGB or non-LGB populations.

1. Methods of measuring sexual orientation

Sexual orientation is most commonly measured across three dimensions: identity (describing oneself as lesbian, gay, bisexual, or heterosexual); sexual behavior (the sex or gender of one's sexual partners); and attraction (the sex or gender of those to which individuals are sexually or emotionally attracted; Sexual Minority Assessment Research Team [SMART] 2009). These measures are clearly related but each represents a conceptually different dimension of sexual orientation. A person can identify as lesbian, gay, or bisexual prior to actually having a sexual relationship with a same-sex partner. One can feel some sexual or emotional attractions to those of the same sex or gender and still identify as heterosexual. Box II.1 presents examples of survey questions used to measure dimensions of sexual orientation.

Decisions about which sexual orientation measures to use often depend on the nature of the research question of interest. For example, a study of workplace discrimination may be focused on measuring sexual orientation identity if researchers believe that identifying as gay, lesbian, or bisexual in the workplace is a primary factor in explaining why discrimination might occur. Measuring sexual behavior may be more salient to a study focused on sexually transmitted diseases. A study focused on sexual identity formation in youth may be well suited to measures of sexual attraction because youth may be less likely than other populations to have had sexual experiences and may not have formed stable sexual orientation identities (SMART 2009).

2. Methods of measuring gender identity

Measurement of gender identity is still relatively rare in population-based surveys, but several large-scale surveys have tested and successfully implemented such measures. Gender identity can include dimensions of identity (one's sense of being male, female, or transgender); gender expression (how one communicates gender through physical appearance, clothes, or behavior); and gender nonconformity (the degree to which individuals conform their appearance and behavior to cultural norms associated with gender (Gender Identity in U.S. Surveillance [GenIUSS] 2013). An important concept in measuring gender identity is the difference between the sex that a person is assigned at birth (sometimes referred to as "biological" sex) and an individual's sense of gender. One method of identifying transgender individuals is to measure discordance in those two characteristics. Box II.2 presents this two-step method and other questions used to measure gender identity.

Box II.1. Examples of survey questions on sexual orientation

Survey questions on sexual orientation commonly address sexual orientation identity, sexual behavior, and attraction. This box presents examples of questions addressing each dimension.

1. Sexual orientation identity

A common method of measuring sexual orientation identity, and the method recommended as a best practice by an expert group of researchers (SMART 2009), is the following:

Do you consider yourself to be

- ☐ **Heterosexual or straight**
- ☐ **Gay or lesbian**
- ☐ **Bisexual**

Several federal surveys use questions that are similar to this format; some allow respondents to choose an option for identifying as “something else” or “do not know.” The 2013 National Health Interview Survey (NHIS) used a variation on this question format as follows (NHIS 2013):

Do you think of yourself as

- ☐ **Lesbian or gay**
- ☐ **Straight, that is, not gay**
- ☐ **Bisexual**
- ☐ **Something else**
- ☐ **I don’t know the answer**

The addition of “that is, not gay” to the second option was thought to improve understanding of the question among some individuals (those who were less fluent in English and older adults). The survey includes follow-up questions to categorize responses to “something else” and “I don’t know the answer.”

2. Sexual behavior

A recommended question to measure sexual behavior is as follows (SMART 2009):

In the past [time period, e.g., year] who have you had sex with?

- ☐ **Men only**
- ☐ **Women only**
- ☐ **Both men and women**
- ☐ **I have not had sex**

The General Social Survey (GSS), a population-based survey of U.S. adults, asks a similar question about sexual behavior as follows (National Opinion Research Center 2012):

Since the age of 18, have your sex partners been

- ☐ **Only men**
- ☐ **Some women, but mostly men**
- ☐ **Equally men and women**
- ☐ **Some men, but mostly women**
- ☐ **Only Women**
- ☐ **I have not had any sex partners**

3. Sexual attraction

A recommended method for measuring sexual attraction is the question used in the National Survey of Family Growth (NSFG), a population-based survey of U.S. residents ages 15 to 44 (Chandra et al. 2011; SMART 2009):

People are different in their sexual attraction to other people. Which best describes your feelings? Are you

- ☐ **Only attracted to males**
- ☐ **Mostly attracted to males**
- ☐ **Equally attracted to males and females**
- ☐ **Mostly attracted to females**
- ☐ **Only attracted to females**
- ☐ **Not sure**

Box II.2. Examples of survey questions on gender identity

1. Two-step method

A set of two questions measures discordance between respondents' sex assigned at birth and sense of gender. The Center of Excellence for Transgender Health at the University of California, San Francisco, has recommended the following questions (Sausa et al. 2009):

What is your sex or current gender? (check all that apply)

- ☐ Male
- ☐ Female
- ☐ Trans male/Transman
- ☐ Trans female/Transwoman
- ☐ Genderqueer/Gender nonconforming
- ☐ Additional category (please specify): _____
- ☐ Decline to state

What sex were you assigned at birth, meaning on your original birth certificate?

- ☐ Male
- ☐ Female
- ☐ Decline to state

Placing the question about gender identity first acknowledges that transgender people generally consider current identity primary relative to sex assigned at birth. Permitting multiple responses to the first question allows respondents to indicate a potentially multifaceted view of their own gender identity.

The Centers for Disease Control (CDC) uses a modified version of this approach on its Adult HIV Confidential Case Report Form and in electronic reporting through the Enhanced HIV/AIDS Reporting System (CDC 2011).

2. Single-item method

The Massachusetts Behavioral Risk Factor Surveillance System survey has asked this gender identity question since 2007:

Some people describe themselves as transgender when they experience a different gender identity from their sex at birth. For example, a person born into a male body, but who feels female or lives as a woman. Do you consider yourself to be transgender?

- ☐ Yes, transgender, male to female
- ☐ Yes, transgender, female to male
- ☐ Yes, gender nonconforming
- ☐ No

The Network for LGBT Health Equity at the Fenway Institute developed and tested the following single-item question that addresses both sexual orientation and gender identity:

Do you think of yourself as (please check all that apply):

- ☐ Straight
- ☐ Gay or lesbian
- ☐ Bisexual
- ☐ Transgender, transsexual, or gender-variant
- ☐ Not listed above (please write in): _____

The multiple-response option allows transgender respondents to choose whether to report a sexual orientation.

3. Gender expression

Wylie et al. (2010) developed two questions to address external perceptions of gender expression:

A person's appearance, style, or dress may affect the way people think of them. On average, how do you think people would describe your appearance, style, or dress?

A person's mannerisms (such as the way they walk or talk) may affect the way people think of them. On average, how do you think people would describe your mannerisms?

The response options for both questions are Very feminine; Mostly feminine; Somewhat feminine; Equally feminine and masculine; Somewhat masculine; Mostly masculine; Very masculine.

3. Measuring relationship status

Some research questions are not explicitly concerned with sexual orientation or gender identity but rather with coupling status and the sex or gender of spouses or partners. For example, coupling status may be relevant to research questions on marriage or parenting by same-sex couples. The 1990 Decennial Census marked the first time that a federal survey included a method to identify same-sex and different-sex couples who were in unmarried cohabiting relationships. The census asks about the relationship of all individuals in a household to the person who fills out the survey, known as the householder. In 1990, the options included an “unmarried partner” category (as well as options to identify a “roommate” or “unrelated adult”). Because the survey also provides information about the sex of all members of the household, both same-sex and different-sex unmarried cohabiting couples could be identified (Black et al. 2000).

In 2000, the Census Bureau opted to include in tabulations of same-sex couples any same-sex couples in which one person was identified as a “husband/wife” (Gates and Ost 2004). This procedure was applied to data from the annual ACS and Census 2010 (O’Connell and Feliz 2011). Federal surveys like the Department of Labor’s Current Population Survey (CPS) and the Census Bureau’s Survey of Income and Program Participation (SIPP) include similar procedures for separately identifying same-sex and different-sex couples. The Interagency Working Group on Measuring Relationships in Federal Household Surveys, which was convened by the Office of Management and Budget, has suggested changes to federal surveys related to same-sex household relationships. The working group’s suggestions include using questions and data processing procedures that will improve measurement of same-sex married and unmarried couples and testing new measures of marital and relationship status (Interagency Working Group on Measuring Relationships in Federal Household Surveys 2014).

B. Data collection and analysis challenges

Although many surveys have tested and effectively used questions that measure sexual orientation, gender identity, and relationship status, challenges exist in both collecting and analyzing these data. These include issues related to social stigma, measurement error, small sample sizes, and specific challenges associated with collecting administrative data on sexual orientation or gender identity in human service settings.

1. Social stigma

One of the most common challenges of sexual orientation and gender identity data collection relates to the social stigma often experienced by LGBT individuals and same-sex couples. This stigma could mean that LGBT populations may be reluctant to identify as such on surveys out of concerns for privacy and confidentiality. One way to address this issue is to develop survey methods that enhance the respondent’s confidence regarding privacy and confidentiality. Research suggests that computer-assisted survey methods can increase the reporting of same-sex attraction and behaviors, particularly in areas where high levels of stigma associated with same-sex sexuality are reported (Villarroel et al. 2006). In population-based surveys, the effect of social stigma implies that estimates of the size of the LGBT population may be lower than the true population size if it were possible to measure this group in the absence of stigma.

Individual perceptions of social stigma can be affected by a wide range of life experiences, political views, economic status, and myriad other personal traits. These experiences and characteristics can affect and perhaps explain why there might be differences across various population groups in their responses to questions regarding sexual identity, behaviors, and attractions (Ridolfo et al. 2011). This means that special considerations may be necessary when attempting to measure sexual orientation or gender identity among subgroups of LGBT populations.

Some groups may also have difficulties understanding questions about sexual orientation or gender identity or have unique experiences of social stigma associated with their age. For example, among adolescents, developmental issues associated with sexual orientation, the onset of sexual behavior, and gender identity create limitations for measures of sexual orientation and gender identity. Stigma and fear of harassment may be especially high among adolescents and reduce response rates. When measuring sexual orientation, sexual attraction measures may be most appropriate for this group since many may not have initiated sexual activity or have well-formed sexual identities (Saewyc et al. 2004; Austin et al. 2007). Older adults may be unfamiliar with such terms as heterosexual, homosexual, straight, and gay, making it difficult for them to interpret response options in sexual orientation identity questions (SMART 2009; Miller and Ryan 2011).

Non-English speakers and racial/ethnic minorities may find responding to some sexual orientation questions is difficult because of language and cultural differences (Miller and Ryan 2011; Zea et al. 2004). For example, one analysis of nonresponse to a sexual orientation question on a population-based health survey found that Asian Americans, Hispanics, and African Americans were more likely than non-Hispanic whites to respond “not sure” or “don’t know” or to refuse to answer (Kim and Fredriksen-Goldsen 2013).

Stigma associated with gender identity may cause some transgender individuals to be uncomfortable responding to questions about their transgender status. But it is also possible that some transgender individuals who have transitioned from one gender to another simply consider themselves to be either male or female. In this case, gender identity questions that focus only on measuring current transgender identity (for example, “Are you transgender?”) may not capture all individuals who have experienced a gender transition in their lives.

2. Measurement error

LGBT individuals represent a relatively small portion of the population, perhaps between 3 and 4 percent of adults (Gates 2011; Gates and Newport 2013). When measuring a small population within a large survey, the issue of “false positives” is a common measurement problem. This issue has been identified as a substantial problem in the same-sex couple data collected in the 2000 and 2010 Census and in the ACS. Since same-sex couples make up only about 1 percent of all couples in the U.S., small mistakes in the coding of the sex of spouses or partners among different-sex couples mean that a relatively large portion of identified same-sex couples are actually misclassified different-sex couples. Census Bureau estimates suggest that 40 percent of couples indicated as same-sex in Census 2000 and 28 percent of that group in Census 2010 were likely different-sex couples (O’Connell and Feliz 2011). Similar levels of error have been observed in the ACS (Gates and Steinberger 2009). (The Census Bureau has

released adjusted tabulations of the number of same-sex couples that account for the likelihood of this type of miscoding.)

The Census Bureau is implementing changes to survey design and question formatting designed to reduce this measurement error (DeMaio and Bates 2012). Until these changes are made, researchers must carefully consider analytical adjustments that take such error into account (Gates and Steinberger 2009; Gates and Cooke 2011). The changes to Census Bureau surveys also are expected to increase the precision of estimates of the number of *legally married* same-sex couples.

3. Small sample sizes

LGBT populations make up a small group relative to the U.S. population as a whole. Small sample sizes of LGBT people in surveys create difficulties in analyzing and understanding the potentially distinctive characteristics of subgroups defined by age, race and ethnicity, and gender. Inadequate sample sizes may also inhibit separate analyses to consider lesbians, gay men, bisexual people, and transgender individuals. Issues regarding a lack of data and small sample sizes are particularly acute with regard to analyses involving gender identity. Very few population-based data sources include questions that would identify transgender respondents (SMART 2009; GenIUSS 2013).

Including sexual orientation and gender identity measures on very large national surveys is one way to alleviate the issues created by small samples. Alternatively, oversampling of the LGBT population within smaller surveys is also possible, although this can be challenging in the absence of other data that provide information about the demographic characteristics of the LGBT population needed to benchmark accuracy of the oversampling procedure.

4. Administrative data collection

Collecting administrative data on the sexual orientation and gender identity of program clients presents distinctive challenges. For example, providers concerned about protecting the confidentiality of clients may be reluctant to document sexual orientation or gender identity in client records. In addition, providers that do collect these data may not implement consistent methods for gathering or updating this information. Our case studies of service providers working with runaway and homeless youth revealed variation in whether and how providers collected sexual orientation or gender identity data during client intake and assessment processes and in whether they updated administrative databases if more information became known about a client after intake or assessment (Burwick et al. 2014). As a result of these challenges, the accuracy and completeness of administrative data on sexual orientation and gender identity are uncertain, and data across individual providers are unlikely to be comparable.

C. The need for population-based and administrative data sources that measure sexual orientation and gender identity

Although collecting data on sexual orientation and gender identity poses a range of challenges, researchers in a variety of disciplines have successfully implemented sexual orientation and gender identity measures in surveys and other data collection efforts. As described in this report, studies using both population-based data and data from carefully designed convenience samples have provided useful insights on the characteristics and

experiences of low-income and at-risk LGBT populations. Some of this research draws on government and privately-funded surveys with representative samples that include measures of sexual orientation, such as the NSFG, or relationship status, such as the ACS. (Table D.1 in Appendix D provides examples of large federal, state, and privately-funded surveys measuring sexual orientation, gender identity, and relationship status.)

Fully understanding the human service needs of LGBT populations (and addressing some of the research needs identified in this assessment) will require expanding the number of survey and administrative data sources that directly and accurately measure sexual orientation and gender identity. In particular, data from federal and state surveys with large population-based samples are needed to develop findings that are representative of the LGBT population at the state or national level and to generate sample sizes large enough to explore the characteristics and experiences of LGBT subpopulations defined by sexual orientation, gender identity, race/ethnicity, and other characteristics. Collecting information on sexual orientation and gender identity in administrative data systems (after developing and implementing guidance for collecting and protecting these data in program contexts) could support research to explore the characteristics and participation experiences of LGBT people in specific types of human service programs. Only one ACF program, the Runaway and Homeless Youth Program, currently collects administrative data including information about clients' sexual orientation and gender identity.

III. LOW-INCOME LGBT POPULATIONS AND PROGRAMS TO SUPPORT SELF-SUFFICIENCY



III. LOW-INCOME LGBT POPULATIONS AND PROGRAMS TO SUPPORT SELF-SUFFICIENCY

Chapter Summary

- **Analyses of nationally representative, population-based surveys and other data sources suggest that LGBT people are more likely to face economic difficulties than are non-LGBT people.** However, findings related to poverty risk vary for LGBT subpopulations and across analyses focusing on individual adults or couples.
- **Analyses of these data also indicate that some LGBT populations receive benefits that support low-income people at significantly higher rates than non-LGBT populations do.** Multivariate analyses that control for characteristics associated with the likelihood of receiving benefits (including poverty status) indicate that same-sex male and female couples are more likely to receive cash assistance and Supplemental Nutrition Assistance Program (SNAP) benefits than similar married different-sex couples. In similar analyses, bisexual women ages 18 to 44 were more likely than heterosexual women to report receiving cash assistance and SNAP benefits.
- **Some providers offer employment programs designed to address barriers to employment that may be specific to LGBT people, especially transgender people.** These programs prepare jobseekers by helping them improve skills, access other services they may need, and address issues related to gender identity in the workplace. They also encourage employers to improve workplace conditions for transgender employees.
- **Research needs related to low-income LGBT populations include the following:**
 - Identifying factors that may contribute to disproportionate poverty and economic insecurity among LGBT populations and exploring how intersections among sexual orientation, gender identity, and other characteristics, such as race/ethnicity, age, and urban/rural status, affect the risk of poverty and economic vulnerability.
 - Further assessment of LGBT populations' use of benefits and other supports for self-sufficiency, including whether LGBT populations attempt to access benefits at different rates than non-LGBT people do or encounter LGBT-specific barriers to access.
 - Documenting the implementation and testing the effectiveness of programs to support self-sufficiency among LGBT people.

ACF oversees multiple programs designed to support low-income individuals and families and help them achieve self-sufficiency. For example, the TANF program provides block grants to states to fund services such as cash and employment assistance for financially needy families as well as efforts to reduce of out-of-wedlock pregnancies and promote stable, two-parent families. ACF's child support program works with state, local, and tribal agencies to ensure that both parents contribute financially toward a child's basic needs, even when the parents do not share a household. Agencies other than ACF also administer a range of programs that serve low-income people, such as SNAP and Medicaid.

LGBT people may face increased risks of economic insecurity because of discrimination in employment or housing, a lack of access to tax and other benefits available to married couples, or other reasons (Badgett et al. 2013). In this chapter, we review the knowledge base and identify research needs related to poverty and economic vulnerability among LGBT populations, their participation in services intended to support low-income people, and the nature and effectiveness of existing interventions to promote self-sufficiency among LGBT individuals and families.

Depending on their data source, some study findings summarized in this chapter focus on same-sex couples, whereas others address LGBT individuals. We highlight statistically significant differences observed in quantitative analyses comparing LGBT and non-LGBT populations as reported by study authors. The studies present descriptive statistics based on bivariate analyses and, in some cases, multivariate analyses that control for demographic factors other than sexual orientation or same-sex couple status.

A. Poverty and economic vulnerability among LGBT populations

Key findings from the knowledge base

- Analyses of 2010 ACS data indicate that women in same-sex couples were more likely to be in poverty than different-sex married couples and that children being raised by male or female same-sex couples had substantially higher poverty rates than those raised by different-sex married couples. In analyses that controlled for demographic characteristics, both male and female same-sex couples were more likely to be in poverty than were different-sex married couples.
- Analyses of data from the 2006–2010 National Survey of Family Growth (NSFG) conducted for this project suggest that bisexual-identified adults had significantly higher poverty rates than heterosexual adults (without controlling for other demographic characteristics). These analyses found no statistically significant differences in poverty rates between lesbian/gay and heterosexual adults.
- Among respondents to a national survey of a purposive sample of transgender and gender nonconforming people, 15 percent reported household incomes of less than \$10,000 per year.
- Among respondents to the nationally representative Gallup Daily Tracking survey, those identifying as LGBT were more likely than non-LGBT respondents were to report experiencing a time in the past year when they did not have enough money to feed themselves or their family, pay for shelter, or pay for health care.

The knowledge base

Existing research and our analyses of nationally representative data suggest that some LGBT populations are more likely to experience economic hardship than are their non-LGBT counterparts. These studies examine poverty rates (household income below the federal poverty level) and reports of economic insecurity (not having enough money to pay for food, shelter, or health care).

Poverty. Two studies have examined poverty rates in LGBT populations using data from nationally representative surveys conducted by the federal government (Albelda et al. 2009; Badgett et al. 2013). The authors analyzed differences between same-sex and different-sex

couples using data from the 2000 Census and the 2010 ACS. In these analyses, all same-sex couples were compared to different-sex married couples because the Census and ACS data do not distinguish among same-sex couples who were legally married, were unmarried by choice, or would marry but could not because of legal restrictions.⁵ In addition, the studies analyze differences in poverty rates by sexual orientation among individual adults ages 18 to 44 using data from the 2002 and 2006–2010 National Survey of Family Growth (NSFG).

Key findings from these studies include the following:

- Female same-sex couples were more likely to be in poverty than were different-sex married couples (7.6 percent of same-sex couples compared to 5.7 percent of different-sex married couples in 2010) but less likely than those in unmarried different-sex couples (14.1 percent). Male same-sex couples were less likely to be in poverty (4.3 percent) than were different-sex married and unmarried couples.⁶ In analyses that controlled for demographic characteristics, both male and female same-sex couples were more likely to be in poverty than were different-sex married couples.⁷
- Children being raised by male or female same-sex couples evidenced higher poverty rates than children being raised by different-sex married couples (23.4 percent among children raised by male couples and 19.2 percent among children raised by female couples, compared to 12.1 percent among children raised by married different-sex couples in 2010). African American children in households headed by same-sex couples were found to be at an especially high risk of poverty (52.3 percent of children raised by male couples and 37.7 percent of children raised by female couples) when compared to those in households headed by different-sex married couples (15.2 percent of children).⁸

In analyses of data from the 2006–2010 NSFG, Badgett et al. (2013) found no statistically significant differences in poverty rates between lesbian/gay and other adults. The discrepancy in findings between analyses of individual adults and couples may be a result of differences in sample sizes and comparison groups. The NSFG data are limited to adults ages 18 to 44 and include a smaller sample compared to the ACS; for this reason, detecting statistically significant differences requires larger relative differences across groups.⁹ In addition, the NSFG analyses

⁵ Because unmarried different-sex couples comprise a small proportion of all different-sex couples (approximately 7.6 percent), comparing all same-sex couples with all different-sex couples (both married and unmarried) would produce similar findings regarding differences in poverty risk between same-sex and different-sex couples. See Gates 2013b for comparisons of demographics among same-sex, different-sex married, and different-sex unmarried couples.

⁶ These differences were statistically significant at the .05 level.

⁷ The increased likelihood of poverty is statistically significant for male same-sex couples at the .10 level and for female same-sex couples at the .05 level. These analyses controlled for characteristics of couple members including educational attainment, employment status, age, race, ethnicity, English fluency, disability, household size and number of children, and location (state and urbanicity of residence).

⁸ All differences are statistically significant at the .05 level.

⁹ The NSFG sample includes 18,587 heterosexual, 628 bisexual, and 297 lesbian or gay adults ages 18 to 44. The ACS sample includes 609,287 different-sex married couples, 56,316 different-sex unmarried couples, and 4,718 same-sex couples.

compare LGB-identified individuals to heterosexual-identified individuals, whereas ACS analyses compare individuals in same-sex couple households to those in different-sex married couple households, which have relatively low poverty rates. As a consequence, observed differences between the groups of interest may be greater in analyses based on ACS data.

To further explore possible differences in poverty rates among lesbian/gay, bisexual, and non-LGB adults, we conducted additional analyses of the 2006–2010 NSFG data as part of the research needs assessment. The results confirm prior findings that lesbian and gay adults ages 18 to 44 are not significantly more likely than their heterosexual counterparts to be in poverty. However, we found that bisexuals *are* significantly more likely than heterosexuals to be poor (29 percent of bisexuals compared to 18 percent of heterosexuals).¹⁰ Certain subgroups of bisexuals also appear to have higher poverty rates than their heterosexual counterparts. These groups include women and people who are younger (age 18 to 24), have a high school diploma or less education, or are white or multiracial.¹¹ It is unclear why bisexual adults in this age range appear to be at greater risk of poverty than lesbian, gay, or heterosexual adults. Research is needed to further explore these findings and develop hypotheses that may explain them.

Economic vulnerability. LGBT-identified adults show higher levels of economic vulnerability than do non-LGBT adults, according to analyses we conducted as part of the research needs assessment. These analyses used data from the Gallup Daily Tracking Survey conducted from June through December 2012. This nationally representative survey includes a measure of LGBT identity and several questions regarding whether respondents had enough money to purchase necessities in the last year.¹²

As shown in Figure III.1, LGBT-identified adults were significantly more likely than non-LGBT adults to report that they experienced a time in the last year when they did not have enough money to feed themselves or their family (29 percent, compared to 18 percent), pay for shelter (13 percent, compared to 9 percent), or pay for health care (25 percent, compared to 18 percent). In general, these differences persisted across groups defined by gender, age, educational attainment, race/ethnicity, and U.S. region (not shown).¹³ Multivariate analyses of the Gallup Daily Tracking data suggest that LGBT-identified adults are 1.7 times more likely than non-LGBT adults to report not having enough money for food in the last year, after taking into account differences in gender, age, race/ethnicity, and educational attainment between LGBT and non-LGBT respondents (Gates 2014a).

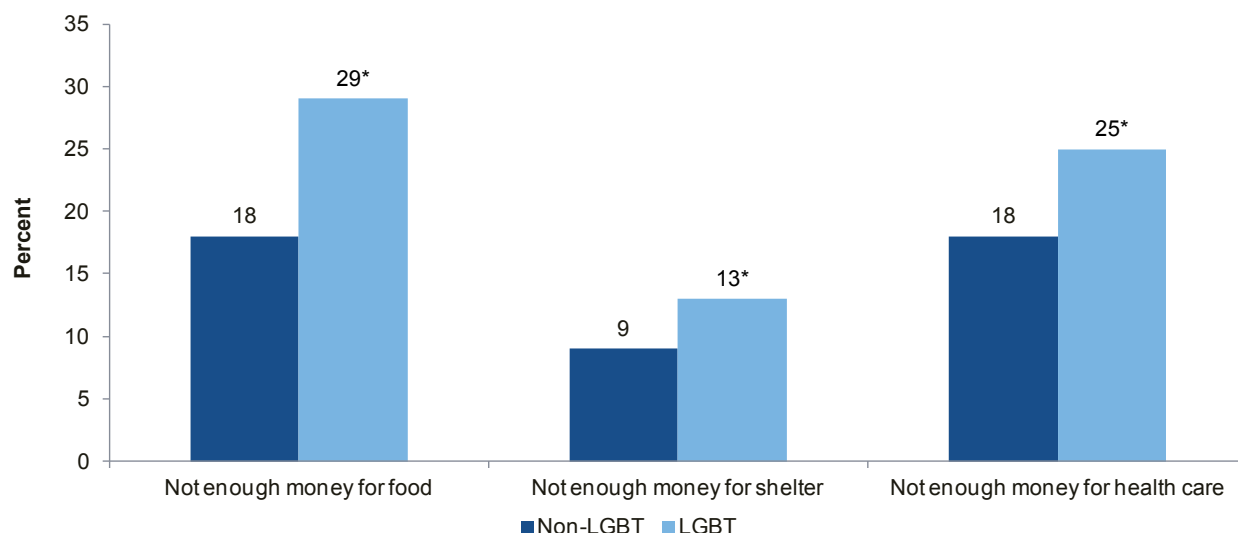
¹⁰ This difference is statistically significant at the .05 level.

¹¹ All differences are statistically significant at the .05 level.

¹² The Gallup Daily Tracking Survey (June–December 2012) sample includes 190,104 non-LGBT respondents and 6,004 LGBT respondents.

¹³ An exception was that among racial and ethnic groups, the differences between LGBT and non-LGBT individuals in the percentage not having enough money for shelter was statistically significant only for whites.

Figure III.1. Percentage of adults who did not have enough money for food, shelter, or health care in the past year, by LGBT identification



Source: Analyses of Gallup Daily Tracking Survey (June–December 2012) by Gary J. Gates, Williams Institute, UCLA School of Law.

Note: LGBT = lesbian, gay, bisexual, or transgender.

*Difference between LGBT and non-LGBT significantly different from zero at the .05 level, two-tailed test.

Studies of wage inequality—another potential indicator of economic vulnerability—suggest that gay men, on average, have lower wages and earnings when compared to their heterosexual counterparts (taking into account possible differences between gay and non-gay men in age, education, race/ethnicity, educational attainment, and occupation and industry). On the other hand, lesbians tend to report the same or slightly higher earnings when compared to heterosexual women (Elmslie and Tebaldi 2007, Klawitter 2011). In one study, researchers found that wage differences support the notion that gay men face wage inequality in occupations that are traditionally blue collar or dominated by men. However, the study findings did not provide evidence of wage discrimination against lesbians (Elmslie and Tebaldi 2007).

Findings from the National Transgender Discrimination Survey (NTDS), a large survey of transgender Americans using a purposive sample, suggest that transgender individuals, especially people of color, may be economically disadvantaged compared to the general population (Grant et al. 2012).¹⁴ For instance, 15 percent of survey respondents reported household incomes of less than \$10,000 per year (compared to 4 percent of the general population in 2008, the year of the

¹⁴ The NTDS is the largest survey of transgender individuals conducted to date. The study sample includes 6,456 respondents. Data collection involved online and paper questionnaires fielded through transgender-specific or transgender-related community organizations and email lists. Because the survey did not use a population-based sample, its findings cannot be generalized to all transgender and gender nonconforming people.

survey). Fourteen percent of respondents were unemployed (compared to 7 percent of the general population); among African American respondents, the unemployment rate was 28 percent.¹⁵

Research needs

As noted in Chapter 2, developing a fuller understanding of the circumstances of low-income LGBT populations will require developing or expanding sources of population-based data that include measures of sexual orientation and gender identity. Future research using these and other data sources could address at least three topics:

- **Societal factors that may contribute to disproportionate poverty among LGBT people.** Research is needed to identify and better understand relationships between societal factors (such as stigma, discrimination, and social isolation) and the risk of poverty and economic insecurity among LGBT people. These studies could add to existing literature by directly considering measures of stigma, discrimination, and social isolation and by analyzing larger, more diverse samples of LGBT people. Potential research questions include the following:
 - To what extent do stigma, social isolation, discrimination, or other factors influence educational attainment among LGBT populations? Is educational attainment associated with poverty and economic vulnerability among LGBT populations?
 - To what extent do stigma, social isolation, discrimination, or other factors influence employment choices and patterns among LGBT populations? Are individual experiences related to employment associated with poverty and economic vulnerability among LGBT populations?
- **The extent of and reasons for poverty or economic vulnerability among subgroups of the LGBT population.** Existing evidence suggests that economic outcomes may differ across subgroups of the LGBT population and for LGBT individuals who are members of other socially stigmatized groups. Further research is needed to confirm these findings and identify the reasons these groups may be economically disadvantaged. Potential research questions include the following:
 - Can observed patterns of economic vulnerability across sexual orientation identities (lesbian, gay, bisexual) be confirmed with additional data sources? What factors contribute to differences in poverty risk and economic vulnerability among these populations (for example, higher rates of poverty among bisexual adults compared to lesbian and gay adults) and between lesbian/gay individuals and same-sex couples?
 - How do intersections of sexual orientation/gender identity and other characteristics, such as race/ethnicity, age, and urban/rural status, affect the risk of poverty and economic vulnerability?
 - Why do children raised by same-sex couples, especially African American children, appear to have higher poverty rates than those raised by different-sex married couples?

¹⁵ The study authors cite general population data based on the Current Population Survey Annual Social and Economic Supplement for 2008. Because the NTDS and the Current Population Survey differ substantially in sample characteristics and survey methodology, comparisons of findings from the two surveys should be interpreted cautiously.

- What is the extent of poverty and economic vulnerability among the transgender population? Do patterns of poverty or economic vulnerability differ by gender identity (for example, transgender male-to-female, transgender female-to-male, gender nonconforming)?
- **Whether legal protections affect the economic circumstances of LGBT people.** Laws designed to protect LGBT individuals, such as prohibitions against discrimination in employment or housing, or legal recognition of their relationships may reduce stigma and alter eligibility for programs designed to serve low-income populations. Potential research questions include the following:
 - Are legal protections associated with improved economic outcomes in LGBT populations?
 - Do laws to prohibit employment discrimination against LGBT people improve workplace experiences in ways that decrease economic vulnerability among LGBT populations?

B. LGBT populations' receipt of benefits for low-income people

Key findings from the knowledge base

- Analyses of 2010 ACS data suggest that same-sex couples were more likely to report receiving cash assistance (including TANF) than were their counterparts in different-sex married couples, even when analyses control for demographic characteristics and poverty. Analyses of 2006–2010 NSFG data indicate that bisexual women were more likely to receive cash assistance than heterosexual women when controlling for demographic characteristics and poverty.
- Analyses of these datasets also indicate that the likelihood of participation in SNAP was higher among same-sex couples than different-sex married couples and among bisexual women ages 18 to 44 than their heterosexual counterparts when controlling for demographic characteristics and poverty.
- Eligibility requirements; program structure; and staff cultural competency (for example, their familiarity with the circumstances, needs, and concerns of LGBT people) may affect LGBT people's access to services supporting low-income individuals and families. However, very little research has explored these issues with respect to income supports.

The knowledge base

1. Receipt of cash assistance, SNAP, and Medicaid

Patterns in poverty and economic vulnerability among LGBT-identified individuals and same-sex couples are echoed in analyses of participation in programs for low-income people. Badgett et al. (2013) and secondary data analyses we conducted for this study find higher receipt of cash assistance, SNAP, and Medicaid among same-sex couples compared to different-sex married couples and among LGB individuals ages 18 to 44 compared to heterosexuals in the same age range.

Cash assistance. In bivariate analyses of 2010 ACS data and 2006–2010 NSFG data, Badgett et al. (2013) found that same-sex couples and bisexual individuals were more likely to receive cash assistance than were their heterosexual counterparts. (These analyses did not control for poverty.) Men in same-sex couples were twice as likely to report receiving cash assistance (such as TANF) when compared to men in different-sex married couples (1.2 percent versus 0.6 percent, respectively). Among women in same-sex couples, 2.2 percent reported receiving cash assistance, compared to 0.8 percent of women in different-sex married couples.¹⁶ Multivariate analyses that controlled for poverty and other factors (such as age, race, and educational attainment) indicated that male and female same-sex couples were 1.1 to 1.7 percentage points more likely to receive cash assistance than similar different-sex married couples.

In bivariate analyses of NSFG data, significant differences in receipt of cash assistance were observed between bisexual and heterosexual women ages 18 to 44 (17.2 percent versus 14.2 percent, respectively), but not between gay/lesbian and heterosexual adults. Bisexual women also were more likely than heterosexual women to report receiving cash assistance in multivariate analyses that controlled for poverty and other factors. Among transgender adults responding to the NTDS, approximately 5 percent reported receiving some type of public assistance (Grant et al. 2011).

SNAP. In bivariate analyses of data from the 2006–2010 NSFG and 2012 ACS, Gates (2014) found higher SNAP participation among LGB-identified adults ages 18 to 44 compared to heterosexuals and among same-sex couples compared to different-sex couples (married and unmarried). According to these analyses (which did not control for poverty or other factors), 21 percent of LGB adults reported participating in SNAP, compared to 15 percent of their heterosexual counterparts. Analyses of ACS data reveal that same-sex couples were also more likely to receive SNAP (13 percent) than were different-sex couples (9 percent).¹⁷

Observed differences in SNAP participation between LGB and heterosexual individuals appear to be the result of significantly higher levels of participation among bisexuals (25 percent) when compared to non-lesbian/non-bisexual women (15 percent). The analysis also finds that female bisexuals were more likely to receive food stamps than non-lesbian/non-bisexual, but male bisexuals were not. Across several other demographic characteristics related to age, educational attainment, and race/ethnicity, the difference in SNAP participation between bisexuals and heterosexual individuals is statistically significant, but it is not so for differences between lesbian/gay individuals and non-lesbian/gay individuals. (Gates 2014a).

Levels of SNAP participation are especially high among LGB individuals and same-sex couples raising children, relative to their heterosexual or different-sex couple counterparts. Among individuals ages 18 to 44 raising a child under age 18 in the home, 43 percent of LGB people reported receiving food stamps, compared to 21 percent of heterosexuals (Gates 2014a). Among same-sex couples raising a biological, adopted, or stepchild under age 18, 26 percent reported participation in SNAP, compared to 14 percent of different-sex couples raising children.

¹⁶ The findings regarding men and women were statistically significant at the .10 level.

¹⁷ All reported differences in SNAP participation were statistically significant at the .05 level.

Multivariate analyses of SNAP receipt that control for poverty and other characteristics also find differences between LGB and non-LGB people. Among adults ages 18 to 44, bisexual women were more likely than heterosexual women to report receiving food stamps. In similar analyses of couples, male and female same-sex couples were more likely than their married different-sex counterparts to report SNAP participation (Badgett et al. 2014).

Medicaid. Analyses of 2006–2010 NSFG data conducted for this project find that across sexual orientation identities, bisexuals were the most likely to report being on Medicaid. (These analyses did not control for poverty or other factors.) Twenty-two percent of bisexual-identified adults ages 18 to 44 reported being on Medicaid, compared to 10 percent of heterosexuals and 9 percent of lesbians and gay men in the same age group.¹⁸ Having children is a primary pathway to Medicaid eligibility. One possible explanation for the elevated Medicaid participation among bisexual adults when compared to lesbian or gay individuals is that bisexuals are much more likely to be raising children under age 18. According to NSFG data, 41 percent of bisexual adults ages 18 to 44 were raising a child, compared to 11 percent of lesbian or gay adults in that age group. Analyses of the 2012 ACS indicate that individuals in same-sex couples were slightly more likely to be on Medicaid than those in different-sex couples (8 percent and 7 percent, respectively).¹⁹

Approximately 3 percent of transgender respondents in the NTDS reported receiving Medicaid (Grant et al. 2011). Additional analyses of NTDS data conducted for this project find that Medicaid participation was substantially higher among respondents without a high school diploma (11 percent) and among African Americans (12 percent).

2. Potential barriers to service access

Observers may interpret relatively high levels of cash assistance, SNAP, and Medicaid receipt among LGBT populations as evidence that LGBT people do not encounter difficulties receiving these benefits. However, no research has confirmed or refuted this hypothesis. Interstate differences in marriage laws may affect same-sex couples' access to income support programs—either increasing or decreasing access—by altering the income and household composition considered to determine eligibility (Movement Advancement Project 2011). Similarly, differences in legal recognition or policies regarding same-sex parents may result in differential access to child support for LGB parents across states and localities.

Although some LGBT people receive income supports, it is possible that program features or inadequate training for program staff make it difficult for LGBT people to access certain services. For example, child support programs, which are generally geared toward helping mothers secure support from noncustodial fathers, may not be well matched to the needs of custodial and noncustodial mothers and fathers in same-sex coparenting relationships. In addition, staff in public assistance offices may not be trained to provide culturally competent services that are sensitive to the needs or circumstances LGBT individuals. Research is needed to confirm whether or not such barriers exist.

¹⁸ This difference is statistically significant at the .05 level.

¹⁹ This difference is statistically significant at the .10 level.

Transgender respondents to the NTDS reported a variety of difficulties associated with participation in services. These include being denied equal treatment and harassment by government agencies as well as challenges in obtaining legal documents that accurately represent their gender identity (Grant et al. 2011).

Research needs

Research on several topics would provide information to better understand LGBT populations' participation in services for low-income individuals and families. These topics include the following:

- **Further exploration of service access among LGBT subpopulations.** Although existing research indicates that LGBT people do participate in programs designed to serve low-income populations, less is known about possible disparate levels in service *access*, that is, whether eligible individuals are able to receive assistance. Research in this area could address questions such as these:
 - Do LGBT populations attempt to access income support programs at rates different from those of non-LGBT populations?
 - What differences exist in service access across different sexual orientations and gender identities? What differences exist across subgroups of the LGBT population defined by gender, race/ethnicity, educational attainment, age, and geographic location?
 - Does legal recognition of marriage for same-sex couples alter program eligibility in ways that affect service receipt among same-sex couples and their families?
 - Are policies or program features that vary across states and localities associated with any observed differences in access?
- **Experiences among LGBT people in applying for and receiving benefits and services.** Studies are needed to help identify potential access barriers for LGBT people. This research could address several questions:
 - Do issues related to sexual orientation and/or gender identity arise when LGBT people apply for and receive benefits? If so, how?
 - Do antidiscrimination policies, LGBT cultural competency training for government agencies and service providers, or other efforts affect the experiences of LGBT populations who attempt to access benefits? Do they affect access to income support programs and services?
 - How, if at all, do differing laws regarding relationship recognition for LGBT people affect eligibility determination processes across states?
- **The potential for administrative and survey data collection related to LGBT populations' participation in programs for low-income people.** A fuller understanding of LGBT populations' service use may depend on collecting additional administrative and survey data. Research could address several questions related to the inclusion of LGBT identity in data collection efforts:

- What changes to administrative data collection at the local, state, and federal levels could improve documentation of LGBT people's use of services?
- How could collection of administrative data on LGBT identity be implemented effectively and sensitively in the context of income support or other programs? How would these data be protected and used?
- How could collection of survey data at the national and state level be enhanced to support more detailed analysis of service access and participation among LGBT people, especially at the state or local level?

C. Strategies for providing self-sufficiency services to LGBT populations

Key findings from the knowledge base

- Interventions to support self-sufficiency among LGBT populations may need to address LGBT-specific barriers to employment. Findings from a nationally representative survey of LGBT adults suggest that one in five LGBT individuals were ever treated unfairly by an employer as a result of their sexual orientation or gender identity.
- Among transgender respondents to the NTDS, 90 percent reported experiencing harassment, mistreatment, or discrimination in the workplace.
- A small number of service providers offer employment assistance programs specifically targeting low-income LGBT populations, especially transgender individuals. These programs address a range of participant needs and aim to identify employers welcoming to LGBT workers.

The knowledge base

Surveys of LGBT people suggest that large proportions encounter workplace challenges related to their sexual orientation or gender identity. In a nationally representative survey of LGBT adults conducted by the Pew Research Center (2013), more than one in five LGBT individuals (21 percent) reported having ever been treated unfairly by an employer as a result of their sexual orientation or gender identity. Transgender respondents to the NTDS also frequently reported challenges to finding and maintaining steady employment. Ninety percent of NTDS respondents reported experiencing harassment, mistreatment, or discrimination in the workplace. Nearly half (47 percent) said that they had been fired, not hired, or denied a promotion as a result of their gender identity; about a quarter (26 percent) reported they had lost a job.

Some organizations serving LGBT people have attempted to address employment challenges and improve self-sufficiency among their clients by developing employment assistance programs specifically for LGBT people. We interviewed two providers offering programs for transgender people, the Los Angeles LGBT Center and Chicago House. Their employment services are described in Box III.1.

Box III.1. Employment assistance for transgender people

The Los Angeles LGBT Center is a community center offering health care; legal, social, and educational services; and cultural and recreational activities to members of the LGBT community in the Los Angeles, California, area. The center's **Transgender Economic Empowerment Program** (TEEP) works with both jobseekers and employers to improve the economic prospects of transgender clients. The program began in 2007 with a focus on linking clients to employers who were prepared to interview, hire, and work with this population. Staff members noticed that clients tended to experience a variety of challenges that interfered with their ability to find and maintain employment—for example, homelessness or access to appropriate health care—and began to take a more comprehensive approach to serving them.

TEEP caseworkers help clients reduce barriers to self-sufficiency by linking them to mental and physical health services, legal assistance, and education and training opportunities and by addressing basic needs, such as stable housing. As these barriers are addressed, staff begin to assist clients in finding employment. In addition, the program offers training to employers to help them create supportive, accepting environments for transgender employees. The center prioritizes hiring a diverse staff for TEEP, including transgender employees.

The **TransWorks** program at Chicago House, a housing and social services agency in Chicago, Illinois, takes a similarly comprehensive approach to improving labor market outcomes for low-income transgender people. TransWorks, which Chicago House launched in 2013, provides career coaching and a job club focused on employment issues of special importance to transgender clients (for example, strategies regarding discussion and disclosure of gender identity at work). Clients also participate in an intensive three-week training that covers additional issues, such as negotiating workplace culture, conflict resolution, and money and time management. Because staff noted that clients frequently have encounters with law enforcement, an attorney assists clients who have legal problems, as needed. Case managers conduct assessments and refer clients to culturally competent service providers for such needs as housing, health care, and substance abuse prevention.

In case studies we conducted of RHY service providers, staff reported tailoring employment services for LGBT youth in ways similar to those of the Los Angeles LGBT Center and Chicago House. Staff at one provider attempted to both prepare youth to manage issues related to sexual orientation or gender identity in the workplace and identify “welcoming” employers that were willing to hire LGBT youth (Burwick et al. 2014).

Research needs

Little is known about the nature and effectiveness of services to improve the economic circumstances of low-income LGBT populations. Future research can address at least two topics:

- **The implementation of interventions to promote self-sufficiency among low-income LGBT people.** Evaluations could document the kinds of assistance that programs offer and help identify innovative service strategies. Research questions on this topic might include the following:

- What are the key components or activities included in interventions for low-income LGBT people? How do these vary across providers?
- How and why are specific services tailored to address the circumstances of LGBT people? Are services tailored for different subgroups of the LGBT population?
- How do providers recruit participants from the LGBT community, and what are typical patterns of participation (in terms of duration, frequency of service contacts, and so on)?
- What are provider and participant perspectives on the value of these services? What services are perceived as most helpful, and why?
- **Outcomes and impacts of these interventions.** Information is needed on the results of services to promote self-sufficiency among low-income LGBT populations and how participant outcomes compare with those of similar LGBT people who do not receive LGBT-specific services. Several questions could be addressed:
 - Compared with non-participants, do participants in LGBT-specific services obtain and retain employment? Do their incomes increase?
 - Are interventions targeted to LGBT people more effective than those that are not designed specifically for these populations?
 - How do outcomes and impacts vary among subgroups defined by sexual orientation, gender identity, age, race/ethnicity, geographic location, and other factors?

IV. LGBT POPULATIONS AND THE CHILD WELFARE SYSTEM



IV. LGBT POPULATIONS AND THE CHILD WELFARE SYSTEM

Chapter Summary

- **Studies of population-based and purposive samples of LGB adolescents and adults suggest that LGB people are at higher risk of experiencing childhood maltreatment than are non-LGB people.** In addition, a study of a longitudinal sample of youth found that a higher level of gender nonconforming behavior during childhood was associated with increased risk of maltreatment.
- **In qualitative studies, LGBT youth in foster care have reported harassment by peers in child welfare settings, discomfort or rejection among foster parents and agency staff, and a lack of services to meet their specific developmental or health care needs.** These studies and an analysis of data from a sample of youth exiting foster care in three states also suggest that sexual minority youth may be more likely to experience disruption in foster care placements.
- **Child welfare researchers and practitioners have recommended strategies for improving child welfare services for young LGBT people.** These strategies include prohibiting discrimination based on sexual orientation and gender identity and ensuring LGBT youth in care are respected by child welfare agency staff and peers, increasing LGBT cultural competency among agency staff and foster parents, providing child welfare services that address the specific needs of LGBT youth and their families, and effectively managing information on the sexual orientation and gender identity of youth in the child welfare system.
- **Analyses of nationally representative, population-based survey data suggest that same-sex couples are more likely to be adoptive or foster parents than are different-sex couples.** Among couples with adopted or foster children, same-sex couples were younger than different-sex couples, on average.
- **Research needs related to LGBT populations in the child welfare system include the following:**
 - Exploring the risk of maltreatment among subgroups of young LGBT people and factors that increase or decrease maltreatment risk for these populations.
 - Identifying the number and characteristics of LGBT youth in the child welfare system and determining whether their service experiences and outcomes differ from those of non-LGBT youth.
 - Assessing the effectiveness of strategies to improve child welfare services for young LGBT people in foster care.
 - Analyzing further the characteristics and experiences of LGBT individuals and couples who adopt or foster children through public child welfare agencies as well as the effectiveness of strategies to engage these populations as foster or adoptive parents.

The Children's Bureau (CB), the agency within ACF that oversees federal policy and programming regarding child welfare, has taken steps to enhance services for LGBT young people and adults involved in the child welfare system. These steps were prompted by existing research and expert opinion indicating that LGBT and questioning youth in foster care may have unique needs and face distinctive challenges (Children's Bureau 2011). In April 2011, CB

released an information memorandum to state and tribal child welfare agencies urging them to assess and improve their capacity to protect and support the well-being of LGBT youth in foster care (Children's Bureau 2011). Training and technical assistance channels funded by CB, including the Child Welfare Information Gateway, AdoptUSKids, and the National Center for Family and Permanency Connections, offer materials for child welfare professionals to support their work with LGBT youth and prospective LGBT foster and adoptive parents. In addition, in 2010, CB awarded a Permanency Innovations Initiative grant to support the Recognize Intervene Support Empower (RISE) initiative, a demonstration project that aims to improve outcomes for LGBT youth in foster care in the Los Angeles area.

In this chapter, we consider two groups that may be involved in the child welfare system in different ways: (1) young people who are LGBT²⁰ and (2) LGBT parents, especially foster and adoptive parents. With respect to young LGBT people, the chapter examines what is known and what needs to be learned about the extent to which they experience maltreatment, which may lead to child welfare involvement; the proportion of youth in foster care who identify as LGBT and their experiences with child welfare services; and interventions to improve child welfare outcomes for LGBT youth. Our assessment of the knowledge base and research needs related to LGBT parents and child welfare examines the prevalence of adoption and fostering by LGBT people and characteristics of LGBT adoptive and foster parents the interactions of LGBT parents or prospective parents with child welfare agencies, and strategies for child welfare agencies to work effectively with LGBT parents.

As noted earlier in the report, our summaries of existing research highlight statistically significant differences observed in quantitative analyses comparing LGBT and non-LGBT populations, as reported by study authors. In some cases, studies present descriptive statistics based on bivariate analyses or the results of multivariate analyses that control for demographic factors other than LGBT status.

A. Young LGBT people and the child welfare system

1. Risk of child maltreatment for LGBT people

Key findings from the knowledge base

- Analyses of data from surveys with population-based and purposive samples suggest that young LGB people are at increased risk for experiencing maltreatment and abuse compared to non-LGB children and youth.
- Additional research has found that high levels of gender nonconformism during childhood and earlier timing of minority sexual identity development may increase risk for childhood maltreatment and abuse.

²⁰ This group includes young people who are questioning or unsure of their sexual orientation and/or gender identity.

The knowledge base

LGB people may be at higher risk of childhood maltreatment than heterosexuals. At least two studies have examined reports among adolescents in the U.S. and Canada of sexual abuse and physical abuse by family members, using data from multiple population-based surveys conducted at the national, state, and city level. Specifically,

- Saewyc et al. (2006) analyzed seven high school health surveys and concluded that in nearly all the surveys sexual minority teenagers (identified based on self-reports of sexual attraction, behavior, or identity) were significantly likelier than their heterosexual peers to report sexual abuse or physical abuse, including abuse by family members.^{21, 22} There were few differences between bisexual and gay or lesbian respondents in the likelihood of experiencing abuse.
- In a meta-analysis of 37 school-based studies of adolescents, Friedman et al. (2011) found that sexual minority adolescents were 3.8 times more likely to experience childhood sexual abuse and 1.2 times more likely to be physically abused by a parent or guardian compared to their heterosexual peers. Relative to other boys, sexual minority boys had a higher likelihood of experiencing sexual abuse than sexual minority girls. The increased likelihood of experiencing physical abuse by a parent or guardian was greater for bisexuals (1.4 times more likely than heterosexuals) than for gay or lesbian adolescents (0.89 times more likely than heterosexuals).²³

In several other studies using varied samples, LGB adults retrospectively reported significantly higher rates of childhood maltreatment and abuse than did non-LGB men and women. Specifically,

- Among respondents to the National Survey of Midlife Development in the United States, a nationally representative survey of people 25 to 74 years old, gay or bisexual men were significantly more likely than non-LGB men to report emotional and physical maltreatment by their parents, whereas lesbians/bisexual women were more likely than non-lesbian/non-bisexual women to report having experienced major physical maltreatment by their parents (Corliss et al. 2002).
- A study comparing the lifetime victimization experiences of a purposively selected sample of LGB adults and their non-LGB siblings found that LGB adults were significantly more likely than their siblings were to report childhood psychological and physical abuse from parents or caretakers (Balsam et al. 2005).²⁴

²¹ In this chapter, all differences reported as significant were statistically significant at the .05 level.

²² Seven surveys measured sexual abuse, and four surveys measured physical abuse.

²³ Analyses of sexual abuse were based on 26 studies, and analyses of physical abuse by a parent or guardian were based on 5 studies.

²⁴ The study's authors note several limitations related to sample selection, including underrepresentation of people of color and unknown biases related to possible differences between LGB people who saw advertisements for the study and chose to participate in the study and those who did not.

- Among respondents to a large cohort survey (the Nurses' Health Study II), significantly higher proportions of lesbians and bisexual women than other women reported experiencing as a child or adolescent emotional abuse by a family member, physical abuse by a parent or guardian, and sexual abuse (Austin et al. 2008).

Additional research has explored associations between risk for childhood maltreatment or abuse and two factors that may influence risk: (1) gender nonconformity (behaving in a way that does not conform to societal expectations or stereotypes regarding an individual's gender) and (2) the timing of disclosure of minority sexual orientation (the age at which someone shares information about sexual orientation identity). In analyses of a longitudinal, community-based cohort study of U.S. youth (the Growing Up Today study), participants who reported demonstrating higher levels of childhood gender nonconformity were significantly more likely than those with lower levels to have experienced psychological and physical abuse, as well as sexual abuse, within the family up to age 17 (Roberts et al. 2012). Women in the highly gender nonconforming group were likelier to experience psychological, physical, and sexual abuse up to age 17. Men in this group were likelier to experience physical abuse before age 11 and both psychological and sexual abuse between age 11 and 17.

A study of a purposive sample of more than 2,000 sexual minority women examined associations between the timing of minority sexual orientation development and experiences of childhood maltreatment and abuse (Corliss et al. 2009). This analysis found that women who were aware of same-gender sexual attractions before age 12 and those who disclosed their minority sexual orientation to another person before age 18 were significantly more likely than other women to experience harassment and abuse by family members. Similarly, in an earlier study of a purposive sample of LGB youth ages 14 to 21 and living at home, youth who had revealed their sexual orientation to a family member reported higher levels of physical threats and verbal and physical abuse than those who had not (D'Augelli et al. 1998).

Research needs

Existing research indicates that young LGBT people may be at relatively high risk for maltreatment. Research on at least two topics is needed to expand understanding of the nature of this risk:

- **Risk of maltreatment among subpopulations of young LGBT people.** Existing research has identified some differences in risk of maltreatment based on sexual orientation and gender expression. Additional research could explore the magnitude of these differences further and identify risks to specific subpopulations. Potential research questions include the following:
 - Does risk of maltreatment among LGBT children and youth differ by sexual orientation and gender identity, race or ethnicity, timing of sexual orientation development, or other individual characteristics?
 - Does risk of maltreatment among LGBT children and youth differ by contextual factors, such as urban or rural location or region?
- **Factors that increase or decrease risk of maltreatment and entry into the child welfare system for young LGBT people.** More research is needed to understand the mechanisms of

risk for childhood maltreatment, especially the individual, family, and social factors that increase the likelihood of maltreatment or help protect individuals and families.

- Why do sexual minority and gender nonconforming youth appear to be more likely to experience child maltreatment or abuse? How do sexual orientation and gender identity interact with other factors known to increase risk of maltreatment or abuse?
- What family or community characteristics (such as family structure or community supportiveness for LGBT people) reduce risk for maltreatment or abuse of young LGBT people?
- To what extent does maltreatment of young LGBT people lead to family involvement with child welfare systems?

2. Experiences of young LGBT people in child welfare settings

Key findings from the knowledge base

- The number and proportion of children and youth in foster care who identify as LGBT nationwide is unknown. Results of a survey conducted with a representative sample of foster care youth in Los Angeles County suggest that LGBT youth are overrepresented in that county's child welfare system. The survey found that 13.4 percent of youth in foster care ages 12 to 21 were LGB or questioning and 5.6 percent were transgender.
- Qualitative and longitudinal studies of LGBT youth in foster care suggest that they experience harassment and discrimination related to their sexual orientation or gender identity while in care and have a high level of placement instability. The Los Angeles County Foster Youth Survey found that LGBT youth were significantly more likely than non-LGBT youth to report that they had not been treated well by the foster care system and that LGBT youth had a significantly higher number of foster care placements, on average.
- A regional study of economic outcomes among youth aging out of foster care found that LGB youth were at high risk of economic insecurity but generally not worse off than heterosexual youth.

The knowledge base

According to some child welfare providers and experts, a substantial number of children and youth in foster care identify as LGBT (Gallegos et al. 2011; Court Appointed Special Advocate Association 2009). Two surveys of foster care youth support the notion that LGBT youth are overrepresented in foster care. The Los Angeles Foster Youth Survey, a study involving a random sample of youth in foster care ages 12 to 21 in Los Angeles County, found that 13.4 percent of respondents were LGB or questioning and 5.6 percent were transgender (Wilson et al. 2014). In the Midwest Evaluation of the Adult Functioning of Former Foster Youth (also known as the Midwest Study), which follows a sample of youth aging out of foster care in three states, 11 percent of participants were identified as lesbian, gay, or bisexual (LGB) and about two-thirds of the LGB group were women (Dworsky 2013). Data are not available to determine at the national or state level the number of LGBT youth currently in foster care or the proportion of the foster care population these youth represent.

Through focus groups and in-depth interviews with LGBT youth and child welfare professionals, researchers have documented detrimental experiences for LGBT youth while in foster care. Participants in various studies reported that LGBT youth experience harassment in group care; expressions of discomfort, insensitivity, or rejection by child welfare agency staff and foster parents; and feelings of isolation (Berberet 2006; Mallon 1998, 2001, 2011; Woronoff et al. 2006). Foster care youth in these studies also worried that child welfare workers would record or disclose information about the youths' sexual orientation to peers or other staff without their consent (Ragg et al. 2006). Although many LGBT youth in these studies highlighted negative interactions with agency staff and peers, a minority described mixed reactions to their LGBT status, as well as instances where individual counselors or other adults provided valuable support and guidance (Mallon 1998; Wilber et al. 2006).

An unsupportive or discriminatory climate in child welfare agencies, as well as a lack of knowledge or experience regarding LGBT issues among agency staff, may lead to services and referrals that are inadequate or inappropriate for LGBT youth. Youth participating in "listening forums" and in-depth interviews have reported that staff in group facilities segregated them from other LGBT youth, isolated them, or did not intervene when they were harassed by other youth (Woronoff et al. 2006; Mallon 1998). LGBT youth in child welfare settings may also have difficulty accessing counseling or health care services that address issues in the context of their sexual orientation or gender identity development (Freundlich and Avery 2005; Mallon 2001). Among respondents to the Los Angeles Foster Youth Survey, LGBT youth were significantly more likely than non-LGBT youth to report that the foster care system had not treated them very well (Wilson et al. 2014).

LGBT youth may experience more instability in foster care placements than do their non-LGBT peers, possibly as a result of stigma. Findings from the Los Angeles Foster Youth Survey indicate that LGBT youth had a significantly higher number of placements, on average, than non-LGBT youth (2.85, compared to 2.43; Wilson et al. 2014). The survey also found that a larger percentage of LGBT youth than non-LGBT youth were in a group home. LGBT youth participating in qualitative studies have related instances in which they were placed with foster parents who disapproved strongly of their sexual orientation or gender identity (Woronoff et al. 2006; Mallon 1998). In a study of narratives exploring the experiences of gay and lesbian youth in foster care in three large cities, child welfare professionals acknowledged that foster parents sometimes asked for a child they perceived to be gay or lesbian to be removed from their homes (Mallon 2001). Analyses of data from the Midwest Study found that LGB youth averaged 6.8 placements during their time in foster care, compared to 5.4 placements for non-LGB youth (Dworsky 2013).²⁵

Research on the outcomes of LGBT youth aging out of foster care is very limited, but analyses of Midwest Study of youth aging out of foster care data suggest that they may face economic risks similar to those of non-LGBT peers. Among participants in the Midwest Study, both LGB and non-LGB youth faced economic hardships and appeared to be at high risk of not achieving self-sufficiency in adulthood (Dworsky 2013). However, outcomes among LGB youth differed from those of non-LGB youth in some ways. LGB youth were more likely to experience

²⁵ This difference was statistically significant at the .10 level.

food insecurity and receive some types of public assistance compared to non-LGB youth, and they reported a lower average hourly wage.

Research needs

Additional research is needed to fully understand the participation, experiences, and trajectories of LGBT youth in the child welfare system, including possible differences in experiences and outcomes between LGBT and non-LGBT youth. At least three topics merit further exploration:

- **The number and characteristics of LGBT youth in the child welfare system.** Data on the demographics of LGBT youth in care will help child welfare agencies make informed decisions about services for these populations. Potential research questions on this topic include the following:
 - Are LGBT more or less likely to be reported to the child welfare system than non-LGBT youth with similar experiences of maltreatment? Are there differences between LGBT and non-LGBT youth in the nature or severity of maltreatment leading to involvement in the child welfare system?
 - How many LGBT youth are in foster care? What proportion of the foster care population do these youth make up? How does the proportion of foster care youth identifying as LGBT differ across states and localities?
 - What are the demographics of LGBT youth in foster care, in terms of age, race/ethnicity, sexual orientation, and gender identity? How does their mental and physical health compare to that of non-LGBT youth in care?
 - At what ages are LGBT youth entering the child welfare system? How often do youth first identify as LGBT while in care?
- **The safety and supportiveness of services for LGBT youth in foster care.** More information is needed to understand whether and how the safety and supportiveness of care environments for LGBT youth differ by agency and location, type of care, age of the youth, and other factors. Studies are also needed to pinpoint areas where services provided to LGBT youth may not be appropriate or may differ from those provided to non-LGBT youth. Specific research questions may include the following:
 - Are there differences in service needs between LGBT and non-LGBT youth?
 - How do placement histories among LGBT youth compare to those of non-LGBT youth? What are the reasons for placement disruption? Do placement experiences differ among LGBT subpopulations?
 - What are perceptions of the safety, appropriateness, and supportiveness of placements and other services among LGBT youth in foster care? How do these perceptions differ among youth served by different agencies or in different types of placements? How do they differ by sexual orientation or gender identity?
 - What are the particular experiences of transgender youth and LGBT youth of color in the child welfare system?

- **Outcomes for LGBT youth exiting foster care.** Little is known about the ways that LGBT youth leave foster care and their well-being after exiting. Specific research questions may include the following:
 - Are LGBT youth in foster care less likely to achieve permanency through adoption than similar non-LGBT youth? What are the characteristics of placements among LGBT youth who are adopted out of foster care? Do outcomes among LGBT adopted out of foster care differ from those of non-LGBT youth?
 - How do economic and health outcomes for LGBT youth aging out of care compare with those of non-LGBT youth? How do they differ among subpopulations of LGBT youth?

3. Strategies for providing child welfare services effectively to young LGBT people

Key findings from the knowledge base

- Child welfare experts and practitioners have recommended a range of practices to improve services for LGBTQ youth. These recommendations include adopting nondiscrimination policies, increasing staff cultural competency, ensuring that youth receive appropriate services and placements, and collecting and managing data regarding sexual orientation and gender identity.
- The extent to which these practices have been adopted by child welfare agencies and the effects of their implementation are not well understood.

The knowledge base

Over the past two decades, child welfare researchers and practitioners have developed and published recommendations for ensuring safe, supportive, and appropriate services for LGBT youth in child welfare settings (for example, Child Welfare League of America 2012; Mallon 1992, 1999; Wilber 2013; Wilber et al. 2006). In addition, professional and advocacy organizations have produced curricula and toolkits to train child welfare agency staff on serving LGBT youth (for example, Elze and McHaelen 2009; Lambda Legal and Child Welfare League of America 2012). Broadly speaking, recommended practices address four areas: (1) prohibiting discrimination against LGBT youth and ensuring they are respected, (2) increasing LGBT cultural competency among agency staff and foster parents, (3) providing child welfare services that address the specific needs of LGBT youth and their families, and (4) effectively managing information on the sexual orientation and gender identity of youth in the child welfare system.

Prohibiting discrimination and promoting respect for LGBT youth. The Child Welfare League of America and others have recommended that child welfare agencies adopt and enforce policies that bar discrimination based on sexual orientation or gender identity (Child Welfare League of America 2012; Wilber, et al. 2006). These policies are intended to clearly prohibit harassment, denial of services, and the use of slurs and other expressions of bias among youth, staff, or foster parents. In addition, staff and foster parents are urged to respect and affirm LGBT youth by, for example, examining their own assumptions about the experiences and characteristics of LGBT people, providing unconditional support and resources to youth who

identify as LGBT, not characterizing LGBT youth as deviant, and establishing consistent behavior standards for LGBT and non-LGBT youth (Child Welfare League of America 2012).

Providing training to increase LGBT competency among child welfare agency staff and caregivers. To promote sensitivity, knowledge, and skills related to LGBT issues in child welfare agencies, experts and organizations recommend mandatory and ongoing cultural competency training for caseworkers, foster parents, and other caregivers. Among the suggested training topics are appropriate terminology for referring to LGBT people, assessment of personal biases regarding sexual minorities, the nature of sexual orientation and gender identity development among children and youth, identifying when sexual orientation or gender identity may be a factor in cases of child maltreatment, and providing support for youth in the system who are coming out as LGBT (Child Welfare League of America 2012; Lambda Legal and Child Welfare League of America 2012; Mallon 1999). Experts also recommend that agencies provide training about the specific experiences and needs of subpopulations of LGBT youth, such as transgender and gender nonconforming youth (Mallon and DeCrescenzo 2006; Lambda Legal and Child Welfare League of America 2012).

Ensuring that child welfare services address the circumstances and needs of LGBT youth and their families. Experts note that child welfare agencies should provide appropriate health, education, and other services for LGBT youth. For example, agencies should link youth with health and mental health providers who are prepared to address issues of sexual orientation and gender identity when discussing sexual behavior and risk reduction or providing counseling (Wilber et al. 2006). Agencies are also strongly urged to avoid mental health interventions designed to change youths' sexual orientation or gender identity. (There is no scientific evidence to support such interventions, and they may cause harm [APA Task Force on Appropriate Therapeutic Responses to Sexual Orientation 2009].) Transgender youth may have particular health care needs, for example, assessments to determine whether hormone treatment is appropriate. In addition, it is recommended that child welfare agencies protect LGBT youth from violence and harassment in educational settings and ensure their access to community resources specifically for LGBT people (Child Welfare League of America 2012; Wilber et al. 2006).

Existing guidance also highlights a need for child welfare practitioners to recognize and respond to differing circumstances and developmental needs among LGBT youth. For example, Mallon (2011) identifies three groups of LGBT youth in child welfare settings: (1) those experiencing family rejection due to LGBT identity, (2) those in the child welfare system for reasons other than their LGBT identity, and (3) those who are questioning or disclose their LGBT identity after having been in the system for a long time.

Moreover, services to support permanency for LGBT youth may need to specifically address issues of sexual orientation and gender identity and current family relationships. LGBT youth and their families may need intensive supports (Mallon 1999; Wilber et al. 2006). Family-based interventions focused on acceptance of LGBT youth are one promising method for bolstering parental support of young LGBT people. These models have provided parent education on the potential consequences of rejecting behaviors and have been tailored to families from different cultural or religious backgrounds (Ryan 2010).

In service provider interviews we conducted for this assessment, representatives from agencies in two states, Illinois and Massachusetts, described one organizational approach to improving child welfare services for LGBT youth: designating liaisons or specialists on LGBT issues among child welfare agency staff. Box IV.1 summarizes the implementation of this strategy in these states.

Managing information on the sexual orientation and gender identity of child welfare clients. Child welfare agency staff may be reluctant to collect data on the sexual orientation or gender identity of children and youth they serve because of concerns regarding the appropriate use of this information or the perception that it is not relevant to child welfare services (Wilber 2013). Most agencies do not routinely gather this information during assessments or other processes, and federal administrative data systems related to child welfare do not require reporting of sexual orientation or gender identity data about client populations. However, such information may be important for serving children and youth appropriately and for agency planning.

Based on input from child welfare professionals and researchers, several child welfare and LGBT community organizations have prepared a set of draft guidelines for how and when child welfare agencies should collect, record, and disclose information about clients' sexual orientation and gender identity (Wilber 2013). The guidelines encourage agencies to include sexual orientation and gender identity among the demographic data they collect on each child. They suggest that case workers use age-appropriate discussions to gather information on and document the gender identity of children 3 years old or older and the sexual orientation of children 10 years old or older, updating this information as needed. The guidelines also indicate that children should be involved in decisions to disclose this information within the agency or externally, whenever possible, that staff should base these decisions on a clear rationale related to the best interests of the child, and that safeguards should be in place at the agency level to prevent disclosures that are harmful or inappropriate. The Center for the Study of Social Policy is conducting a field test in two states to examine agency experiences implementing the guidelines.

Box IV.1. LGBT liaisons or specialists in child welfare agencies

Child welfare agencies in Massachusetts and Illinois employ LGBT liaisons or specialists—staff members with specialized knowledge in serving LGBT children and youth. The liaisons or specialists are full-time employees who serve as resources for caseworkers and field staff, providing one-on-one guidance on serving LGBT clients in their caseloads and trainings to enhance staff LGBT competency. They also maintain lists of external service providers with LGBT expertise to help caseworkers make appropriate referrals.

The implementation of this model differs in the two states. In Illinois, LGBT program specialists are part of the agency's Division of Clinical Services and provide assistance to caseworkers from multiple local offices and administrative units. Case workers can access specialists' assistance through a case consultation request. In Massachusetts, LGBT liaisons are designated within local child welfare offices. In addition to serving as a resource for colleagues, these staff members are responsible for making child welfare offices welcoming environments for LGBT children, youth, and adults. The Massachusetts Department of Children and Families is working with the Massachusetts Commission on LGBT Youth to develop a toolkit to share with other Massachusetts state agencies interested in implementing a similar staffing model.

Research needs

Further research is needed to understand agencies' experiences implementing recommendations to improve services to young LGBT people and to assess whether these steps are effective. Future studies could explore at least three topics:

- **The implementation and effectiveness of policies and training addressing LGBT cultural competency among child welfare staff.** This research may help assess and refine the content and delivery of training. Specific research questions may include the following:
 - To what extent are public child welfare agencies taking steps to improve LGBT cultural competency of staff? How many agencies are doing so and in which locations?
 - How can improvements in LGBT cultural competency be measured? How much and what type of training is most effective for improving LGBT cultural competency among child welfare agency staff?
 - How do LGBT liaisons/specialists or other LGBT-focused staffing models affect staff practices and outcomes for LGBT youth in child welfare? What successes and challenges have agencies experienced in implementing these models?
- **The implementation and effectiveness of efforts to develop placements and increase permanency for young LGBT people.** Some child welfare agencies are already implementing strategies to assist families with LGBT youth or improve the appropriateness and permanency of placements for LGBT youth in care. Research on these efforts may address such questions as:
 - How effective are interventions to help biological or foster/adoptive families with young LGBT people address conflict related to sexual orientation and gender identity and decrease rejecting behaviors? What successes and challenges have agencies experienced implementing interventions to promote family acceptance?

- What have been the results of other efforts to improve permanency outcomes for LGBT youth, such as identifying LGBT-friendly foster families?
- **Agency experiences collecting administrative data on sexual orientation and gender identity of children and youth in the child welfare system.** Collecting these data is expected to help agencies better understand the populations they serve and track outcomes for young LGBT people. More information is needed about how to implement such data collection successfully. Potential research questions include the following:
 - What factors promote or hinder the collection and appropriate use of information about sexual orientation and gender identity by child welfare agencies? What approaches are most likely to facilitate gathering and appropriately using accurate data?
 - How do youth in child welfare comprehend the questions they are asked in administrative contexts about their sexual orientation and gender identity? How do they respond to different types of questions or different contexts for asking them? How do responses differ by age?
 - What is the feasibility of including information on sexual orientation and gender identity in national child welfare administrative data systems?

B. LGBT adults and the child welfare system

The CB's 2011 information memorandum on LGBT youth in foster care notes that LGBT parents are a potential resource for child welfare agencies seeking to identify foster or adoptive families for children. In this section, we focus on LGBT adults' participation in the child welfare system as adoptive or foster parents, examining the knowledge base and research needs related to demographics of these populations, their experiences in the child welfare system, and strategies for child welfare agencies to engage them effectively. Like other parents, LGBT parents also may have contact with the child welfare system as part of a child protection investigation; where relevant, we note research needs related to this type of interaction.

1. Demographics of LGBT foster and adoptive parents

Key findings from the knowledge base

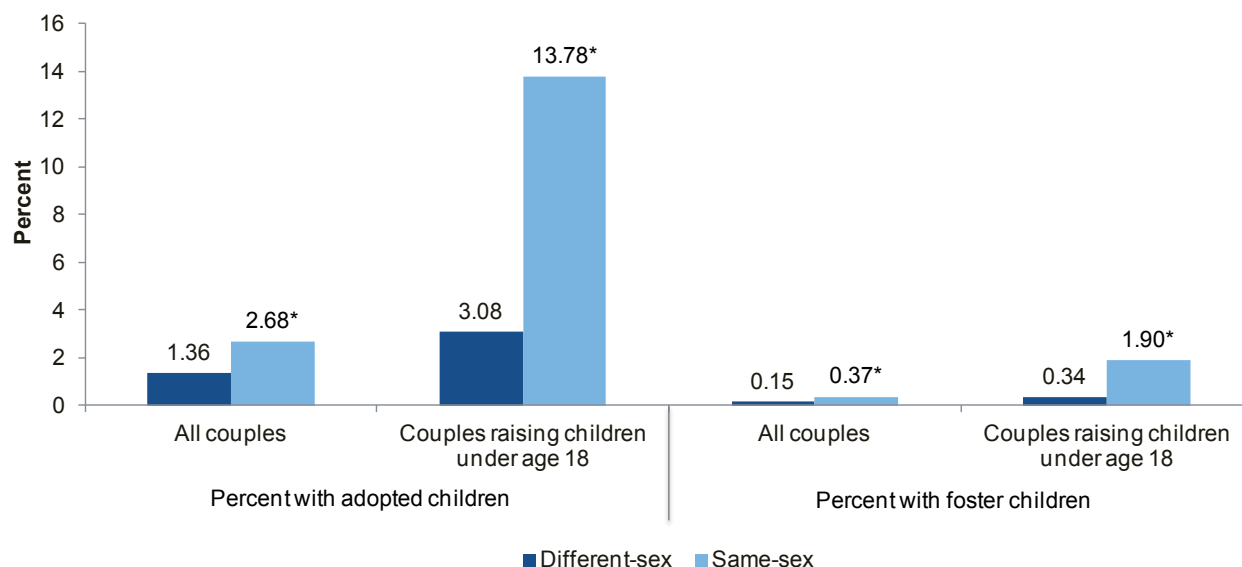
- Analyses of nationally representative, population-based survey data suggest that same sex couples were more likely than different-sex couples to have an adopted or foster child.
- These analyses also identify some differences in demographic characteristics between same-sex and different-sex couples with adopted or foster children. Among couples with adopted children, same-sex couples with adopted children were younger than different-sex couples, on average; more likely to be white; and more likely to have higher levels of educational attainment (a college degree or more). Among couples with foster children, same-sex couples were younger than different-sex couples, less likely to be Hispanic, and less likely to have lower levels of educational attainment (high school or less).

The knowledge base

Prevalence of adoption and fostering among same-sex couples. Existing research using nationally representative, population-based survey data suggests that same-sex couples are more likely to be adoptive or foster parents than different-sex couples (Gates 2013a). As part of the research needs assessment, we conducted analyses of American Community Survey data from 2008 to 2011 to update estimates of the prevalence of adoption and fostering among same-sex couples and examine the demographics of these parents and their children. (We focus on same-sex couples because currently available data are not sufficient to examine adoption and fostering among LGBT individuals.) This information may be useful to policymakers and child welfare agencies seeking to better understand the population of same-sex couples who are adoptive and foster parents and differences in the characteristics of different-sex and same-sex couples with adopted and foster children.

Our analyses corroborate earlier findings that same-sex couples appear to be more likely than different-sex couples to have an adopted child. As shown in Figure IV.1, among all couples, same-sex couples were about twice as likely as different-sex couples to have an adopted child (2.7 percent compared to 1.4 percent). Among couples with children under age 18, same-sex couples were nearly 4.5 times as likely as different-sex couples to have an adopted child (13.8 percent compared to 3.1 percent). (Couples in the ACS sample likely adopted children in various ways, including through the public child welfare system, private domestic and international adoption agencies, and possibly second-parent adoptions of a partner's child.) A larger proportion of female same-sex couples in the ACS sample adopted children (14.6 percent) than did male same-sex couples (11.6 percent; not shown).

Figure IV.1. Percentage of couples with adopted or foster children, by couple type



Source: Analyses of American Community Survey (2008–2011) by Gary J. Gates, Williams Institute, UCLA School of Law.

Note: Sample sizes are as follows: all different-sex couples, N = 2,699,675; all same-sex couples, N = 18,698.

*Difference between same-sex and different-sex couples significantly different from zero at the .05 level, two-tailed test.

As shown in Table IV.1, adoptive parents in same-sex couples were slightly younger than adoptive parents in different-sex couples, on average (42.8 years old, compared to 44.2 years old); more likely to be white (83.6 percent, compared to 74.3 percent); and more likely to have completed college (29.4 percent, compared to 23.2 percent) or graduate-level education (36.5 percent, compared to 17.1 percent). Same-sex couples with adopted children were also more likely than different-sex couples to live in the Northeast. Median income was higher for same-sex couples than different-sex couples, but the difference is not statistically significant.

Table IV.1. Characteristics of same-sex and different-sex couples with adopted or foster children

	Couples with adopted children		Couples with foster children	
	Different-sex couples	Same-sex couples	Different-sex couples	Same-sex couples
Age (years)	44.2	42.8*	45.3	40.8*
Race/ethnicity (percentage)				
White (non-Hispanic)	74.3	83.6*	62.9	71.0
African American	7.9	5.5*	15.5	19.6
Asian/Pacific Islander	3.5	1.3*	2.1	--
American Indian/Alaska Native	0.8	0.5	0.9	--
Other	1.4	0.9	1.8	0.3
Hispanic (any race)	12.0	8.2*	16.8	9.1*
Educational attainment (percentage)				
Less than high school diploma	9.3	4.0*	14.0	5.2*
High school diploma	20.9	8.6*	29.7	18.0*
Some college	30.9	21.6*	35.8	46.2
Bachelor's degree	22.4	29.4*	13.2	20.9
Advanced degree	16.4	36.5*	7.2	9.7
Region (percentage)				
Northeast	16.3	23.6*	15.4	20.7
Midwest	24.0	20.9	22.5	18.6
South	36.0	30.2	34.0	33.8
West	23.6	25.2	28.1	26.9
Median household income (dollars)	85,155	119,070	65,490	96,491
Average number of adopted or foster children	1.4	1.5	1.6	1.5
Sample Size	36,437	510	4,084	59

Source: Analyses of American Community Survey (2008–2011) by Gary Gates, Williams Institute, UCLA School of Law.

*Difference between same-sex and different-sex couples significantly different from zero at the .05 level, two-tailed test.

Same-sex couples are also significantly more likely to have foster children than different-sex couples. Among all couples, 0.37 percent of same-sex couples had foster children, compared to 0.15 percent of different-sex couples. Among couples with children under age 18, 1.9 percent of same sex couples had foster children, compared to 0.3 percent of different-sex couples (Figure

IV.1). Among couples with foster children, same-sex couples were younger than different-sex couples (40.8 years old, compared to 45.3 years old, on average); less likely to be Hispanic; and less likely to have lower levels of educational attainment (a high school diploma or less; Table IV.1). Similar to families with adopted children, median income was higher for same-sex couples than different-sex couples with foster children, but the difference is not statistically significant. Analyses regarding families with foster children should be interpreted cautiously because the ACS data include a very small number of same-sex couples with foster children.

Results of these analyses imply that an estimated 17,400 same-sex couples are raising approximately 25,600 adopted children under age 18, and an estimated 2,400 same-sex couples are raising approximately 3,600 foster children under age 18.²⁶ Based on these estimates, same-sex couples are raising approximately 2.3 percent of all adopted children and 2.4 percent of all foster children in living in couple households.

Development and experiences among children adopted by lesbian and gay parents. A growing number of studies has examined developmental outcomes and behavior among children with lesbian and gay parents and compared them with children of non-lesbian and non-gay parents. These studies, mainly using purposive samples, have found that adoptive children of lesbian and gay parents develop similarly to children of non-gay and non-lesbian parents (Farr et al. 2010; Goldberg 2010; IOM 2011). At least one study has focused specifically on high-risk children adopted from foster care by lesbian, gay, and non-gay and non-lesbian parents (Lavner et al. 2012). Families involved in the research were participating in a larger, community-based longitudinal study of child and parent adjustment during adoption transitions. The study found that children adopted by lesbian or gay parents and those adopted by non-gay and non-lesbian parents showed similar cognitive and behavioral outcomes at 2, 12, and 24 months after placement, even though the children in lesbian and gay households had a significantly higher number of background risk factors at placement.

At least one qualitative study has explored through focus groups and interviews the perspectives of a small sample of children adopted from foster care by lesbian or gay parents (Cody et al. 2012). Most participants in the study reported that they were not asked about their feelings regarding placement with a lesbian or gay family (or were too young to remember). Participants generally felt their families were not different from those headed by non-lesbian or non-gay parents, but a majority reported that they had been teased by peers because of their parents' sexual orientation.

Research needs

Existing research offers basic information on the characteristics of same-sex couples who adopt or foster children, but these analyses include families formed through both public and private adoption and are limited to same-sex couples. Research in at least two areas is needed to

²⁶ We estimated the number of couples with adoptive or foster children by multiplying the percentage of same-sex or different-sex couples with adopted or foster children (based on ACS 2008–2011 data) by Census 2010 estimates of the total number of same-sex or different-sex couples nationwide. To estimate the proportion of adopted and foster children being raised by same-sex or different-sex couples, we multiplied the average number of adoptive or foster children being raised by same-sex or different-sex couples (based on ACS 2008–2011 data) by the estimated number of same-sex or different-sex couples with adoptive or foster children.

better understand the population of LGBT adults who foster and/or adopt children through public child welfare agencies:

- **Socioeconomic characteristics of LGBT individuals and couples who provide foster care and/or adopt children from foster care.** Additional data collection and analysis could create a more detailed demographic profile of LGBT adults—both individuals and couples—who participate in the child welfare system as foster and or adoptive parents. Potential research questions include the following:
 - What are the socioeconomic characteristics of LGBT parents (couples and individuals) who foster or adopt children through the public child welfare system, nationwide and at the state and local level? What motivates these populations to adopt or foster children?
 - To what extent do transgender adults provide foster care or adopt children from foster care?
- **Characteristics and experiences of children adopted from foster care by LGBT parents.** Future research should increase understanding of the types of children fostered and/or adopted by LGBT parents and their well-being and could include several questions:
 - What proportion of children adopted from foster care is adopted by LGBT parents (couples and individuals)? What are the characteristics of children placed with LGBT parents (including sexual orientation and gender identity)? Do they differ from children placed with non-LGBT parents?
 - How do child welfare agencies support children who may be placed with LGBT foster or adoptive parents? How do children in foster care respond to these placements?

2. LGBT adults' interactions with child welfare agencies

Key findings from the knowledge base

- In qualitative studies and surveys of purposive samples of lesbians and gay people, substantial minorities report challenges related to their sexual orientation in interactions with public child welfare agencies. These include legal insecurity due to state and local policies that may hinder adoption by same-sex couples and the possibility of prejudice or social stereotyping based on sexual orientation by agency staff and others involved in the foster care or adoption process.

The knowledge base

A small body of research using surveys with purposive samples and qualitative methods has explored the openness of adoption agencies to working with LGBT parents and potential challenges for LGBT people who wish to foster and adopt children. This research suggests that LGBT people may face distinctive challenges in their interactions with public and private child welfare agencies. Studies tend to highlight concerns and stressors related to legal issues because state laws and local practices vary in whether they permit or support fostering or adoption by same-sex couples or LGBT individuals. The studies also identify challenges related to the knowledge and skills of adoption agency staff in working with LGBT people and participants' experiences of bias related to sexual orientation.

A survey of a purposive sample of lesbian and gay adoptive parents found that approximately one-third of respondents perceived barriers in the process related to legal restrictions, inadequate professional training for agency staff related to LGBT issues, or bias among adoption agency staff or other professionals (Brodzinsky 2011). Most respondents were satisfied overall with the professionalism and competence of adoption agency staff, but less than half expressed satisfaction with adoption workers' knowledge regarding LGBT issues. Almost half of respondents reported that they had experienced negative bias based on sexual orientation by adoption professionals and authorities, for example, attorneys and judges.

Qualitative studies highlight similar patterns in lesbian, gay, and bisexual foster parents' experiences with public child welfare agencies. For instance, Downs and James (2006) interviewed a purposive sample of lesbian, gay, and bisexual foster parents and found that a substantial minority reported facing agency discrimination based on their sexual orientation, including initial refusal of applications to become a foster parent.²⁷ In a qualitative study of lesbian, gay, and non-gay and non-lesbian couples involved in the foster-to-adoption process, Goldberg et al. (2012) found that these groups of couples shared many perceptions regarding challenges of working with child welfare agencies. For example, members of both different-sex and same-sex couples reported issues related to agencies' insufficient support services for foster parents, poor communication, and disorganization. In addition, some lesbian and gay parents reported distinctive stressors related to legal uncertainty, and a small minority of lesbian and gay participants felt that agency social workers demonstrated insensitivity regarding sexual minorities. Others expressed appreciation for individual social workers' acknowledgment and support of same-sex couples, which may have helped these couples navigate challenges during their interactions with the child welfare system.

LGBT adults' interactions with child welfare agencies may differ depending on where they live. One qualitative study explored the experiences of lesbian couples living in small metropolitan and nonmetropolitan areas and seeking to adopt children (Kinkler and Goldberg 2011). Many study participants found it difficult to identify local adoption agencies that would work with them as same-sex couples.

Research needs

Additional research on the experiences of LGBT adults in the child welfare system is needed to better understand their interactions with publicly funded agencies, the experiences of subgroups (including transgender individuals and people of color), and the experiences of LGBT parents who may interact with the system during child protection investigations. Specific topics for future studies include the following:

- **LGBT adults' experiences with fostering and adoption through the public child welfare system.** This research could further delineate the specific challenges LGBT foster and adoptive parents may experience in their interactions with publicly funded child welfare agencies. Specific research questions may include these:

²⁷ The sample for this study included 60 current, experienced foster parents for state and county public child welfare agencies in 13 states. It is not representative of all LGB foster parents and included only participants willing to identify themselves to the researchers as LGB.

- Do LGBT individuals and couples perceive specific barriers to becoming foster or adoptive parents through *public* child welfare agencies? Do perceptions regarding barriers differ by sexual orientation, gender identity, race/ethnicity, geographic location, or agency characteristics?
- What are the experiences of LGBT individuals and couples with specific elements of the foster and adoption placement process, such as the home study or pre- and post-adoption support services?
- What are public child welfare agencies' policies and practices with respect to adoption or fostering by transgender individuals?
- How long do LGBT people serve as foster parents? What proportion of LGBT foster parents adopt the children they foster? What factors affect decisions to continue or discontinue fostering?
- **LGBT parents' experiences with child protective services.** A small proportion of LGBT parents may be involved in child welfare agency investigations intended to protect children from abuse or maltreatment. We did not identify any previous research on LGBT parents' experiences with these types of services. Studies in this area may explore whether and how service provision, quality, or outcomes differ for LGBT and non-LGBT parents. Specific research questions may include the following:
 - To what extent are LGBT parents involved in child protective service interventions? Does the likelihood of this involvement differ between LGBT and non-LGBT parents? Does it differ by agency location?
 - What are the experiences of LGBT parents who are investigated or whose children are removed from their care? What services or assistance do they receive? Do these experiences differ from those of non-LGBT parents?

3. Strategies for serving LGBT adults in the child welfare system

Key findings from the knowledge base

- Child welfare researchers, practitioners, and advocacy organizations have suggested multiple strategies for integrating LGBT prospective parents into adoption and foster care programs. These strategies include such steps as adopting nondiscrimination policies and ensuring that staff members are culturally competent as well as adapting specific elements of the adoption or foster care process, such as home studies and placement processes, to acknowledge the particular circumstances of prospective LGBT parents.
- Recommendations for better serving LGBT adults also address targeted recruitment of prospective LGBT parents. In at least one jurisdiction, New York City, these efforts focus partly on identifying LGBT-affirming placements for LGBTQ youth in care.

The knowledge base

Researchers, practitioners, and advocacy organizations have developed and disseminated recommendations for improving child welfare agencies' engagement with LGBT adults interested in fostering or adopting children (for example, Human Rights Campaign Foundation 2012; Child Welfare Information Gateway 2011; Brodzinsky 2011; Mallon 1999). Many

recommended strategies are similar to ones suggested for enhancing child welfare services for LGBT youth. For example, agencies are encouraged to adopt policies prohibiting discrimination based on sexual orientation, gender identity, or marital status; ensure that staff receive LGBT cultural competency training and implement practices that support prospective LGBT parents; and convey a welcoming message to LGBT people through inclusive images and language in agency materials, forms, and organizational environments.

Experts also advise that processes for assessing prospective foster and adoptive parents and making placements address LGBT issues. According to these recommendations, home studies (assessments of prospective parents to determine their suitability for fostering or adopting a child) should neither emphasize nor completely ignore issues related to sexual orientation or gender identity (Human Rights Campaign Foundation 2012; Mallon 2011). Agencies are encouraged to treat LGBT parents equitably during the home study while exploring LGBT-specific topics that may be relevant to parenting, such as applicants' "coming out" process, relationships with partners and extended family or other support networks, and responses to discrimination. Similarly, social workers conducting home studies with transgender individuals must avoid bias while addressing gender identity issues that are likely to be important to understanding an applicant's background and personal experiences. Finally, experts recommend that agency staff facilitating foster care or adoption arrangements engage in age-appropriate discussions with children or youth about potential placements with LGBT parents. These discussions might explore the child's or youth's attitudes regarding various family structures and LGBT people generally (Child Welfare Information Gateway 2011).

Additional recommendations focus on strategies for recruitment of LGBT foster and adoptive parents. To identify LGBT adults who may be interested in foster care or adoption, experts encourage child welfare agencies to take such steps as connecting with LGBT community organizations, organizing recruitment activities at LGBT venues, and having current LGBT foster or adoptive families network with their communities (Human Rights Campaign Foundation 2012; Child Welfare Information Gateway 2011). The public child welfare agency in at least one jurisdiction, New York City, has conducted outreach and advertising to LGBT and LGBT-affirming families specifically to expand placement options for young LGBT people in foster care.

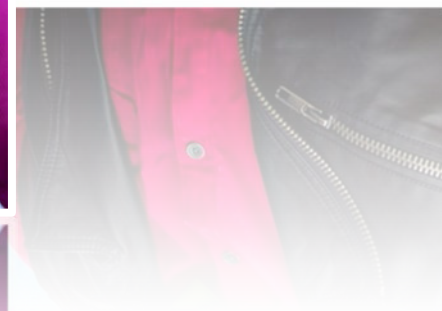
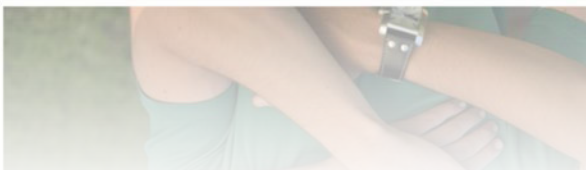
Research needs

Although stakeholders have specified many recommendations for child welfare agencies to work effectively with LGBT prospective parents, we know little about how widely these strategies have been adopted or their results. Additional research on at least two topics would improve our understanding in this area:

- **Implementation of strategies to improve child welfare agencies' interactions with LGBT adoptive and foster parents.** Studies on this topic will help clarify factors that facilitate or inhibit adopting recommended practices with specific research questions such as these:
 - To what extent have child welfare agencies implemented practices designed to increase the accessibility and appropriateness of services for LGBT foster and adoptive parents?

- What influences agencies' decisions to adopt these practices? Which practices have been adopted most widely? Which are more challenging to implement, and why?
- How, if at all, are child welfare agencies engaging specific subgroups of LGBT adults, such as transgender people and people of color?
- **Results of targeted LGBT foster and adoptive parent recruitment.** Targeted recruitment of LGBT prospective parents has the potential to expand the pool of foster and adoptive parents while also potentially improving the outcomes of LGBT youth in care by growing the number of LGBT-friendly placements. Research on these efforts may address such questions as the following:
 - How are targeted recruitment strategies received by prospective LGBT parents? Which strategies are most effective in encouraging LGBT adults to foster or adopt children through publicly funded child welfare agencies?

V. LGBT YOUTH AND SERVICES TO SUPPORT THEM



V. LGBT YOUTH AND SERVICES TO SUPPORT THEM

Chapter Summary

- **Most sexual minority youth are well adjusted; however, analyses of population-based data indicate that the prevalence of many risk behaviors is higher among LGB and questioning youth than heterosexuals.** Research with population-based and purposive samples has also found that large proportions of LGBT youth experience harassment at school because of their sexual orientation or gender identity.
- **Some studies point to possible protective factors for LGBT youth.** Factors that promote resilience for LGBTQ youth may include parental acceptance, the presence of supportive adults in schools and a protective school climate, and an affirming social environment.
- **Research on youth homelessness strongly suggests that LGBT youth are overrepresented among runaway and homeless youth, although prevalence estimates vary widely.** Studies with purposive samples have found that LGBT homeless youth were more likely than their non-LGBT counterparts to have poor mental health, be victimized, and engage in risky behaviors.
- **Sexual minority youth face health disparities related to sexually transmitted infections and may be at higher risk than heterosexuals for unintended pregnancy.** According to disease surveillance data, most new HIV infections among young people (ages 13 to 24) occur among gay, bisexual, and other men who have sex with men. Analyses of population-based data have found that lesbian, gay, and bisexual adolescents are all significantly more likely to become pregnant or cause a pregnancy than are non-LGB adolescents. Relatively high rates of pregnancy involvement among sexual minority adolescents may be linked to higher rates of risky sexual behavior that is a response to stigma, or to lower levels of protective factors among these youth.
- **Information on LGBT youths' participation in homelessness and sexual health education services is very limited, and the effectiveness of services for these populations is unknown.** A small number of studies, mainly involving providers, and anecdotal evidence suggest that LGBT youth may experience barriers to social service access related to insufficient provider expertise in serving LGBTQ youth, lack of LGBTQ-specific resources or information, and discrimination.
- **Research needs related to human services for LGBT youth include the following:**
 - Further specifying how individual-, family-, and community-level factors increase or reduce the risk of poor outcomes for LGBT youth, especially transgender youth and youth of color.
 - Exploring LGBT youths' participation in and satisfaction with services for runaway and homeless youth and sexual health education programs.
 - Examining whether and how ACF-funded providers take steps to enhance the accessibility of homelessness and sexual health education services or to tailor services for LGBT youth.
 - Assessing the effectiveness of strategies to prevent LGBT youth homelessness, improve outcomes among LGBT youth experiencing homelessness, and provide pregnancy prevention/sexual health education services to LGBT youth.

ACF funds and oversees a variety of services for vulnerable youth populations, including youth in foster care, homeless youth, low-income youth, and teen parents (Dion et al. 2013). In this chapter, we focus on issues relevant to two types of services funded through the Family and

Youth Services Bureau (FYSB) in ACF's Administration for Children, Youth and Families: services for runaway and homeless youth and sexual health education programs. These services may be especially relevant to LGBT youth²⁸; as described below, existing research suggests that LGBT youth are at increased risk for homelessness and adverse sexual health outcomes compared to their non-LGBT counterparts.

FYSB administers two grant programs that support homelessness and pregnancy prevention/sexual health education services:^{29, 30}

- **The RHY Program.** This program funds short-term emergency assistance for youth experiencing homelessness (and not accompanied by a parent or guardian) through Basic Center grants (which support emergency shelter) and Street Outreach grants (which support street-based services). The program also funds longer-term residential services for homeless youth ages 16 to 22 through Transitional Living and Maternity Group Home grants.
- **The Adolescent Pregnancy Prevention (APP) Program.** The APP program funds comprehensive sex education and abstinence education programs to prevent pregnancy and decrease the spread of sexually transmitted infections (STIs) among youth. Through the Personal Responsibility Education Program (PREP), FYSB has awarded grants to state, tribal, and community organizations to deliver sexual health education and adulthood preparation programs to targeted youth populations, including “youth in foster care, homeless youth, youth in rural areas or areas with high teen birth rates, and minority youth (including sexual minorities)” (FYSB 2014). A separate grant program provides funds to states specifically for abstinence education.

In recent years, FYSB has moved to make RHY- and APP-funded services more accessible to LGBT youth. For example, FYSB now requires grant applicants to submit signed statements that they have taken the needs of LGBT youth into consideration in designing their programs and that services will be inclusive and nonstigmatizing toward LGBT participants. Applicants and any subawardees must also maintain policies that prohibit harassment based on sexual orientation and gender identity or expression. FYSB expects RHY and PREP grantees to collect information on sexual orientation for all participants. Finally, in 2013, FYSB awarded a grant to the University of Illinois, Chicago to provide capacity-building support to programs serving LGBT youth experiencing homelessness.

We begin this chapter by summarizing key findings from research on the proportion of U.S. youth who are sexual minorities and the general well-being of LGBT youth. We then describe the knowledge base and research needs in three areas: (1) the risk of homelessness and adverse sexual health outcomes among LGBT youth, (2) LGBT youths' service preferences and experiences in services for homeless youth and sexual health education programs, and (3)

²⁸ This group includes youth who are questioning or unsure of their sexual orientation and/or gender identity.

²⁹ FYSB also administers the Family Violence Prevention and Services program, which supports emergency shelters and assistance for survivors of domestic violence and their children. In Appendix A, we describe research needs related to LGBT populations and domestic violence.

³⁰ Other ACF program offices also oversee programs that support vulnerable youth. Among them are the Children's Bureau, the Office of Child Support Enforcement, and the Office of Family Assistance (Dion et al. 2013).

strategies for providing homelessness and sexual health education services effectively to LGBT youth. While the chapter focuses on the knowledge base and research needs related to two types of services, it is important to acknowledge that a wide range of other services may be relevant to LGBT youth. In addition, complex links may exist among youth homelessness, sexual health, and mental health status, and these issues cannot necessarily be addressed in isolation.

As in previous chapters, we summarize findings from studies using a variety of samples and analytic methods. Quantitative studies may rely on bivariate analyses to provide descriptive statistics comparing LGBT and non-LGBT populations or multivariate analyses that compare these groups while holding other demographic characteristics constant.

A. The demographics and well-being of LGBT youth

The formative nature of adolescent sexual development poses challenges for conducting research on the size and well-being of the LGBT youth population (IOM 2011). Although some youth may be aware of their sexual orientation and gender identity from childhood, for others, the process of identity development is ongoing. Youth may change the way they identify themselves (or the sex of their sexual partners) over time. Moreover, adolescents' willingness to disclose their sexual orientation may differ depending on where and when such questions are asked. These challenges notwithstanding, existing research provides some insight on the proportion of youth who are sexual minorities and their general well-being.

1. Estimates of the proportion of youth who are LGBT

As noted in Chapter I, a small number of population-based surveys of youth have included questions on sexual orientation or gender identity and provide information on the size of the LGBT youth population. Analyses of the Youth Risk Behavior Survey, a population-based survey conducted by states and school districts with assistance from the CDC, found that in 14 states and school districts where the YRBS included questions related to sexual orientation, 2.2 to 13.4 percent of youth in grades 9 through 12 identified as LGB or unsure, reported attraction to the same sex, or had same-sex sexual contacts (Mustanski et al. 2014a).³¹

Analyses of representative surveys in at least two school districts included estimates of the proportion of students who are transgender. In a 2006 survey of public high school students in Boston (the Boston Youth Survey), 1.7 percent of respondents identified as transgender (Albeda et al. 2009). Based on the 2011 YRBS conducted in San Francisco public schools, the San Francisco Unified School District reported that 1.3 percent of middle school students and 1.6 percent of high school students in the district identified as transgender (San Francisco Unified School District 2011). The surveys are not representative of the youth population as a whole, and the proportions reported are substantially higher than the estimated percentage of adults who identify as transgender (0.3 percent; Gates 2011). (The difference may be due to the location of the surveys. It is possible that people are more willing to identify as transgender in locations perceived to be more supportive, although research is needed to explore this hypothesis.

³¹ The study authors do not attempt to explain the range among states and school districts in the percentage of students identifying as LGB, reporting attraction to the same sex, or reporting same-sex sexual contacts. It is possible that the wide range reflects differences across geographic areas in students' willingness to identify as a sexual minority or differences among surveys in the questions asked.

Alternatively, the relatively high proportions may reflect differences between youth and older adult populations in the number of transgender-identified people.)

The Gallup Daily Tracking Survey (conducted June through December 2012) provides nationally representative estimates of the proportion of young adults who are LGBT. Among survey respondents, 7.5 percent of people ages 18 to 24 identified as LGBT; 61 percent were female and 39 percent were male (Mallory et al. 2014). The survey also found that more than half of LGBT young adults (52 percent) were racial/ethnic minorities. (Among respondents of all ages, non-whites were more likely than whites to identify as LGBT.) Because the survey asked a single question on LGBT identification, it does not provide information on subgroups defined by sexual orientation or transgender status.

2. The well-being of LGBT youth

Studies using population-based data find that most LGB youth are well adjusted (IOM 2011). (Population-based data on transgender youth are very scarce.) However, the research base also suggests that LGBT youth are more likely than their non-LGBT peers to engage in many types of risky behavior, experience such mental health issues as suicidal thoughts or behavior, and face challenges in peer and family relationships.

Prevalence of risk behaviors. Analyses of YRBS data in 13 states and school districts found higher prevalence of most health risk behaviors (for example, tobacco use, alcohol and other drug use, and sexual risk behaviors) among students who identified themselves as LGB and students who had sexual contact with both sexes compared to non-self-identified LGB students (Kann et al. 2011). Similarly, a study using data from 1995 Massachusetts YRBS found that LGB students were significantly more likely than non-LGB students to report lifetime and recent sexual intercourse, more sexual partners, earlier age at first sexual intercourse, and use of alcohol or drugs before sex (Blake et al. 2001). These findings were based on regression models that controlled for gender and race/ethnicity.

A meta-analysis of 24 studies of youth up to age 21 concluded that LGB youth were nearly three times more likely to report suicidal thoughts or behavior compared to non-LGB youth (Marshal et al. 2011). The association between sexual orientation and suicidal thoughts or behavior was stronger for bisexual youth compared to other sexual minority youth. LGB youth were also found to be more likely to experience depression. Studies have linked high rates of suicidal behavior among LGB youth to both general risk factors (such as depression, substance abuse, and inadequate social support) and risk factors specific to LGB status (such as experiences of homophobic victimization or family rejection based on sexual orientation; IOM 2011).

Among transgender young adults, rates of suicidality may be especially high, according to existing data. Among respondents to the National Transgender Discrimination Survey (which includes a nonprobability sample of transgender and gender nonconforming adults), 45 percent of those ages 18 to 24 reported having attempted suicide (Haas et al. 2014).

Challenges in peer interactions and family relationships. Existing research also documents difficulties some LGBT young people experience in school and family contexts (Higa et al. 2014; Russell et al. 2010; Ryan et al. 2010). For example, large proportions of LGBT

respondents to the 2011 National School Climate Survey (which involved a large purposive sample of youth ages 13 to 20) reported experiencing verbal and physical harassment in school (Kosciw et al. 2012). Eighty-two percent of LGBT students reported being verbally harassed at school because of their sexual orientation and 64 percent because of their gender expression. Thirty-eight percent of LGBT students reported being physically harassed because of their sexual orientation and 27 percent because of their gender expression.³²

Analyses of longitudinal data from the Growing Up Today study (which follows a large sample of girls and boys ages 9 to 17) found that LGB adolescents were significantly more likely to be bullied than were heterosexuals (Berlan et al. 2010). Additional studies based on surveys of large purposive samples of LGBT and non-LGBT high school students suggest that a hostile school climate contributes to lower self-esteem and poorer educational outcomes among LGBT youth (Aragon et al. 2014; Kosciw et al. 2013).

LGBT youth living in rural areas may face distinctive risks and challenges. Analyses of population-based data have found that rural LGB youth were more likely to report mental health problems, substance abuse, and harassment by peers than LGB youth in urban areas (Poon and Saewyc 2009).³³ In addition, qualitative studies suggest that LGBT youth living in rural areas, may be particularly vulnerable to feelings of isolation (Palmer et al. 2012; Yarbrough et al. 2003). It is possible that these challenges are linked to a lack of access to supportive services or organizations or the presence of few LGBT peers in more sparsely populated areas.

Some researchers have noted that LGBT youth of color face a combination of racism and stigma based on sexual orientation or gender identity, as well as possible rejection by their racial/ethnic communities (Holmes and Cahill 2003). However, it is unclear whether LGBT youth of color experience more school-based harassment than their white peers do. In the National School Climate Survey, African American and Asian/Pacific Islander LGBT students were somewhat less likely than white students to report feeling unsafe at school (Kosciw et al. 2012). The reasons for these differences are unknown, but one possibility is that students' level of disclosure about their LGBT identity varies based on race or ethnicity.

Studies suggest that family rejection is a concern for many LGBT youth. For example, in one survey involving a large nonprobability sample of LGBT youth ages 13 to 17, 26 percent of respondents reported that the biggest problem they faced was lack of acceptance from parents or family (Human Rights Campaign 2012). Another study with a purposive sample of LGB youth explored reasons youth chose not to disclose their sexual orientation to parents; negative consequences of disclosure and poor relationships with parents were primary concerns among these youth (D'Augelli et al. 2005). Difficulties in family relationships may have particularly negative effects on the mental health of LGBT students. Analyses of nationally representative data from the National Longitudinal Survey of Youth found that problems with parents and peers

³² The sample for this survey included 8,584 students and included respondents from all 50 states and the District of Columbia. Participants were recruited through email, social networking websites, and announcements by organizations serving LGBT youth. The study authors note that youth who do not have connections to the LGBT community, youth who are not comfortable identifying themselves as LGBT on social networking sites, and youth of color may be underrepresented in the survey.

³³ Data used in this study did not include measures to identify transgender respondents.

partially explain higher levels of psychological distress among LGB adolescents compared to non-LGB adolescents (Ueno 2005).

Protective factors and resiliency among LGBT youth. Some studies have examined potential protective factors for LGBT youth populations. Research with a convenience sample of LGBT young adults found that family acceptance during adolescence was associated with positive outcomes related to self-esteem, social support, and general health; conversely, family rejection was associated with poorer health outcomes, including increased sexual health risks (Ryan et al. 2009, 2010). Other studies using population-based and purposive samples have identified factors that may facilitate positive outcomes or buffer the effects of negative experiences among LGB and questioning youth, such as a positive or protective school climate, peer and social support, positive role models, and the supportiveness of the larger social environment (Eisenberg and Resnick 2006; Hatzenbuehler 2011, 2014; Higa et al. 2014; Mustanski et al. 2011b; Williams et al. 2005).

Research has not fully explored how protective factors function for LGBT youth or identified factors that are protective for subpopulations of LGBT youth. For example, one study of a community sample of LGB youth found that social support promoted mental health but did not eliminate the negative effects of victimization (Mustanski et al. 2011a). Researchers have noted a need for additional studies to identify factors that protect and contribute to resilience among transgender youth and racial and ethnic minorities (Bouris et al. 2010; Garofalo 2014).

B. Homelessness and pregnancy/STI risk among LGBT youth

Key findings from the knowledge base

- Local-area studies of homeless youth and reports from service providers indicate that a disproportionate share of homeless youth are LGBTQ, although estimates of the size of the LGBTQ homeless youth population vary widely. Analyses of population-based data from one state found that LGB and questioning high school students were at higher risk of homelessness compared to non-LGB students.
- Two studies using population-based data found that among high school students, bisexual women and lesbian adolescents were more likely to become pregnant, and bisexual or gay men were more likely to cause a pregnancy, than were their non-LGB peers.
- Among young people in the United States, young gay, bisexual, and other men who have sex with men (MSM) accounted for the largest share of new HIV infections in 2010, according to surveillance data from the CDC. Most newly infected young MSM were African American.

The knowledge base

Homelessness. Existing research strongly suggests that LGBT youth are overrepresented among the homeless youth population. Estimates of the percentage of homeless youth who are sexual minorities vary widely, however, ranging from 9 to as much as 45 percent in studies conducted in local areas or with individual service providers (Cray et al. 2013; Toro et al. 2007). In six cities participating in YouthCount!—a federal interagency initiative that aims to develop new approaches to counting unaccompanied homeless youth—19 percent of homeless youth surveyed indicated they identify as LGB and 3 percent as questioning (Cunningham et al. 2014).

Across the six cities, the share of youth identifying as LGB ranged from 10 to 43 percent. Respondents to a national survey of providers with a purposive sample estimated that LGBT youth made up 40 percent of their clientele, on average (Durso and Gates 2012). In general, however, counting and assessing the characteristics of homeless youth is difficult, and reliable data on the demographics of the homeless youth population are scarce (Pergamit et al. 2013). The composition of the LGBT homeless youth population in terms of sexual orientation, gender identity, and race/ethnicity is unknown. A small number of studies based on purposive samples from local communities or providers found that a disproportionate number of homeless youth were transgender or LGBT youth of color (Cray et al. 2013).

Research using population-based data in one state points to a higher risk of experiencing homelessness among LGB and questioning high school students. In analyses of the 2005 and 2007 Massachusetts YRBS, Corliss et al. (2011) found that students who identified as LGB or unsure, or who identified as heterosexual but reported same-sex sexual contacts, were 4 to 13 times more likely to be homeless when controlling for age, race and ethnicity, whether the student was born in the United States, and the survey year. Youth commonly cite conflict with parents as the main reason they are homeless, and this discord is sometimes related to issues of sexual orientation or gender identity (Toro et al. 2007). However, it is not clear whether most LGBT homeless youth leave home primarily because of this type of conflict.

Mental health problems, victimization, and risky behavior generally are prevalent among homeless youth (Toro et al. 2007), and LGBT homeless youth may experience these problems at even higher rates than their non-LGBT counterparts do. Several studies using purposive samples found that LGB homeless youth were more likely than non-LGBT homeless youth to have been physically or sexually victimized; engage in survival sex or sex work; use illicit substances; have poor mental health, including suicidal behavior; and have greater HIV risk (Cochran et al. 2002; Gangamma et al. 2008, Van Leeuwen et al. 2006; Ray 2006; Toro et al. 2007; Tyler 2008; Walls et al. 2007).

Adolescent pregnancy and STIs. As noted earlier, LGB adolescents appear to engage in risk behaviors at higher rates than heterosexual adolescents do, including behaviors that increase risk of pregnancy and STIs. Studies examining pregnancy involvement among LGB adolescents in the United States and Canada using population-based survey data found that LGB youth were 2 to 10 times likelier to become pregnant or cause a pregnancy than their non-LGB peers (Saewyc 2011; Saewyc et al. 2008). It is possible that LGB youth engage in risky sexual behavior (with partners of both sexes) as a way of coping with stress related to stigma-based discrimination (Saewyc et al. 2008). Lower levels of protective factors among LGB youth, such as school or community connectedness, may also be a factor in higher rates of pregnancy involvement.

STIs, especially HIV, are a major health issue among young gay, bisexual, and other men who have sex with men (MSM). In 2010, most new HIV infections among young people (ages 13 to 24) in the United States occurred in this group (72 percent), and between 2008 and 2010, the number of new infections among young MSM increased by 22 percent (CDC 2014a). Moreover, similar to the general population, young MSM of color were disproportionately affected by HIV; African Americans accounted for 55 percent of new infections among young MSM (CDC 2012). The percentage of young transgender people with STIs, including HIV, is

unknown, but data from local health departments suggest a disproportionate number of infections occur among young transgender people, especially those of color (CDC 2011).

The causes of disparities in HIV infection among young MSM and transgender people are uncertain, but various factors could increase risks for this group. These factors include lack of information about personal infection status; prevention programs not reaching MSM; drug use; minimal concern about infection; and experiences of stigma-based harassment or discrimination, which may promote substance abuse and risky behavior (CDC 2012; Mustanski et al. 2011b). Results of a study involving a purposive sample of LGBT young adults suggest that victimization based on real or perceived LGBT status may have a role in STI risk; the study found that participants who experienced high levels of victimization as adolescents were more likely to report a diagnosis of an STI than were those who did not face high levels of victimization (Russell et al. 2011).

Research needs

The characteristics of the LGBT homeless youth population, the reasons that LGBT youth may face increased risk of homelessness and poor sexual health outcomes, and factors that may minimize these risks are not well understood. Future research should explore two topics in particular:

- **The size, composition, and needs of the LGBT homeless youth population.** The YouthCount! initiative has identified promising strategies for improving estimates of the size of the LGBT homeless youth population in local areas (Pergamit et al. 2013). For example, federal agencies worked with researchers and advocates to develop a set of standard questions on sexual orientation and gender identity for use on point-in-time counts of runaway and homeless youth. In addition, YouthCount! encourages organizations conducting such surveys to partner with LGBT community organizations. Future studies could apply these practices to improve understanding of the nature and needs of the LGBT runaway and homeless youth population. Potential research questions to address include the following:
 - What proportion of homeless youth nationally and in local areas identify as LGBT? How does the proportion of homeless youth who are LGBT differ across communities and regions?
 - What are the characteristics of the LGBT homeless youth population? What proportions of this population do transgender youth or youth of color compose? How long do LGBT homeless youth tend to remain homeless?
 - How are the characteristics and needs of LGBT homeless youth similar to or different from their non-LGB counterparts? What accounts for any differences in risk factors or experiences between these populations?
- **Factors that increase or reduce the risk of homelessness and poor sexual health among LGBT youth.** More research is needed to understand the mechanisms of homelessness and STIs/pregnancy risk among LGBT youth populations. Future research should also clarify factors that may be protective for LGBT youth populations or enhance resilience among these youth. This knowledge can benefit the development of interventions to support LGBT youth. Research questions to explore include the following:

- What individual-, family-, and community-level factors affect the likelihood that LGBT youth will become homeless? How do risk factors for homelessness differ among subpopulations of LGBT youth?
- What individual-, family-, and community-level factors affect the likelihood that LGBT youth will engage in risky sexual behavior or become pregnant? Why do these factors influence behavior among LGBT youth? How does their influence differ among subpopulations of LGBT youth?
- What individual-, family-, and community-level characteristics or circumstances are protective for LGBT youth? In particular, how do parenting approaches and the social environment influence LGBT youth? How do protective factors vary among subpopulations of LGBT youth?

C. LGBT youths' interactions with homelessness and sexual health education services

Key findings from the knowledge base

- Little information is currently available about the extent to which LGBTQ youth are accessing federally funded homelessness or sexual health education services.
- Studies of LGBTQ youths' service preferences using purposive samples suggest that youth are interested in LGBTQ-specific sexual health education, peer support, and help coping with LGBTQ-related stress, among other services.
- The research base on accessibility of homelessness or sexual health education services among LGBTQ youth is limited. Barriers to service access may include fears of discrimination among LGBTQ youth and providers' lack of knowledge or resources related to LGBTQ issues.

The knowledge base

Service use by LGBT youth. Very little information is available about LGBT youths' use of ACF-funded homelessness or sexual health education services. Service providers may find it difficult to collect information about the sexual orientation and gender identity of youth in their programs for many reasons—for example, youth may not have well-formed sexual identities or may be reticent to share this information out of fear of harassment, staff may lack the skills or protocols necessary to ask questions about sexual orientation or gender identity sensitively, or youth and staff may be concerned that the information will be disclosed to other agencies or parties without the youth's consent (Austin et al. 2007; Burwick et al. 2014).

FYSB requires RHY Program grantees to report semiannually the number and characteristics of youth they serve. The system created for this purpose, the Runaway and Homeless Youth Management Information System (RHYMIS), includes fields for documenting youths' sexual orientation and gender identity. According to the RHY Program's 2010–2011 Report to Congress, among youth whose sexual orientation was reported in RHYMIS, LGB youth accounted for 6 or 7 percent served in the Basic Center Program and 9 or 10 percent served in the Transitional Living Program during fiscal years 2010 and 2011 (HHS 2013). Transgender youth accounted for less than 1 percent of youth served in each program during these years (HHS 2013).

The accuracy of data on sexual orientation and gender identity reported through RHYMIS is unclear, however. Case studies of RHY Program grantees indicate that not all grantees systematically collect and record information on sexual orientation and gender identity (Burwick et al. 2014). Among agencies that do collect these data, the content of questions and the timing of data collection varies. As a result of these inconsistencies, RHYMIS data likely do not offer a complete count of LGBT youth who access RHY Program services, and counts cannot be reliably compared across individual grantees.

The number of LGBT youth who access ACF-funded sexual health education services is also currently unknown. PREP grantees are required to administer participant entry surveys that collect information on the characteristics of youth served, including their sexual orientation and gender identity. Therefore, information about the proportion of participating youth who are sexual minorities may become available in the future. Early research on the implementation of PREP found that a small minority of funded providers—about 7 percent—include LGBT youth among the populations they target (Zief et al. 2013).

Providers and other experts note that LGBT youth may be disproportionately involved in multiple public systems, including those addressing homelessness, child welfare, and juvenile justice (Burwick et al. 2014). However, research is lacking regarding patterns of LGBT youth interaction with multiple systems or how LGBT youths' experiences may be similar or different across these systems.

Service preferences. A few studies have explored the types of social services or assistance LGBT youth would like to receive. In one study, based on a web-based survey of a purposive sample of LGBT youth ages 14 to 19, a large proportion of respondents (80 percent or more) expressed interest in LGBT-specific sex education, peer support, help with dating and relationship issues, help with family issues, support or guidance from LGBT adults, and help coping with LGBT-related stress (Wells et al. 2013).³⁴ African American LGBT youth were more likely than other youth to endorse services featuring support from LGBT adults. Transgender youth were more likely than nontransgender youth to prefer services including peer and adult support, assistance coping with stress or family issues, and self-defense training. When asked about service format, survey respondents tended to endorse in-person services that include other LGBT youth or adults.

Potential barriers to service access. Research on potential barriers to social service access for LGBT youth has highlighted issues related to negative social attitudes, the characteristics of available services, and perceived discrimination. The research base includes a small number of studies, mainly involving providers. For example, in one study involving a purposive sample of providers in one community, staff identified service barriers including general discrimination against LGBT youth, a lack of provider knowledge about LGBT issues, a lack of LGBT-specific services, and youths' concern that they would be judged by providers or that information they shared would not be kept confidential (Acevedo-Polakovich et al. 2013).

³⁴ The sample in this study included 544 youth recruited through LGBT venues and listservs, as well as social networking sites. It is not representative of all LGBT youth. The authors that respondents may be more likely than nonrespondents to be connected with LGBT organizations and have access to the Internet.

In a set of case studies of providers serving runaway and homeless youth, agency staff identified several challenges to serving LGBT youth, including the difficulty of overcoming community-level stigma, especially toward youth of color and transgender or gender nonconforming youth, and a lack of local resources that focus on LGBT youth (Burwick et al. 2014). Reports from advocacy organizations have cited anecdotal evidence of LGBT youth receiving poor treatment by some homeless shelters, such as verbal abuse or being denied admission because they are transgender (see, for example, Ray 2006).

School-based sexual health education programs generally do not incorporate discussion of same-sex sexuality and health risks (Mustanski et al. 2011b). Researchers who conducted focus group discussions with a small, purposive sample of LGBT youth found that these youth generally felt school-based sexuality education services excluded sexual minorities by not addressing their specific concerns or circumstances (Gowen and Winges-Yanez 2014). Just 12 states require discussion of sexual orientation when sexual education is provided in schools; of these states, 9 require that sexual education be “inclusive” of nonheterosexual orientations, and 3 require that only negative information be presented on nonheterosexual orientations (Guttmacher Institute 2014). Nevertheless, ACF encouraged states developing PREP-funded programs to take the needs of LGBT youth into consideration and ensure that programs are inclusive.

Research needs

The research base on the interactions of LGBT with homelessness and sexual health education services is generally limited. Additional, systematic study is needed to help policymakers and providers better understand the extent to which LGBT youth currently use these services and identify access barriers that may exist. Future could address at least three general topics:

- **The number and characteristics of LGBT youth receiving ACF-funded RHY and sexual health education services.** Research on this topic could not only explore current service use among LGBT youth but also clarify approaches to administrative data collection. Studies might address such questions as:
 - What proportion of youth accessing RHY or sexual health education services is LGB or questioning? What proportion is transgender? How does service use by LGBT youth differ across providers and locations?
 - What are the service needs among LGBT youth accessing RHY programs? How are these needs similar to or different from those of non-LGBT youth?
 - How can collection of administrative data on sexual orientation and gender identity be improved in federally funded RHY and sexual health education programs? What steps can be taken at the provider and government level to increase the accuracy and use of these data?
- **Barriers to accessing RHY and sexual health education programs.** Additional research on this topic could assess both provider and youth perceptions regarding the accessibility and relevance of services for LGBT youth. Research could also examine whether federally funded providers are taking steps to reduce barriers that may exist. Potential research questions include the following:

- Do LGBT youth perceive barriers to participating in RHY or sexual health education services? If so, what types of barriers exist? How does the extent or nature of these barriers differ across service locations and subpopulations of LGBT youth?
- Do LGBT youth consider ACF-funded sexual health education services to be relevant to their needs and interests? How are their perceptions of services similar to or different from those of non-LGBT youth?
- Have federal funding policies requiring inclusiveness for LGBT youth in RHY and sexual health education programs affected provider practices? If so, how?
- **Involvement in multiple service systems.** Documenting how and why LGBT youth move across service systems—including the homelessness, juvenile justice, and child welfare systems—might help providers better understand youths’ needs and coordinate services for them. In particular, future research could address the following questions:
 - What are the service pathways of LGBT youth involved in multiple systems? How are these similar to or different from those of non-LGBT youth?
 - What are LGBT youths’ perceptions of safety or inclusiveness of services across these systems?

D. Strategies for providing homelessness and sexual health education services to LGBT youth

Key findings from the knowledge base

- A variety of authors and organizations, including government agencies, has offered recommendations for improving services for LGBTQ runaway and homeless youth. These recommendations emphasize prohibiting discrimination and ensuring the safety of sexual minority youth, increasing staff cultural competency, and addressing the unique shelter and service needs of LGBTQ youth. However, no published evidence is available on the effectiveness of interventions for LGBTQ homeless youth.
- To make sexual health education services more relevant to LGBTQ youth, researchers and various organizations recommend steps such as discussing sexual orientation and gender identity during classes, describing romantic relationships in terms that do not assume heterosexuality, and providing LGBTQ cultural competency training to instructors.
- In general, the literature on effectiveness of sexual health education services for LGBTQ youth is very limited. One study found that LGB students in high schools where sex education was sensitive to LGB issues engaged in fewer sexual risk behaviors than did LGB students in schools where sex education was not sensitive.

The knowledge base

Homelessness services and prevention. As described above, the knowledge base on LGBT youth homelessness is limited. Nevertheless, in response to research indicating that LGBT youth are overrepresented in the runaway and homeless youth population and that they may face barriers to service access, private and government organizations have offered recommendations for improving homelessness services for these populations (for example, Lambda Legal et al. 2009; Quintana et al. 2010; Mottet and Ohle 2003; Ray 2006; Wilber et al. 2006). Although

some of this guidance is based on findings from focus groups with youth and interviews with providers (SAMHSA 2010, 2011), in the absence of evidence-based practices, the recommendations generally reflect practitioner knowledge.

Examples of common recommendations for service providers include the following:

- **Adopt nondiscrimination policies and create a safe and inclusive environment.** Policies can establish minimum standards for the treatment of LGBT clients, and displaying LGBT-friendly symbols and materials can communicate that an agency is a safe space for LGBT youth.
- **Offer training and support for staff to develop LGBT cultural competency.** This training can educate staff on the experiences of LGBT youth and promote respectful interactions with LGBT clients.
- **Address sexual orientation and gender identity during intake procedures.** Providing youth opportunities to share information about their sexual orientation and gender identity may communicate acceptance and help staff provide appropriate services. It may also help improve data collection on client demographics.
- **Connect LGBT youth with tailored services and LGBT-specific community resources.** LGBT homeless youth may benefit from services geared toward their specific needs and circumstances—for example, resource materials or counseling that addresses LGBT issues. These youth also are likely to benefit most from counseling or other assistance offered by providers who are competent and experienced serving LGBT youth. Experts recommend that transgender youth be connected with health care providers who are experienced in providing assessments and treatment to transgender people.
- **Address the unique shelter needs of LGBT clients.** Experts recommend that shelters protect LGBT youth from harassment without isolating them. Providers are urged to assign transgender youth to sleeping arrangements or housing based on their gender identity and on assessments of the safety of the arrangement for each youth.

A few studies and reports have examined how these strategies are implemented in individual organizations (for example, Burwick et al. 2014; Ray 2006; SAMHSA 2011).

The research base on interventions targeting homeless youth generally is limited, and a systematic review of the literature identified no specific interventions for homeless youth (either LGBT or non-LGBT) with adequate evidence of effectiveness (Altena et al. 2010). Similarly, research on interventions to prevent homelessness among LGBT youth is very scarce, although, as noted in Chapter IV, interventions focused on family support and acceptance are one promising approach to preventing poor outcomes among LGBT youth.

Sexual health education. Researchers have identified effective behavioral interventions to reduce HIV risk among adult MSM, but the literature documents few interventions targeting *young* MSM, including MSM of color (Mustanski et al. 2011b). One community-level intervention targeting young adult MSM ages 18 to 29, MPowerment, relies on peer influence and outreach. A study of the intervention in two communities found it was effective in reducing

some high-risk sexual behaviors (Kahn et al. 2001).³⁵ However, there is a lack of published evidence on the effectiveness of HIV prevention efforts specifically for teen MSM (as opposed to young adults).

Various researchers and organizations have provided recommendations for improving school-based sexual health education for LGBT youth (for example, CDC 2014b). In general, the recommendations focus on making health curricula inclusive by addressing sexual orientation and gender identity and describing relationships in terms that do not assume heterosexuality. LGBT cultural competency training for instructors is also recommended. In focus groups, LGBT youth have also suggested focusing on STI prevention rather than pregnancy prevention and including discussions of healthy relationships in sexual education classes (Gowen and Wings-Yanez 2014).

At least two studies have explored the provision and effectiveness of LGBT-inclusive sexual health education. A study in Massachusetts found that LGB students in schools where sexual health education instruction was ranked as highly sensitive to LGB issues engaged in fewer sexual risk behaviors than did LGB students in schools where instruction was less sensitive. (Blake et al. 2001).³⁶ An initial evaluation of an online sexual health education program designed for LGBT youth ages 16 to 20 found that the intervention had small to moderate positive effects among participants on outcomes related to self-acceptance, sexual health knowledge, relationship skills, and safer sex (Mustanski et al. 2014b).³⁷

An unanswered question is whether, and in what circumstances, LGBT youth might be served best by programs that are designed specifically for them. In interviews with service providers working with youth, we explored whether the providers offer programs that are designed specifically for LGBT youth or integrate LGBT youth into “mainstream” programming (see Box V.1).

³⁵ This study compared differences between two baseline assessments with those between the second baseline and two post-intervention surveys. The study authors reported that a limitation of the study was low statistical power due to sample attrition; however, few differences were observed between men retained in the sample and those lost to attrition.

³⁶ The study did not include measures to identify transgender youth. Schools were compared based on a weighted average of teachers’ scores on an assessment of LGB sensitivity (among teachers who provided sexual health education). Although analyses controlled for some student- and community-level demographic characteristics, due to the study design, the effect of teachers’ sensitivity in providing sexual health education cannot be isolated from school-level characteristics that may be unobserved (such as a school climate that is generally supportive of LGB youth).

³⁷ This study of the program’s feasibility and early effects relied on a pre-post design and did not include a comparison group of nonparticipants.

Box V.1. Provider perspectives on LGBT-specific services for youth

Staff at agencies that participated in the needs assessment described whether and how their organizations tailor services for LGBT youth. The agencies' approaches include offering services specifically for LGBT clients and ensuring that services offered to all youth are sensitive to the needs of LGBT participants.

Staff of The Door, a Manhattan-based agency offering comprehensive youth development services, noted that the organization places a high priority on developing LGBTQ cultural competency among staff members. Nevertheless, mainstream programming is generally considered appropriate for LGBT clients. This approach has several benefits, according to staff members. In mainstream services, youth who may be questioning their sexual orientation or gender identity feel less pressure to identify as LGBT to receive services and can explore their identity in a supportive environment. In addition, mainstream services offer all youth an opportunity to learn to cooperate and work with different kinds of people, which may be an important skill for youth aiming to find and keep a job. Finally, LGBT-specific programming may indicate an assumption that LGBT identity is the primary concerns for youth, even though other issues or needs may take priority. Staff at The Door reported they do offer LGBT-specific interventions. For example, the organization provides a targeted health program for young men who have sex with men. Staff also recognize that some LGBT individuals have experienced trauma and abuse related to their sexual orientation and gender identity and may feel safer and more comfortable when they are served with other LGBT people.

The Bristol HUB, a youth drop-in center in rural Vermont, offers sexual health education with PREP funding it received through the Vermont Department of Health. The agency does not provide services specifically for LGBT youth but does ensure that the PREP curriculum is delivered using language that does not assume participants are heterosexual. In addition, the agency organizes workshops for all enrolled youth that focus on understanding sexual orientation, gender identity, and the experiences of LGBT people.

In case studies we conducted of RHY Program grantees, agencies offered several examples of LGBT-specific services. These included a designated LGBT case manager and a "host home" program that arranged temporary housing for LGBT homeless youth in the homes of LGBT-supportive adults. Staff at agencies providing these services noted that they help connect LGBT youth with supportive adults. However, some staff indicated concern over implementing LGBT-specific services because doing so might increase competition for scarce funding and other resources.

Research needs

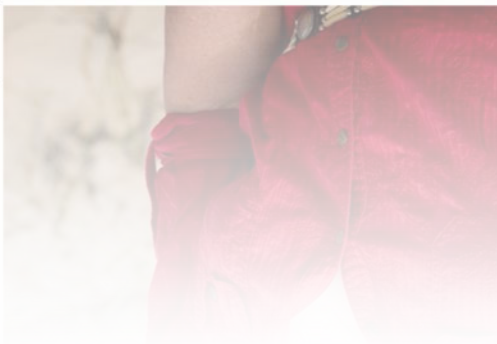
Many opportunities exist to expand the knowledge base regarding the provision of homelessness and sexual health education services to LGBT youth. Research on at least two topics is needed:

- **The implementation of recommended practices for providing homelessness and sexual health education services to LGBT youth.** Some studies have documented how schools and agencies are attempting to address the needs of LGBT youth, but additional research could explore the diffusion of these practices and the supports that may be necessary for their successful implementation. Potential research questions include the following:
 - To what extent have providers funded through the RHY Program adopted practices intended to improve services for LGBT homeless youth? What successes and challenges

have they experienced? What intervention models exist for serving LGBT homeless youth, including transgender youth and youth of color?

- Are ACF-funded providers of sexual health education offering services that are inclusive of LGBT youth? What differences exist between services offered by providers that target LGBT youth and those that do not?
- How do providers operating in rural areas or areas with few LGBT-specific community resources address the needs of LGBT youth?
- **The effectiveness of interventions designed for LGBT youth.** Research is needed to understand
 - How are outcomes similar or different for LGBT and non-LGBT RHY served by RHY Program grantees? Do interventions or programs focused specifically on LGBT RHY improve outcomes for these youth?
 - What sexual health education programs or curricula, if any, reduce sexual risk behavior among LGBT youth? How effective are these programs or curricula for transgender youth or youth of color?
 - Do family-based interventions increase acceptance and improve the well-being of LGBT youth? For what populations are they effective? In what contexts can they be successfully replicated?

VI. THEMES IN RESEARCH NEEDS



VI. THEMES IN RESEARCH NEEDS

The research base on LGBT populations and human services is growing, but many fundamental questions remain unaddressed. Some research needs identified in this report stem from the limited availability of survey and administrative data on LGBT populations. Others indicate gaps in the literature on the experiences and outcomes of LGBT people who participate in human services, as well as on the nature and results of efforts to deliver more accessible and effective assistance to these populations.

Five main themes in research needs appear across the three program and population domains considered in our assessment:

1. **Developing sources of survey and administrative data to increase understanding of LGBT populations' characteristics and human service use.** A very limited number of population-based and administrative data sources simultaneously address human services and measure of LGBT status. For example, in surveys administered by the Census Bureau, such as the American Community Survey and Current Population Survey, only same-sex couples can be identified. Administrative databases related to ACF programs very rarely collect data on the sexual orientation or gender identity of participants. Additional sources of survey and administrative data are needed to clarify the number of LGBT people who experience economic hardships and other risks and to determine the extent to which LGBT populations participate in ACF services.
2. **Continuing to explore the nature of risk and protective factors among LGBT people, especially LGBT subpopulations.** With regard to economic outcomes, existing studies suggest that some LGBT individuals and families may be more likely to experience economic insecurity than non-LGBT individuals do, but the research base on the economic circumstances of these populations remains scant. More investigation is needed to discern who among LGBT populations is at greatest risk of poor economic outcomes and explore the reasons for disparities that may exist—both between LGBT people and non-LGBT people and between LGBT subpopulations. In contrast, a relatively substantial body of research indicates that children and youth who are sexual minorities are more likely to experience child maltreatment and that LGB young people are more likely than their non-LGB peers to have poor mental health and engage in behaviors that pose risks to their health and well-being. Little is known, however, about whether and how the types and severity of risks differ among subpopulations of young LGBT people, especially youth of color and transgender youth. In addition, further research is necessary to explore individual, family, and community characteristics that support LGBT youth and help them transition successfully to adulthood.
3. **Understanding potential barriers to service access.** Some studies have explored the experiences of LGBT people who receive child welfare services and assistance for homeless youth. This research, which mainly uses qualitative methods, points toward factors that may impede LGBT people from receiving the services they need, factors such as providers' lack of knowledge regarding the specific circumstances of LGBT people or services that are not relevant to the needs of LGBT clients. It remains unclear how pervasive such barriers are across services, geographic locations, and agencies and whether they are broadly experienced by LGBT people receiving services. Differences in state laws regarding relationship

recognition may influence LGBT families' eligibility for income support programs, such as TANF and child support, by affecting who is considered a member of a family or a legal parent.

4. **Identifying and documenting efforts to improve human service delivery to LGBT populations.** Researchers, professional associations, and advocacy groups have recommended steps to increase the safety, accessibility, and relevance of human services to LGBT populations. These recommendations have focused especially on child welfare, homelessness, and sexual health education programs. The extent to which service providers nationwide have adopted these recommendations is not known, and factors that facilitate or inhibit their full implementation have not been well documented in the research literature. Research is also needed to determine whether such changes in practice achieve their intent of improving service access for LGBT people.
5. **Evaluating the effectiveness of human service interventions targeting LGBT populations.** Our assessment identified several examples of interventions tailored for LGBT clients, specifically in the areas of employment assistance, child welfare services, and emergency shelter and transitional housing for runaway and homeless youth. Human service providers may be putting other strategies and service models targeting LGBT populations into practice, but the research literature generally has not documented the nature or implementation of these services. Studies are needed to establish whether these interventions improve outcomes for LGBT adults and youth or whether they are more effective for LGBT participants than are services designed for the general population.

Developing a research agenda on human services for low-income and at-risk LGBT populations entails not only identifying knowledge gaps but also proposing research efforts to address these gaps. In companion documents to this report, we offer recommendations for future studies to help develop the knowledge base and guide the provision of human services to LGBT people.

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APPENDIX A

RESEARCH NEEDS IN ADDITIONAL PROGRAM AREAS

As part of the research needs assessment, the project team held discussions with representatives of 11 program offices in the Administration for Children and Families. Representatives described steps their programs have taken with respect to services for LGBT populations and knowledge gaps they perceive in this area. Some program offices oversee services outside the scope of the three focal program and population domains defined for this project.³⁸ As a result, the information they provided is not presented in the main body of the report. This appendix summarizes research needs identified by representatives of five offices: (1) the Family Violence Prevention and Services Act (FVPSA) Program in the Family and Youth Services Bureau, (2) the Office of Refugee Resettlement (ORR), (3) the Administration for Native Americans (ANA), (4) the Office of Child Care (OCC), and (5) the Office of Head Start (OHS).

Family Violence Prevention and Services Act Program

FVPSA administers federal funding for assistance to victims of domestic violence, including shelter and supportive services, and for initiatives to prevent intimate partner and dating violence. Findings from several studies suggest that LGBT people may be at equal or higher risk for these types of violence compared to heterosexuals. For example, the Centers for Disease Control's National Intimate Partner and Sexual Violence Survey found that lesbians and gay men were as likely as or more likely than heterosexuals to report experiencing intimate partner and sexual violence. In addition, the lifetime prevalence of intimate partner and sexual violence reported by bisexual women was significantly higher than the prevalence among lesbians and heterosexual women (Walters et al. 2013).³⁹ A separate study involving a survey of adolescents in 10 schools in three states found that LGB adolescents were significantly more likely than their heterosexual peers to be victims of dating violence and to perpetrate many forms of dating violence (Dank et al. 2014). This study also found that the small number of transgender adolescents responding to the survey reported the highest rates of dating violence victimization and most forms of perpetration. Incident reports compiled by a nonrepresentative sample of anti-violence organizations also document various types of intimate partner violence experienced by LGBT people, including homicide (National Coalition of Anti-Violence Programs 2013).

In response to indications that LGBT people may be at elevated risk for family and dating violence, FVPSA has taken several steps to explore the needs of LGBT individuals regarding domestic violence services and understand the capacity of providers to assist these populations. For example, the program has awarded a demonstration grant to identify, implement, and evaluate a domestic violence service model specifically for LGBT populations. Like other offices within FYSB, FVPSA also requires that applicants for funding certify that programs are inclusive and non-stigmatizing of LGBT participants.

According to FVPSA representatives, research is needed to address several gaps in the knowledge base regarding LGBT populations and family violence services. Topics of special interest include the following:

³⁸ The three domains are: (1) low-income LGBT populations and programs to support economic security, (2) LGBT youth and adults in the child welfare system, and (c) LGBT youth and services to support them.

³⁹ The survey did not include items to identify transgender respondents.

- **Risks and consequences of intimate partner and sexual violence among LGBT populations.** Further research is needed to explore the unique risk factors that LGBT people may face with respect to intimate partner and sexual violence, the numbers of abusive partners LGBT people may encounter over their life spans, and the effects of intimate partner or sexual violence on economic and mental health outcomes among LGBT populations. In particular, the research base is limited regarding the risk that transgender people, LGBT people of color, and LGBTQ youth will experience these types of violence. In addition, research is needed to identify factors that may be protective against intimate partner and sexual violence for LGBT populations, such as social connections with friends and family.
- **Access to domestic violence services for LGBT populations.** The proportion of people receiving domestic violence service who identify as LGBT is not known. Moreover, it is possible that LGBT people face distinctive barriers in accessing domestic violence services, but studies have not fully explored the nature and prevalence of these barriers. At least one study involving focus groups and semi-structured interviews with a purposive sample of lesbian, bisexual, and transgender survivors of domestic violence found that participants did not seek formal support services because of concerns regarding homophobia or transphobia (Bornstein et al. 2006). Research is needed to better understand LGBT people's service needs, preferences, and perceptions regarding service accessibility and appropriateness.
- **Approaches to domestic violence intervention and prevention for LGBT populations.** As part of a demonstration project in Kings County, Washington funded by the U.S. Department of Justice, evaluators are studying efforts to increase LGBT people's access to domestic violence services by building capacity for serving these populations among individual service providers, agencies, and agency networks. Research is needed to identify and ascertain the effects of additional approaches to serving LGBT survivors of domestic violence, preventing domestic violence among LGBT populations, and adapting existing services to meet the needs of LGBT populations.

Office of Refugee Resettlement

The Office of Refugee Resettlement (ORR) helps with the initial transition of refugees arriving in the U.S. ORR provides time-limited resettlement benefits and services facilitating economic self-sufficiency and integration. In addition to newly arriving refugees, ORR provides benefits and services to the following populations: asylees; Cuban-Haitian entrants; certified (foreign) victims of human trafficking; certain Amerasians from Vietnam; and Special Immigrant Visa (SIV) holders from Iraq and Afghanistan.⁴⁰ ORR also temporarily serves repatriated U.S. citizens, survivors of torture, as well as unaccompanied alien children (UAC).⁴¹

The United Nations High Commission on Refugees (UNHCR) has recognized that LGBT people may face extreme discrimination in their home countries, and that LGBT refugees are a

⁴⁰ The majority of these other populations are also U.S.-citizens-in-waiting. Regardless of their individual immigration status, all of these populations can receive resettlement benefits and are eligible for mainstream federal public benefits.

⁴¹ UAC are children under 18 yrs without lawful immigration status and who have no parent/legal guardian in the U.S. available to provide care.

highly vulnerable population (UNHCR 2012). Moreover, the Obama Administration has directed federal agencies to enhance protections for LGBT refugees and asylees (The White House 2011). ORR has taken steps to improve services to LGBT refugees, asylees and other vulnerable populations arriving in the United States. Specifically, the office funded a technical assistance provider, Heartland Alliance, to provide training and resources regarding LGBT populations to the resettlement network. Technical assistance activities have included an assessment of the needs of LGBT refugees, asylees, and other ORR populations; a field manual outlining practical guidelines to resettling LGBT refugees and asylees; regional trainings; and others. In addition, ORR notes in program funding opportunity announcements that services must be inclusive of LGBT populations. ORR grantees must provide assurances that they will maintain policies that prohibit discrimination based on sexual orientation and gender identity, consider the needs of LGBT populations in designing services, and train staff in preventing and responding to discrimination and harassment.

Data are not currently available on the number of refugees or asylees entering the United States who identify as LGBT. Concerns regarding disclosure of LGBT status may be especially high among refugees and asylees who have faced or fear persecution in their countries of origin due to their sexual orientation or gender identity. In addition, gender identity and sexual orientation are not specifically tracked in overseas processing of case assignments and referrals. Differing conceptualizations of LGBT identity across countries and cultures might also hamper accurate data collection.

ORR representatives noted that research is needed to better deliver services for LGBT refugees, asylees, and other ORR-eligible populations. Potential topics to explore include:

- **Service needs and access among LGBT refugees.** A needs assessment has documented possible barriers to refugee resettlement services for LGBT populations (Heartland Alliance, n.d.). Additional research is needed to clarify whether LGBT refugees, asylees, and other ORR-eligible populations face disproportionate risks to well-being and increased health and social services needs in such areas as mental health or housing. In addition, it would be beneficial to assess providers' readiness to serve LGBT populations and the extent to which they have adopted practices intended to improve service access.
- **Geographic resettlement strategies for LGBT refugees.** Often, refugees are resettled in places where people from the refugee's home country currently live. However, this approach may not be appropriate for LGBT refugees, as they may fear further discrimination by people from their home countries. To improve strategies for geographic resettlement of self-identifying LGBT refugees, research is needed to assess acceptance of LGBT people in various communities; determine where self-identifying LGBT refugees, asylees, and other ORR-eligible populations choose to live; and assess whether these choices are affected by a community's perceived acceptance of LGBT populations..

Administration for Native Americans

ANA funds community-based programs and technical assistance intended to promote self-sufficiency among Native American populations. Its three main grant programs support social and economic development, revitalization and use of native languages, and increased capacity for environmental regulation in Native American communities.

The research base on LGBT Native Americans, who are sometimes called “two spirit” (2S), is very limited, but a few studies have compared the social and physical health of non-LGBT and LGBT-2S Native Americans. For example, one study relying on a community sample of Native Americans in a metropolitan area found that LGBT-2S participants were significantly more likely than non-LGBT-2S to report childhood physical abuse and psychological symptoms, as well as higher rates of mental health service use (Balsam et al. 2004). An earlier study, based on a national, nonrepresentative survey of Native American youth, found that LGB respondents were more likely than their heterosexual counterparts to have run away from home, and gay and bisexual males were more likely to have been physically or sexually abused (Saewyc et al. 1998). Risk of pregnancy involvement was similar for LGB and non-LGB youth.

ANA has hosted technical assistance webinars and organized sessions at grantee meetings to increase awareness of LGBT-2S populations among recipients of ANA funding. These sessions have described the roles LGBT-2S people have played in Native American societies and current knowledge regarding the health and well-being of LGBT-2S individuals.

Because each tribe has a distinct history, culture, and context, ANA-funded services are developed and provided at the community level, and ANA representatives believe it is important to assess the needs of LGBT-2S people in specific communities. Nevertheless, research addressing at least two broad knowledge gaps could inform the field more generally:

- **Risks to social and economic well-being among LGBT-2S people.** Additional research exploring the health, mental health, and economic status of LGBT-2S populations—and whether they face disproportionate risks compared to non-LGBT-2S Native Americans—will help specify the health and human service needs of LGBT-2S people. ANA representatives perceive a particular need to better understand the prevalence of victimization, experiences of discrimination, and suicide among LGBT-2S people.
- **Strategies for providing services to LGBT and two-spirit people.** Studies are needed to assess whether community services are inclusive of and effective for LGBT and two-spirit people in Native American communities. In addition, technical assistance could be enhanced by identifying best practices for increasing providers’ cultural competency regarding LGBT and two-spirit Native Americans.

Office of Child Care and the Office of Head Start

OCC and OHS both administer funds in support of early care and education systems and programs. OCC administers block grants to states for child care financial assistance and quality enhancement. OHS oversees the Head Start and Early Head Start programs; its activities include awarding grants to local service providers, regulating program policy, and providing training and technical assistance to support grantee program quality.

No data exist regarding the number of LGBT families accessing services funded by OCC and OHS. However, representatives of these offices indicated that services should be accessible to all populations, including families with LGBT parents. OHS technical assistance has occasionally addressed LGBT issues. For example, the Early Head Start National Resource Center has hosted a conference session on program partnerships with LGBT families. The

session focused on challenges LGBT families face and steps programs can take to create a welcoming environment for them.

OCC and OHS representatives indicated that research is needed to better understand how child care and early education programs can best serve LGBT families. Specific topics to explore include the following:

- **Characteristics of LGBT families using child care and early education services.** Studies could help identify the types of LGBT families that access child care subsidies and Head Start services (for example, families with foster, adoptive, or biological children) and their child care preferences and unique needs, if any. Research on distinctive parenting practices or challenges among low-income LGBT families might also be useful to programs aiming to help these families support their children's development.
- **Strategies for making programs inclusive of LGBT families.** Research with child care providers and Head Start programs could explore whether and how programs identify LGBT families and establish a welcoming environment for them. Studies also could document difficulties LGBT families may experience accessing child care subsidies or Head Start services.

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APPENDIX B

ANNOTATED BIBLIOGRAPHY

A. Background

To provide a foundation for conducting a research needs assessment under the Research Development Project on the Human Service Needs of LGBT Populations, we reviewed existing literature focusing on low-income and at-risk LGBT populations and their interactions with human services. This bibliography highlights major research and programmatic work conducted in relevant fields; it is not an exhaustive review of the extant literature on these topics. As outlined below, the methods used to develop the bibliography were targeted for this purpose and drew heavily from consultation with experts in each domain.

The bibliography is structured around the project's three program and policy domains: (1) low-income LGBT populations and income support/self-sufficiency programs, (2) LGBT populations in child welfare settings, and (3) LGBT youth (especially runaway and homeless youth) and programs to support them. Within these domains, we have included literature focusing on cross-cutting topics of transgender populations and LGBT populations of color. Lastly, we have considered literature addressing measurement and data collection issues among LGBT populations.

B. Method

The research team compiled relevant literature based on requests to Williams Institute staff, searches of social science databases, and consultation with expert panelists. Williams Institute experts were consulted by the research team and asked to provide recommendations of relevant peer-reviewed research and published reports. Staff members contacted for this task included Dr. Lee Badgett, Dr. Jody Herman, Dr. Ilan Meyer, and Dr. Bianca Wilson. Dr. Gary Gates and Dr. Laura Durso, members of the project team, also contributed citations based on their own work. Members of the expert panel submitted references and comments to the research team, who then incorporated recommended resources into the present draft. To complete the annotations, a research assistant reviewed and summarized each of the identified citations.

To complete the academic database search, the Williams Institute Librarian searched the database "Academic Search Complete" using both keyword and subject term searching. The database is a multi-disciplinary database that indexes and abstracts over 10,000 publications, including 4,600 peer-reviewed journals. Similar searches were also performed in PsycINFO, a database with more than 3 million records devoted to peer-reviewed literature in the behavioral sciences and mental health. For the low-income domain, the search terms were [(LGBT or gay* or lesbian* or bisexual* or transgender* or "sexual orientation" or "same-sex" or "sexual minority") AND (poverty or poor or income or "public assistance" or food stamps or Medicaid or "social services")]. This search, and variations on it, using the subject term descriptors for some of the articles, also retrieved some articles that were relevant to the child welfare and LGBT youth domains. For the child welfare domain, the same LGBT keywords were used and the second set of terms included: ("child welfare" or "foster care" or "foster home" or "out-of-home.") A search was also performed using the subject term "child welfare" combined with the LGBT synonyms. Including the term "adoption" retrieved too many results and was ultimately removed. For the LGBT youth domain, the terms in the second portion of the search string were: (homeless or runaway). Including the term "social services" retrieved too many irrelevant

results. There was a subject term for “LGBT homeless youth” but that retrieved only a limited number of results.

Some articles cited in the main body of the report were published after the completion of the annotated bibliography or was not identified during the search process for the bibliography. As such, they do not appear in the annotated bibliography.

C. Content and organization

The bibliography organizes literature into four sections: one on each of the three program and policy domains and one on measurement and data collection issues, which are relevant to all domains. Literature addressing transgender populations and LGBT populations of color appears in all sections. In cases where a study has relevance to multiple domains/topics, that summary is repeated in all appropriate sections. The accompanying reference table, which is prepared in a spreadsheet format, allows for sorting and identification of literature related to the program and policy domains and cross-cutting topics.

1. Low-income LGBT populations and income support programs

Albelda, R., M.V.L. Badgett, A. Schneebaum, and G.J. Gates. “Poverty in the Lesbian, Gay, and Bisexual Community.” Los Angeles, CA: Williams Institute, UCLA School of Law, 2009. Available at [<http://williamsinstitute.law.ucla.edu/wp-content/uploads/Albelda-Badgett-Schneebaum-Gates-LGB-Poverty-Report-March-2009.pdf>].

Data analyzed from three surveys (Census 2000, the 2002 National Survey of Family Growth, and the 2003 and 2005 California Health Interview Surveys) suggest that same-sex couples and LGB adults, especially lesbian and African American same-sex couples, are more likely to be poor than their heterosexual counterparts. Same-sex couples and LGB adults were also more likely to report receiving cash assistance and food stamps than different-sex couples and heterosexual adults. (These analyses do not control for income.)

Cahill, S., M. Ellen, and S. Tobias. *Family Policy: Issues Affecting Lesbian, Gay, Bisexual, and Transgender Families*. New York, NY: National Gay and Lesbian Task Force Policy Institute, 2003.

This manual details the multiple facets of family policy and how they pertain to the lives of LGBT families and their access to services and health care. Topics covered include: family and parenting data on LGBT families, major challenges faced by LGBT couples and the avenues available to recognize their family relationships, legal obstacles that LGBT people face as they seek to become parents, the unique situations of LGBT youth and the way social services and school can become more responsive to the needs of this population, discrimination issues facing LGBT elders, major health-related issues as they relate to LGBT people, and finally, discrimination in employment, housing, and taxation and its impact on LGBT families. Despite largely focusing on LGBT family issues, a chapter is dedicated to LGBT youth discrimination, foster care, and institutionalization.

Dworsky, A. "Issue Brief: The Economic Well-Being of Lesbian, Gay, and Bisexual Youth Transitioning Out of Foster Care." Washington, DC: Mathematica Policy Research, January 2013. Available at [<http://www.acf.hhs.gov/programs/opre/resource/the-economic-well-being-of-lgb-youth-transitioning-out-of-foster-care>].

This brief describes the characteristics and economic well-being of LGB young adults aging out of foster care and compares them with those of heterosexual peers who were also aging out of care. Analyses of data from the Midwest Evaluation of the Adult Functioning of Former Foster Youth (the "Midwest Study") suggest that LGB youth aging out of foster care may be at a significant risk of not achieving self-sufficiency. At age 21, only 60percent of the Midwest Study participants categorized as LGB were employed, the average wage of those who were working was less than \$8.00 per hour, and nearly one-quarter had zero earnings during the previous year. LGB youth were also more likely than heterosexual youth to be receiving public assistance in the form of Supplemental Security Income and SNAP benefits and were more likely to report food insecurity. Nevertheless, the study found more similarities than differences in the economic circumstances of LGB and non-LGB youth transitioning out of foster care.

Gates, G.J. "LGBT Parenting in the United States." Los Angeles, CA: Williams Institute, UCLA School of Law, 2013a. Available at [<http://williamsinstitute.law.ucla.edu/wp-content/uploads/LGBT-Parenting.pdf>].

Using data from the 2008 and 2010 General Social Surveys, the Gallup Daily Tracking Survey, Census 2010, and the Census Bureau's 2011 American Community Survey, the article explores the demographics of same-sex couples raising children, including analysis of economic conditions. It was found that single LGBT adults raising children are three times more likely than comparable non-LGBT individuals to report household incomes near the poverty threshold. In addition, married or partnered LGBT individuals living in two-adult households with children are twice as likely as comparable non-LGBT individuals to report household incomes near the poverty threshold. These findings, along with the fact that the median annual household income of same-sex couples with children under age 18 in the home is lower than comparable different-sex couples, demonstrate the economic challenges and concerns facing LGBT individuals who are raising families in the United States.

Gates, G. J. "Same-Sex and Different-Sex Couples in the American Community Survey: 2005–2011. Los Angeles, CA: Williams Institute, UCLA School of Law, 2013b. Available at [<http://williamsinstitute.law.ucla.edu/wp-content/uploads/ACS-2013.pdf>].

This brief summarizes the demographic characteristics of same-sex couples from 2005 through 2011 using the US Census Bureau's American Community Survey (ACS) and compares them to different-sex couples. The analyses highlight trends and changes in the demographic diversity of same-sex couples and assess the degree to which similar changes are occurring among different-sex couples.

Gates, G. J. “Demographic Perspectives on Same-Sex Couples.” Paper presented to the National Center for Family and Marriage Research, Bowling Green, OH, 2012.

Using data from the 2008 American Community Survey, Gates showed that LGBT populations are more likely to use public assistance. Only 1.5percent of heterosexual married couples raising children, 3.9percent of same-sex male couples raising children, and 5.8percent of female same-sex couples raising children reported using public assistance in that year.

Gates, G. J. “Family Formation and Raising Children Among Same-Sex Couples.” National Council on Family Relations Report. Los Angeles, CA: Williams Institute, UCLA School of Law, 2011. Available at [<http://williamsinstitute.law.ucla.edu/wp-content/uploads/Gates-Badgett-NCFR-LGBT-Families-December-2011.pdf>].

This article explores parenting trends and methods of family formation among same-sex couples raising families. Analyses of data from the U.S. Census and American Community Survey indicate that the proportion of same-sex couples who report having a child under 18 in their home has increased since 1990 but more recently has begun to decline. The author suggests that this is probably due to reduced social stigma around homosexuality lowering the likelihood that LGB people will have children while in different-sex relationships, a common way that same-sex couples come to raise children. Analyses also found that same-sex couples are most likely to be raising children in Southern states and that childrearing is more common among same-sex couples who are African American, Latino, and Native American/Alaskan natives, and couples with lower reported levels of education. Conversely, raising adopted children is more common among white same-sex couples and couples with greater levels of education.

Gates, G.J., and F. Newport. “Special Report: 3.4% of U.S. Adults Identify as LGBT.” Princeton, NJ: Gallup, 2012. Available at [<http://www.gallup.com/poll/158066/special-report-adults-identify-lgbt.aspx>].

This report identifies economic challenges faced by LGBT individuals in comparison with non-LGBT individuals. For example, 35percent of those who identify as LGBT report incomes of less than \$24,000 a year, significantly higher than the general population (24percent). Likely as a result, less than two-thirds of LGBT individuals report being satisfied with their standard of living, compared with nearly three-quarters of non-LGBT people. These findings are consistent with research showing that LGBT people are at a higher risk of poverty and highlight the need for additional research and public policy that address the issue of poverty and economic disadvantage among LGBT Americans.

Grant, J.M., L.A. Mottet, J. Tanis, J. Harrison, J.L. Herman, and M. Keisling. “Injustice at Every Turn: A Report of the National Transgender Discrimination Survey.” Washington, DC: National Center for Transgender Equality and National Gay and Lesbian Task Force, 2011.

Transgender and gender nonconforming individuals of all racial and ethnic backgrounds experience pervasive discrimination, yet it is the combination of anti-transgender bias and

institutional racism that is especially devastating for transgender people of color. Respondents to the National Transgender Discrimination Survey reported widespread discrimination in the workplace and have a higher chance of living in extreme poverty and twice the rate of unemployment, compared with the general population.

Klawitter, M. M. “Meta-Analysis of the Effects of Sexual Orientation on Earnings.” Unpublished manuscript, Evans School of Public Affairs, University of Washington, 2011. Available at [<http://evans.uw.edu/sites/default/files/files/EvansWorkingPaper-2011-08.pdf>].

This meta-analysis of 26 studies on the relationship between sexual orientation and earnings among gay men and lesbians demonstrated that, on average, gay men earned 12percent less than did heterosexual men (range: 4percent to 31percent), while lesbians earned 12percent more, on average, than heterosexual women (range: 25percent less to 54percent more). These effects differed by the sample size of the study and the method used to measure sexual orientation. Variation also emerged based on the educational attainment of the respondents, as well as the amount of time spent on out-of-home work. The study highlights differences between gay men and lesbians on the influence of sexual orientation on earnings, pointing at the need for additional research on these distinct populations.

Krivickas, K. M., and D. Lofquist. “Demographics of Same-Sex Couples with Children.” Paper presented at the annual meeting of the Population Association of America, Washington, DC, March 31–April 2, 2011.

Using data about married different-sex couples, unmarried different-sex couples, unmarried same-sex couples, and married same-sex couples from the 2009 American Community Survey, the authors report on the characteristics of each family type. Regardless of couple type, more households had only biological children in the home rather than adopted children or stepchildren. Among families with biological children, married couples (both same- and different-sex) reported higher educational attainment than unmarried couples, and married different-sex couples reported the highest average household income. The authors report that unmarried same-sex couples with biological children were more similar to married different-sex couples with children than to unmarried different-sex couples with children. Among families with only adopted children or stepchildren, same-sex couples reported greater educational attainment and household income and were more likely to have both spouses in the workforce, compared with married different-sex and unmarried different-sex couples. Comparing married and unmarried same-sex-couple households, married couples were older and more likely to own their own homes and report more residential stability.

Lambda Legal. “When Health Care Isn’t Caring: Lambda Legal’s Survey of Discrimination Against LGBT People and People with HIV.” New York, NY: Lambda Legal, 2010a. Available at [<http://www.lambdalegal.org/health-care-report>].

For LGBT people and people living with HIV, seeking health care services places them in a vulnerable state that is often exacerbated by disrespectful attitudes, discriminatory treatment, inflexible or prejudicial policies, and even refusals of essential care. The authors report that almost 56 percent of LGB respondents, 70 percent of transgender and gender

nonconforming respondents, and 63 percent of people living with HIV have had at least one experience of this kind of discrimination in health care. The authors propose a set of recommendations that pertain to the multiple levels of the health care system, health care institutions, government, and individuals or organizations. These recommendations emphasize the policy changes necessary to protect and serve the typically underserved populations, including adopting LGBT-inclusive nondiscrimination laws, providing cultural competency training, improving accreditation standards, eliminating broad religious exemption laws that can be used to deny LGBT people quality health care, and assessing sexual orientation and gender identity in federal surveys.

Lambda Legal. “When Health Care Isn’t Caring: LGBT People of Color and People of Color Living with HIV.” New York, NY: Lambda Legal, 2010b. Available at [http://www.lambdalegal.org/sites/default/files/publications/downloads/whcic-insert_lgbt-people-of-color.pdf].

This report presents data from Lambda Legal’s Health Care Fairness survey, which highlights issues among people of color. The authors found that in nearly every category of discrimination covered in the survey (refused needed care, used harsh language, refused to touch me, blamed me, and was physically rough or abusive), LGBT people of color were more likely than their white counterparts to experience discrimination and substandard care. Similarly, transgender or gender nonconforming individuals were more likely to experience discrimination and substandard care than their LGB counterparts. The researchers proposed a set of recommendations that pertain to the multiple levels of the health care system and focus on enacting policy changes that prohibit discriminatory treatment based on sexual orientation, gender identity or expression, and HIV status, including the importance of taking an intersectionality perspective when developing policies and programs.

Make the Road New York. “Transgender Need Not Apply: A Report on Gender Identity Job Discrimination.” New York, NY: Make the Road New York, 2010. Available at [http://www.maketheroad.org/pix_reports/TransNeedNotApplyReport_05.10.pdf].

Using an experimental design (matched resumes), the authors demonstrate significant discrimination against transgender applicants for retail jobs in New York City, despite the fact that New York City bans employment discrimination based on gender identity. In contacts with 24 employers, there were 11 instances where the control group applicant received an offer while the transgender applicant did not. These findings were consistent with an earlier study conducted by the same organization which found that among a sample of 82 transgender employees, 59 percent reported experiencing job discrimination and 49 percent had never been offered a job living openly as a transgender person.

Movement Advancement Project. “All Children Matter.” Denver, CO: MAP, 2011. Available at [<http://www.lgbtmap.org/file/all-children-matter-full-report.pdf>].

This report highlights the obstacles same-sex families face due to current laws and social stigma. The findings show that LGBT families are more likely to be poor, are more geographically and ethnically diverse in comparison with different-sex families, and are more

likely to be bi-national. Other key findings in the report include that children from LGBT families are just as happy and healthy as children from different-sex families, but that they are harmed by current laws and social stigmas that prevent them from having a stable, loving, and economically secure home and lifestyle. To address these problems, the authors recommend providing equal access to health care and economic protections for LGBT-headed families, passing marriage equality laws and family law that include LGBT families, and expanding research in this area.

Movement Advancement Project, Family Equality Council, Center for American Progress.
“LGBT Families of Color: Facts at a Glance.” Denver, CO: MAP, 2012.

This research brief culls from multiple earlier reports (e.g., MAP 2011; see above) and datasets to report on LGBT people of color raising children. The authors review evidence that LGBT people of color are more likely to parent than white LGBT people, including being foster and adoptive parents. Children of same-sex couples are more likely to be in poverty than children of different-sex couples, and this is particularly true of people of color. To the extent that government support programs have a limited definition of family, limitations that bar eligibility for families headed by same-sex couples may disproportionately affect LGBT families of color. Same-sex couples of color who are raising children may also be more negatively impacted by tax laws that discriminate against LGBT people. LGBT families of color also exhibit health disparities based on both race and sexual orientation and are less likely to have adequate health insurance coverage. In their communities, LGBT families of color face discrimination based on race and sexual orientation, and this stigma may come from within the LGBT community as well. LGBT families of color do report receiving more social support from their extended families.

Prokos, A. H., and J.R. Keene. “Poverty Among Cohabiting Gay and Lesbian, and Married and Cohabiting Heterosexual Families.” *Journal of Family Issues*, vol. 31, 2010, pp. 934–959.

Gay and lesbian couples fare worse than married couples, but better economically than cohabiting heterosexuals. Married couples are the least likely to be in absolute poverty (only 6 percent), followed by gay and lesbian couples (12 percent each), and cohabiting heterosexual couples, who had the greatest percentage in poverty (16 percent).

2. LGBT populations in the child welfare system

CASA. “Annotated Bibliography: Resources for Working with Lesbian, Gay, Bisexual, Transgender, and Questioning Youth and Families in the Foster Care System.” Seattle, WA: Court Appointed Special Advocate Association, 2009. Available at [\[http://nc.casaforchildren.org/files/public/site/publications/TheConnection/Fall2009/Annotated_Bibliography.pdf\]](http://nc.casaforchildren.org/files/public/site/publications/TheConnection/Fall2009/Annotated_Bibliography.pdf).

Acevedo-Polakovich, I., B. Bell, P. Gamache, and A.S. Christian. “Service Accessibility for Lesbian, Gay, Bisexual, Transgender, and Questioning Youth.” *Youth & Society*, vol. 45, 2013, pp. 75–97.

This study outlines expert consensus opinions on barriers to service for LGBT youth. Twenty-nine service providers from Tampa, Florida, were interviewed or completed online questionnaires about major barriers to LGBT youth accessing social services. Participants identified 30 barriers that were grouped into societal (e.g., stigma, family rejection), provider-related (e.g., lack of knowledge, lack of LGBT-specific services, concerns about confidentiality and disclosure), youth-related (e.g., fear of rejection, fears about safety, lack of awareness of services), and resource-related issues (e.g., lack of school-based resources, transportation issues). Providers also identified 32 specific strategies for improving service provision that spanned these major areas, including community outreach, diversity training, hiring LGBT providers, and including youth in program development.

Berberet, H.M. “Putting the Pieces Together for Queer Youth: A Model of Integrated Assessment of Need and Program Planning.” *Child Welfare*, vol. 85, 2006, pp. 361–384.

Berberet outlines her approach to conducting a needs-assessment research project, using an example of a study conducted among LGBT youth in out-of-home care in San Diego, California. Her data collection methodology involves significant involvement of the populations of interest and includes feedback loops that inform and improve the validity of the research process. Concurrent phases identified in the article are identification of the target population and selection of service domain(s) using data collected from relevant stakeholders. She concludes with a discussion of the importance of disseminating findings in order to benefit the populations of interest, educate the public and social service providers, and leverage funding. Of note, the San Diego needs-assessment project identified that 100 percent of key adult informants believed they had inadequate training on LGBT issues, and 100 percent of youth stated that they often withheld information about their sexual orientation or gender identity from social services staff for fear of negative consequences. LGBT youth also identified safety as their most pressing concern, while only 20 percent of adult informants identified this as an issue.

Brodzinski, D., C. Patterson, and M. Vaziri. "Adoption Agency Perspectives on Lesbian and Gay Prospective Parents: A National Study." *Adoption Quarterly*, vol. 5, no. 3, 2002, 5–23.

This study reports results from nationwide survey of adoption agencies conducted to examine their policies, practices, and attitudes with regard to lesbian and gay prospective adoptive parents. A total of 214 questionnaires were received, representing a return rate of 26 percent. Sixty-three percent of respondents indicated that their agency accepted applications from lesbian and gay individuals, and nearly 38 percent indicated that their agency had made at least one adoption placement with a lesbian or gay adult during the two-year period under study. Attitudes and practices regarding adoption by lesbian and gay individuals varied as a function of the religious affiliation (if any) of the agency, the type of children the agency predominantly placed for adoption, and the gender of the respondent. The authors conclude that policies, practices, and attitudes vary across agencies, but many adoption professionals are willing to work with lesbian and gay prospective parents, and have experience in doing so.

Cahill, S., J. Battle, and D. Meyer. "Partnering, Parenting, and Policy: Family Issues Affecting Black Lesbian, Gay, Bisexual, and Transgender (LGBT) People." *Race & Society*, vol. 6, 2003, pp. 85–98.

This report analyzes data from the 2000 Black Pride Survey to explore characteristics of black LGBT parents. Nearly 70 percent of respondents who reported being parents were biological parents of children, 5.5 percent were adoptive parents, 2.1 percent were foster parents, and 12 percent were either step-parents or co-parents. The authors highlight that compared with black non-LGBT people, black LGBT people are more likely to be adoptive parents. Compared with black LGBT people without children, black LGBT people with children were significantly more likely to be in a relationship, reported lower levels of education, were significantly less likely to see racism as a problem in the LGBT community, were significantly less likely to see homophobia as a problem in the larger black community, and were more likely to be politically conservative.

Cahill, S., M. Ellen, and S. Tobias. *Family Policy: Issues Affecting Lesbian, Gay, Bisexual, and Transgender Families*. New York, NY: National Gay and Lesbian Task Force Policy Institute, 2003.

This manual details the multiple facets of family policy and how they pertain to the lives of LGBT families and their access to services and health care. Topics covered include family and parenting data on LGBT families, major challenges faced by LGBT couples and the avenues available to recognize their family relationships, legal obstacles that LGBT people face as they seek to become parents, the unique situations of LGBT youth and the way social services and schools can become more responsive to the needs of this population, discrimination issues facing LGBT elders, major health-related issues as they relate to LGBT people, and finally, discrimination in employment, housing, and taxation and its impact on LGBT families. Despite largely focusing on LGBT family issues, a chapter is dedicated to LGBT youth discrimination, foster care, and institutionalization.

Child Welfare League of America. “Recommended Practices to Promote the Safety and Well-Being of Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) Youth and Youth at Risk of or Living with HIV in Child Welfare Settings.” Washington, DC: CWLA, 2012.

To combat the overrepresentation of LGBTQ youth in child welfare, improve permanency, and promote a safer environment for those youth, child welfare agencies and programs should (1) implement and make explicit a nondiscrimination policy that is inclusive of sexual orientation and gender identity, as well as HIV status, (2) treat LGBTQ youth with more respect and competence, (3) ensure that children are protected from abuse and neglect, (4) require mandatory training for all staff and adopting families on LGBT issues and sensitivity, and (5) support access to safe educational, medical, and mental health care services, as well as other types of services.

Court Appointed Special Advocate Association. “Addressing the Needs of LGBTQ Youth in Foster Care.” *Connection*, fall 2009, pp. 6–13.

LGBTQ youth are overrepresented in the foster care system and often face challenges within the system because of their stigmatized identity. These youth experience prejudicial treatment by foster parents, social workers, and peers due to their sexual orientation or gender identity or expression, resulting in a lack of permanency and safety within foster care.

Courtney, M., A. Dworsky, J. Lee, and M. Raaes. “Midwest Evaluation of the Adult Functioning of Former Foster Youth: Outcomes at Age 26.” Chicago, IL: Chapin Hall at the University of Chicago, 2012.

This report outlines findings from the Midwest Evaluation of the Adult Functioning of Former Foster Youth, the largest longitudinal study of young people aging out of foster care and transitioning to adulthood. The authors compared the proportion of respondents in their sample who identified as something other than 100 percent heterosexual with the proportion found in the fourth wave of the National Longitudinal Study of Adolescent Health. Overall, respondents in the present study were as likely to report being 100 percent heterosexual; however, women in the sample were less likely to identify as 100 percent heterosexual than women in the Add Health sample. No other analyses were conducted using sexual orientation as a variable of interest. Findings from the sample as a whole indicate that youth who transition out of foster care continue to face difficult challenges well into their young adult lives. Despite various success stories, the majority of these young adults are often less educated and economically unstable than youth who have not been in foster care; males are more likely to have been, or are currently, incarcerated, and females are more likely to be raising children alone and without sufficient economic support. The outcomes of the Midwest Study participants suggest that young people are aging out of foster care without the knowledge and skills they need to make it on their own.

Craig-Oldsen, H., J.A. Craig, and T. Morton. "Issues of Shared Parenting of LGBTQ Children and Youth in Foster Care: Preparing Foster Parents for New Roles." *Child Welfare*, vol. 85, 2006, pp. 267–280.

Preservice and in-service foster parent training programs can strengthen shared parenting skills by focusing on the critical issues of safety, well-being, and permanence for children and youth in foster care. Foster parents must understand the strengths and needs of the children and youth in their homes who may now, or in the future, identify themselves as LGBTQ. Most important, foster parents must be prepared to contribute to the healthy growth and development of LGBTQ youth in foster care.

Dworsky, A. "Issue Brief: The Economic Well-Being of Lesbian, Gay, and Bisexual Youth Transitioning Out of Foster Care." Washington, DC: Mathematica Policy Research, January 2013. Available at [<http://www.acf.hhs.gov/programs/opre/resource/the-economic-well-being-of-lgb-youth-transitioning-out-of-foster-care>].

This brief describes the characteristics and economic well-being of LGB young adults aging out of foster care and compares their characteristics with those of their heterosexual peers who were also aging out of care. However, analysis suggested that LGB youth were at a significant risk of not achieving self-sufficiency—at age 21, only 60 percent of the Midwest Study participants categorized as LGB were employed, the average wage of those who were working was less than \$8.00 per hour, and nearly one-quarter had zero earnings during the previous year. They were also more likely to be receiving public assistance in the form of Supplemental Security Income and SNAP benefits and were more likely to report food insecurity.

Estrada, R., and J. Marksamer. "The Legal Rights of LGBT Youth in State Custody: What Child Welfare and Juvenile Justice Professionals Need to Know." *Child Welfare*, vol. 85, 2006, 171–194.

Youth in state custody have federal and state rights that guarantee safety in placement and freedom from deprivation of their liberty. Youth in foster care are entitled to many services and rights that are often neglected: physical, mental, and emotional well-being; services to prevent harm; appropriate monitoring, supervision, and case planning; unreasonably restrictive conditions of confinement; mental and physical health care; and safety in juvenile detention/correctional facilities. Because LGBT youth regularly have their rights violated, knowledge of a youth's rights can help providers avoid liability and create a safer and healthier environment for LGBT youth.

Gates, G.J. "LGBT Parenting in the United States." Los Angeles, CA: Williams Institute, UCLA School of Law, 2013. Available at [<http://williamsinstitute.law.ucla.edu/wp-content/uploads/LGBT-Parenting.pdf>].

This article reports on the number of same-sex couples hoping to raise and currently raising a family and the roles that adoption and foster parenting play in the decision to become a parent. The findings indicate that more than 111,000 same-sex couples are raising an

estimated 170,000 biological children, stepchildren, or adopted children. Same-sex couples who choose to raise children are four times more likely than heterosexual couples to be raising an adopted child and six times more likely than heterosexual couples to be raising foster children. Such analysis explores the vital need to understand the role LGBT parents play in the adoption and foster care system, as well as the resources needed for such families to build and expand.

Gates, G. J., M.V.L. Badgett, K. Chambers, and J. Macomber. "Adoption and Foster Care by Gay and Lesbian Parents in the United States." Los Angeles, CA: Williams Institute, UCLA School of Law and Washington, DC: Urban Institute, 2007. Available at [<http://williamsinstitute.law.ucla.edu/wp-content/uploads/Gates-Badgett-Macomber-Chambers-Final-Adoption-Report-Mar-2007.pdf>].

This report provides information regarding foster care and adoptive children in LGBT families and the implications a ban on adoption might have on such families. The findings indicate that an estimated 65,500 adopted children are living with lesbian or gay parents and an estimated 14,100 foster children are living with lesbian or gay parents. Overall, gay and lesbian parents are raising 3 percent of U.S. foster children and 4 percent of all adopted children in the United States. With so many LGB individuals hoping to adopt and have children, a proposed ban on adoption by same-sex couples would have significant consequences for children in need of loving, stable homes. This report outlines the economic costs of a ban on LGB individuals adopting and having foster children and assesses other outcomes that might follow.

Gilliam, J. "Toward Providing a Welcoming Home for All: Enacting a New Approach to Address the Longstanding Problems Lesbian, Gay, Bisexual, and Transgender Youth Face in the Foster Care System." *Loyola-Los Angeles Law Review*, vol. 37, 2004, pp.1037–1063.

The author asserts that the American foster care system has been consistently failing an alarming amount of the youth that it should be protecting because of the youth's sexual orientation. LGBT youth in the foster care system are often subject to even greater discrimination by not only the other youth, but by the staff and foster parents, who should be protecting the youth from discrimination in the first place. To combat this rampant neglect and disregard for young LGBT people by the foster caretakers and staff, the author proposes enacting policies that match LGBT youth with parents of similar sexual orientation or other adults who have expressed an ability and willingness to serve as parents to LGBT youth. Because the policy of pairing LGBT youth in foster care with LGBT foster parents creates a family environment built on support rather than stigma, the author says, it will better achieve the goals of foster home placement: cutting down multiple placements, giving the youth a role model, and providing an accepting environment, thereby decreasing the youth's need to access dangerous outlets, such as drug abuse, prostitution, homelessness, and suicide.

Goldberg, A. E., and J.Z. Smith. "Stigma, Social Context, and Mental Health: Lesbian and Gay Couples Across the Transition to Adoptive Parenthood." *Journal of Counseling Psychology*, vol. 58, 2011, pp. 139–150.

This article analyzes the impacts on LGBT families of the transition to parenthood through adoption. The study found that state laws that were unfavorable to LGBT individuals and adoption affected the way a community reacted toward LGBT adoption as well. The present study found that in unfavorable legal climates and communities, the LGBT individuals transitioning to parenthood reported poorer mental health outcomes, including higher levels of anxiety and depressive symptoms.

Jacobs, J., and M. Freundlich. "Achieving Permanency for LGBTQ Youth." *Child Welfare*, vol. 85, 2006, pp. 299–316.

This article proposes different models and approaches to facilitating permanence for LGBTQ youth in child welfare. Specifically, the authors state that each child's situation must be handled in an individualized, holistic manner, where permanency starts with the youth's personal development and is eventually achieved through growth in self-acceptance and social support. This process is helped by a strong agency and programmatic focus on permanency for LGBT youth. Services that allow youth to confront and resolve fears that may hinder permanency, address unresolved issues with birthparents, and manage desires for independence or a lack of trust are critical in facilitating permanency.

Krivickas, K. M., and D. Lofquist, D. "Demographics of Same-Sex Couples with Children." Paper presented at the annual meeting of the Population Association of America, Washington, DC, March 31–April 2, 2011.

Using data about married different-sex couples, unmarried different-sex couples, unmarried same-sex couples, and married same-sex couples from the 2009 American Community Survey, the authors report on the characteristics of each family type. Regardless of couple type, more households had only biological children in the home rather than adopted or stepchildren. Among families with biological children, married couples (both same- and different-sex) reported higher educational attainment than unmarried couples, and married different-sex couples reported the highest average household income. The authors report that unmarried same-sex couples with biological children were more similar to married different-sex couples with children than to unmarried different-sex couples with children. Among families with only adopted children or stepchildren, same-sex couples reported greater educational attainment and household income and were more likely to have both spouses in the workforce, compared with married different-sex and unmarried different-sex couples. Comparing married and unmarried same-sex-couple households, married couples were older and more likely to own their own homes and report more residential stability.

Mallon, G. P. "Gay and No Place to Go: Serving the Needs of Gay and Lesbian Youth in Out-of-Home Care Settings." *Child Welfare*, vol. 71, no. 6, 1992, pp. 547–557.

LGBT youth have often been placed in out-of-home settings but have rarely received the specialized services and understanding necessary to provide these youth with a comfortable and safe setting. To improve both the service provider's ability and the youth's outcomes, both staff and youth should be provided with accurate and relevant information about

homosexuality, antidiscrimination policies should be created and upheld in every facet of the out-of-home care system, and services that improve youth development should be implemented.

Mallon, G. P. "Counseling Strategies with Gay and Lesbian Youth." *Journal of Gay and Lesbian Social Services*, vol. 6, 1994, pp. 26–39.

The counseling needs of gay and lesbian youth have not been adequately addressed. Identification of these issues has been underway for only approximately 10 years as the population has become more visible and accepted in society. Factors that contribute to the present clinical picture include stigmatization, hiding, isolation, a sense of being different, lack of family support, harassment, and violence. It is important for providers who work with youth, social workers, and mental health professionals to be aware of and sensitive to the unique issues that LGBT youth face.

Mallon, G.P. "After Care, Then Where? Evaluating Outcomes of an Independent Living Program." *Child Welfare*, vol. 77, 1998, pp. 61–78.

The focus on providing youth with out-of-home care has often left youth without the proper ability to live independently once they age out of their programs. The youth who aged out of the Green Chimney Children's Services program were all male and overwhelmingly youth of color (96 percent), with a quarter identifying as gay. Findings indicate that the Green Chimney's life-skills programming improved the ability of youth to be self-sufficient at the time of discharge from out-of-home care and further suggested that youth can sustain these outcomes with the help of ongoing relationships with effective supports.

Mallon, G.P. "Sticks and Stones Can Break Your Bones." *Journal of Gay & Lesbian Social Services*, vol. 13, 2001, pp. 63–81.

Using the narratives of 54 youths and 88 child welfare professionals, Mallon explores the experiences of gay and lesbian youth in child welfare agencies in three cities—New York, Los Angeles, and Toronto—who have been subject to verbal harassment and physical violence within those systems. Results showed that 78 percent of the young people and 88 percent of the child welfare professionals reported that it was not safe for gay and lesbian adolescents in group homes. Professionals were not blind to the biases of their peers and acknowledged that upon discovery of a youth's sexual identity, providers will treat the youth differently and turn a blind eye to harassment. In their group homes, youth often adopted double lives and hid their identity in order to protect themselves from other youth and staff. Many cited that their peers used religious doctrine or misinformation, such as fear of disease, as a justification for their abuse. Often, the harassed youth reached a breaking point and was forced out of his or her home because of the verbal harassment, especially due to the fear of verbal harassment's escalating to physical harassment and violence. Similarly, many of the youth experienced feeling like trash in their families' eyes. Child welfare professionals acknowledged that foster parents often asked to have a child they perceived to be gay or lesbian removed from their homes. Youth who entered the child welfare system by fleeing from physical violence at home were often met with the same violence from child

welfare staff. Although not all staff participated directly in anti-gay violence, young people reported that some staff played an indirect role by standing by and permitting the abuse to occur. Professional respondents from all three cities corroborated the accounts of physical abuse in interviews. The author states that in order for professionals to create a safe environment for gay and lesbian youth, they must be prepared to work to transform an organization from one that is overtly hostile to one that is affirming. Mallon goes on to suggest policy level changes and improved training and education of staff that must be enacted in order to change the system.

Mallon, G., and T. DeCrescenzo. "Transgender Children and Youth: A Child Welfare Practice Perspective." *Child Welfare*, vol. 85, 2006, pp. 215–241.

Transgender people are socially misunderstood and often treated as disordered or sick. Transgender youth have to deal with a society that not only does not understand their needs, but also views the incongruence of gender and sex as a problem needing a cure. To better serve transgender youth in out-of-home care, child welfare professionals should be educated in transgender issues and trained to handle transgender youth issues with sensitivity and understanding. Similarly, social welfare professionals should aid foster and biological parents in developing a better understanding of their child's situation and needs, especially helping parents resist "curing" treatments that may do more harm than good. Parents, practitioners, and other professionals must all work in conjunction to help affirm a transgender youth and support his or her identified gender.

Mallon, G. P. "The Home-Study Assessment Process for Gay, Lesbian, Bisexual, and Transgender Prospective Foster and Adoptive Families." *Journal of GLBT Family Studies*, vol. 7, nos. 1–2, 2011, pp. 7–21.

This article discusses the home study process for certification and licensing of foster/adoptive parents among families headed by LGBT people. Social workers are urged to become educated about LGBT issues and families prior to engaging with the home visit and to not overfocus on or ignore sexuality while making clear their acceptance of LGBT people's becoming parents. Social workers must also be aware that prospective parents may not be out and take care when including LGBT parents in parenting training groups. The author recommends that the home study for single LGBT people who are looking to adopt be written as any other single applicant. Social workers should discuss with applicants how they would like information about sexual orientation to be included in the report. The author cautions that not including such information could prevent applicants from receiving appropriate services and supports and does not allow for preparation of the youth about being raised by an LGBT parent. For two-parent families, it is recommended that the home study be written in the same manner for both same- and different-sex couples, unless state laws dictate that one parent be treated as the adoptive parent and the other as a domestic partner. The author also outlines issues that may be unique to LGBT parenting that can be addressed in the home study, including coming out, family and natural supports, the impact of stigma on the parents' lives, relationship functioning, approaches to discussing sexuality with youth, dating life (if single), motivation for adoption, and recreation and leisure-time activities. Social workers might also use the home study report as a way to anticipate

concerns that agencies may have about LGBT parenting (however unfounded). Overall, LGBT applicants should be judged relative to the same criteria as non-LGBT parents.

Mallon, G. P. "Permanency for LGBTQ Youth." *Protecting Children: A Publication of the American Humane Society*, vol. 26, no. 1, 2011, pp. 49–57.

Mallon reviews the specialized needs and experiences of LGBTQ youth in child welfare settings and outlines options for achieving permanency for these youth. He reviews three groups of LGBTQ youth in foster care who may have unique needs and require a range of services: LGBTQ youth who enter the system due to family rejection of their sexual orientation or gender identity or expression; LGBTQ youth who leave home or are rejected by family members for reasons other than disclosure of sexual orientation or gender identity or expression but for whom these issues have an impact on other concerns; youth who have been in the system for long periods of time and who later disclose an LGBTQ identity. Data around permanency outcomes for these youth are limited but suggest that they are not often reunited with their birth families and do not have permanent connections to their communities of origin. When in the child welfare system, LGBTQ youth experience discrimination and harassment, including violence from peers and staff, are often inappropriately placed in group homes or psychiatric facilities, and have multiple and unstable placements. Permanency outcomes outlined in this review include reunification with the birth family, adoption by relatives, foster parents, or a new family, or legal guardianship with a caring adult. These are each discussed in more detail.

Movement Advancement Project, Family Equality Council, Center for American Progress. "LGBT Families of Color: Facts at a Glance." Denver, CO: MAP, 2012. Available at [<http://lgbtmap.org/file/lgbt-families-of-color-facts-at-a-glance.pdf>].

This research brief culls from multiple earlier reports (e.g., MAP [2011]; see above) and datasets to report on LGBT people of color raising children. The authors review evidence that LGBT people of color are more likely to parent than white LGBT people, including being foster and adoptive parents. Children of same-sex couples are more likely to be in poverty than children of different-sex couples, and this is particularly true of people of color. To the extent that government support programs have a limited definition of family, limitations that bar eligibility for families headed by same-sex couples may disproportionately affect LGBT families of color. Same-sex couples of color who are raising children may also be more negatively impacted by tax laws that discriminate against LGBT people. LGBT families of color also exhibit health disparities based on both race and sexual orientation and are less likely to have adequate health insurance coverage. In their communities, LGBT families of color face discrimination based on race and sexual orientation, including from within the LGBT community. LGBT families of color do report receiving more social support from their extended families.

Ragg, D. M., D. Patrick, and M. Ziefert. "Slamming the Closet Door: Working with Gay and Lesbian Youth in Care." *Child Welfare*, vol. 85, 2006, pp. 243–265.

In addition to specific developmental challenges associated with gay identity formation, adolescent gay youth must navigate the same challenges in social and personal identity formation as their straight cohorts, but often face additional stigma and negativity without the social support of family and friends. Interviewing 21 youth (13 gay males, 8 lesbian women, aged 16 to 22, with an average age of 19.5 years), the researchers found that youth experienced a sense of vulnerability associated with being gay or lesbian in the foster care system, had conflicting feelings about their own uniqueness due to dialogues with social workers, and reported a sense of rejection in multiple venues. The findings suggest that social workers and the out-of-home care system can increase their competence in serving this vulnerable population by integrating training that addresses the specific needs of this developmentally sensitive population.

Serdjenian, T. "LGBT Adoptive and Foster Parenting." New York, NY: National Resource Center for Permanency and Family Connections, 2010. Available at [http://www.hunter.cuny.edu/socwork/nrcfcpp/info_services/download/LGBTAdoptiveandFosterParenting.pdf].

This two-page brief summarizes research on the welfare of children raised by same-sex couples, as well as legal and services issues these families face. State laws differ on the issue of adoption and foster parenting by same-sex couples and LGBT adults, and these are outlined in the brief. It also notes that parenting opportunities are restricted for LGBT people who live in states that do not have inclusive relationship recognition laws.

Recommendations for adoption agencies to recruit and retain LGBT families include developing statements in support of adoption and foster parenting by LGBT people, forming partnerships with LGBT community organizations to improve outreach, training staff on parenting by LGBT people, and recognizing that not all work done with LGBT families relates to sexual orientation or gender identity but may require additional supports that should be discussed along with the individual family.

Stotzer, R. L., R. Silverschanz, and A. Wilson. "Gender Identity and Social Services: Barriers to Care." *Journal of Social Service Research*, vol. 39, no. 1, 2013, pp. 63–77.

This review of 30 articles relating to the utilization of social services by transgender people highlights five challenges experienced by transgender people in this context: (1) experiences with discrimination or outright rejection from services, (2) provider insensitivity or poor treatment while receiving services, (3) problems or concerns with physical environment or "climate" of social service agencies, (4) difficulty with availability of and accessing appropriate services, and (5) a lack of cultural competence in regard to transgender issues. Recommended interventions to address these challenges include offering provider education, making resources trans-inclusive, hiring trans-identified staff, evaluating the need for trans-specific or modified social service programs, and/or ensuring the full integration of transgender people into existing services.

Wilber, S. "Guidelines for Managing Information Related to the Sexual Orientation and Gender Identity and Expression of Children in Child Welfare Systems." Oakland, CA: Family Builders by Adoption, 2013.

This report summarizes a two-day meeting of experts in child welfare with the goal of developing a set of professional guidelines addressing three questions: 1.) Under what circumstances should child welfare personnel seek information about a child's sexual orientation or gender identity if it is not otherwise disclosed? 2.) Under what circumstances should child welfare personnel record information about a child's sexual orientation or gender identity? 3.) Under what circumstances should child welfare personnel disclose information about a child's sexual orientation or gender identity? The content of the report includes underlying principles of care for working with LGBT youth in child welfare and addresses common concerns among child welfare providers, such as concerns that information about sexual orientation and gender identity is private and questioning youth about being LGBT is not appropriate. The guidelines fall under five broad domains - collecting information for individual case planning; collecting information for agency planning and assessment; recording information; disclosing information; and recommendations for institutionalizing practice. Specific strategies outlined include implementing intake protocols that are inclusive of biological sex, gender identity, and gender expression, documenting the gender identity of all youth above the age of 3 and the sexual orientation of all youth above the age of 10, ensuring that documentation about a youth's sexual orientation and gender identity remains current, including the youth in all decisions related to the disclosure of this information (including when relevant to court proceedings), and having written policies and procedures outlining the management of information related to sexual orientation, gender identity, and expression.

Wilber, S., C. Reyes, and J. Marksamer. "The Model Standards Project: Creating Inclusive Systems for LGBT Youth in Out-of-Home Care." *Child Welfare*, vol. 85, 2006, pp. 151–170.

The Model Standards Project developed a set of model professional standards governing the care of LGBT youth in out-of-home care. The most critical aspect of improving services to LGBT youth in out-of-home care is creating an organizational culture in which the worth and human dignity of every person is respected and treated fairly and equally. Agencies can maximize continuity of care and minimize transitions for LGBT youth by recruiting and supporting competent caregivers and staff, giving them the tools to provide excellent care, and providing training that takes into account the needs of LGBT youth. Child welfare and juvenile justice agencies should ensure that rules and punishments regarding the sexual- or gender-related behaviors and expressions are applied equally to all youth. Case managers must respect the privacy and confidentiality of an LGBT youth's sexual identity because of the power that knowledge holds to the child. Child welfare agencies must be aware of an individual LGBT youth's needs prior to making a placement in order to make an appropriate placement that will support and ensure the safety and nondiscrimination of the youth. Lastly, child welfare services should ensure that competent, sensitive health assessments, treatments, and resources are available to all youth, including LGBT youth.

Wilber, S., C. Ryan, and J. Marksamer. “Best Practices Guidelines: Serving LGBT Youth in Out-of-Home Care. Washington, DC: Child Welfare League of America, 2006.

Building on the Model Standards Project, a set of professional standards governing services to LGBT youth in out-of-home care (Wilber, Reyes, & Marksamer, 2006), the Best Practices Guidelines expands on each topic, devoting a chapter to the individual recommendations outlined in the Model Standards Project. The article also elaborates on the topics of reunification with biological family and transgender and gender issues.

3. LGBT youth and programs to support them

Acevedo-Polakovich, I., B. Bell, P. Gamache, and A.S. Christian. "Service Accessibility for Lesbian, Gay, Bisexual, Transgender, and Questioning Youth." *Youth & Society*, vol. 45, 2013, pp. 75–97.

The present study outlines expert consensus opinions on barriers to service for LGBTQ youth. Twenty-nine service providers from Tampa, Florida, were interviewed or completed online questionnaires about major barriers to LGBTQ youth accessing social services. Participants identified 30 barriers that were grouped into societal (e.g., stigma, family rejection), provider-related (e.g., lack of knowledge, lack of LGBT-specific services, concerns about confidentiality and disclosure), youth-related (e.g., fear of rejection, fears about safety, lack of awareness of services), and resource-related issues (e.g., lack of school-based resources, transportation issues). Providers also identified 32 specific strategies for improving service provision that spanned these major areas, including community outreach, diversity training, hiring LGBT providers, and including youth in program development.

Austin, S.B., H.J. Jun, B. Jackson, D. Spiegelman, J. Rich-Edwards, H.L. Corliss, and R.J. Wright. "Disparities in Child Abuse Victimization in Lesbian, Bisexual, and Heterosexual Women in the Nurses' Health Study II." *Journal of Women's Health*, vol. 17, no. 4, 2008, pp. 597–606.

The authors analyzed Nurses' Health Study II data to explore differences in the prevalence and severity of emotional, physical, and sexual abuse from family members during childhood and adolescence based on sexual orientation. Across the sample, 56.9 percent of heterosexual, 73.3 percent of bisexual, and 69.2 percent of lesbian women reported one or both types of abuse at some point up to age 17 years. Lesbian and bisexual women were more likely to report physical and sexual abuse victimization in both childhood and adolescence than were heterosexual women. Bisexual women were more likely than heterosexual women to report that their first experience of physical abuse victimization occurred in adolescence, while lesbians were more likely than heterosexual women to report physical abuse and sexual abuse that occurred in both childhood and adolescence (versus only one time period). Among women who had experienced any physical abuse in childhood, lesbian women were more likely than heterosexual women to report physical abuse again in adolescence. Among women who had experienced any childhood sexual abuse, both bisexual and lesbian women were more likely than heterosexual women to report sexual abuse occurring again in adolescence.

Balsam, K.F., E.D. Rothblum, and T.P. Beauchaine. "Victimization over the Life Span: A Comparison of Lesbian, Gay, Bisexual, and Heterosexual Siblings." *Journal of Consulting and Clinical Psychology*, vol. 73, no. 3, 2005, p. 477–487..

Using a sample of LGB adults and their heterosexual siblings, the authors examined lifetime victimization experiences. Compared with heterosexual participants, LGB participants reported more childhood psychological and physical abuse by parents or caretakers, more childhood sexual abuse, more partner psychological and physical victimization in adulthood,

and more sexual assault experiences in adulthood. Sexual orientation differences in sexual victimization were greater among men than among women. Only 1.6 percent of heterosexual men reported a history of rape in adulthood, compared with 13.2 percent of bisexual men and 11.6 percent of gay men. Similarly, 7.5 percent of heterosexual women reported a history of rape in adulthood, compared with 16.9 percent of bisexual women and 15.5 percent of lesbians. LGB participants reported higher levels of overall lifetime victimization than their heterosexual counterparts. Bisexual men and women were more likely to report a history of rape or non-intercourse sexual coercion than gay men or lesbians.

Blake, S.M., R. Ledsky, T. Lehman, C. Goodenow, R. Sawyer, and T. Hack. "Preventing Sexual Risk Behaviors Among Gay, Lesbian, and Bisexual Adolescents: The Benefits of Gay-Sensitive HIV Instruction in Schools." *American Journal of Public Health*, vol. 91, 2001, pp. 940–946.

The authors compared sexual risk behaviors among a representative survey of adolescents in public high schools with and without HIV education perceived by teachers to be sensitive to the needs of LGB students. Schools were compared based on a weighted average of teachers' scores on an assessment of LGB sensitivity (among teachers who provided sexual health education). LGB youth reported more substance use, high-risk sexual behaviors, suicidal thoughts, suicide attempts, and safety issues than heterosexual youth. Among youth who were sexually active, LGB youth reported more sexual partners, and more of them had a history of pregnancy. Receiving gay-sensitive HIV instruction was associated with fewer sexual partners, less recent sex behaviors, and less substance use before last sex among LGB youth, compared with LGB youth who did not receive such education. Although analyses controlled for some student- and community-level demographic characteristics, due to the study design, the effect of teachers' sensitivity in providing sexual health education cannot be isolated from school-level characteristics that may be unobserved (such as a school climate that is generally supportive of LGB youth).

Cahill, S., M. Ellen, and S. Tobias. "Family Policy: Issues Affecting Lesbian, Gay, Bisexual, and Transgender Families." New York, NY: National Gay and Lesbian Task Force Policy Institute, 2003.

This manual details the multiple facets of family policy and how they pertain to the lives of LGBT families and their access to services and health care. Topics covered include family and parenting data on LGBT families, major challenges faced by LGBT couples and the avenues available to recognize their family relationships, legal obstacles that LGBT people face as they seek to become parents, the unique situations of LGBT youth and the way social services and schools can become more responsive to the needs of this population, discrimination issues facing LGBT elders, major health-related issues as they relate to LGBT people, and finally, discrimination in employment, housing, and taxation and its impact on LGBT families. Despite largely focusing on LGBT family issues, a chapter is dedicated to LGBT youth discrimination, foster care, and institutionalization.

Clatts, M.C., L. Goldsamt, H. Yi, and M.V. Gwadz. "Homelessness and Drug Abuse Among Young Men Who Have Sex with Men in New York City: A Preliminary Epidemiological Trajectory." *Journal of Adolescence*, vol. 28, 2005, pp. 201–214.

Data from a cross-sectional survey targeting young men who have sex with men (YMSM) between the ages of 17 and 28 (N = 569) living in New York City between 2000 and 2001 was collected using venue-based sampling. The study was limited to a behaviorally defined population who self-reported a sexual exchange with other males within the past six months. By separating the YMSM into three groups, YMSM with no history of homelessness (56 percent of the sample), YMSM with a past history of homelessness (but not at the time of the interview, 29 percent), and YMSM who were homeless at the time of the interview (15 percent), the authors compared each group's relative risk for a wide range of negative events (e.g., housing instability and homelessness and poor health outcomes). Results indicated that Hispanic YMSM were more than twice as likely as white or African American YMSM to have been homeless in the past and were seven times more likely than white YMSM, and almost twice as likely as African American YMSM, to be currently homeless. The researchers found that YMSM with no history of homelessness were from families with higher socioeconomic status than those with a past history of homelessness. Similarly, greater educational attainment (completing 12th grade or earning an equivalency degree) was significantly less common for YMSM with a past history of homelessness or who are currently homeless. However, there was no significant difference among the groups for exposure to violence and victimization. The never-homeless group was less likely to report having multiple suicide attempts, compared with the past- and currently homeless group. YMSM who were currently homeless were more likely to evidence clinically significant depression than the past-homeless group and much more likely than the never-homeless group. Overall, YMSM experienced high levels of exposure to illegal drugs. However, relative to the never-homeless and past-homeless groups, currently homeless youth still showed a greater prevalence of lifetime exposure to current use of drugs. Even with the high rates of distress, depression, and drug use, YMSM reported low rates of help-seeking and even lower rates of substance-use-program completion. The authors also found that drug use and sex work often occur after exposure to a myriad of negative life events, such as housing instability, suicide attempts, and incarceration..

Corliss, H.L., S.D. Cochran, and V.M. Mays. "Reports of Parental Maltreatment During Childhood in a United States Population-Based Survey of Homosexual, Bisexual, and Heterosexual Adults." *Child Abuse & Neglect*, vol. 26, no. 11, 2002, pp. 1165–1178.

The present study tested for differences in childhood experiences with emotional and physical maltreatment based on adult sexual orientation using a population-based survey of men and women aged 25–74 (The National Survey of Midlife Development in the United States). Compared with heterosexual men, gay and bisexual men reported higher rates of childhood emotional and physical maltreatment by their mother or maternal guardian and higher rates of physical maltreatment by their father or paternal guardian. Lesbian and bisexual women reported higher rates of physical maltreatment by both parents.

Corliss, H.L., C.S. Goodenow, L. Nichols, and S.B. Austin. “High Burden of Homelessness Among Sexual-Minority Adolescents: Findings from a Representative Massachusetts High School Sample.” *American Journal of Public Health*, vol. 101, 2011, pp.1683–1689.

Using 2005–2007 data from the Massachusetts Youth Risk Behavior Survey, the authors found that youth who identified as LGB, who were unsure of their sexuality, or who identified as heterosexual but had same-sex sexual partners were more likely to be homeless than heterosexual youth without same-sex sexual partners. This relationship between sexual orientation and homelessness held true when controlling for other factors that might also be associated with homelessness, including age, race/ethnicity, and immigration status.

Diaz, E.M., and J.G. Kosciw. “Shared Differences: The Experiences of Lesbian, Gay, Bisexual, and Transgender Students of Color in Our Nation’s Schools.” New York, NY: Gay, Lesbian, and Straight Education Network, 2009.

This report summarizes findings from the 2007 National School Climate Survey based on the race and ethnicity of the respondents. Results suggest that significant majorities of LGBT youth of color experience stigmatizing school environments, such as hearing biased language from staff and peers, and are verbally and physically harassed and assaulted based on their sexual orientation or gender identity or expression. This maltreatment was particularly true if these students were racial minorities within their school community. As a result of feeling unsafe at school, LGBT students often miss and drop out of school and report poorer academic achievement. While most students of color could identify a supportive school staff member, only a little over one-third reported that their school had a club such as Gay Straight Alliance, and less than one-fifth reported that their school had an anti-harassment policy that included sexual orientation or gender identity or expression.

Durso, L.E., and G.J. Gates. “Serving Our Youth: Findings from a National Survey of Service Providers Working with Lesbian, Gay, Bisexual, and Transgender Youth Who Are Homeless or at Risk of Becoming Homeless.” Los Angeles, CA: Williams Institute with the True Colors Fund and the Palette Fund, 2012.

This report presents findings from the Lesbian, Gay, Bisexual, and Transgender (LGBT) Homeless Youth Provider Survey, a web-based survey of 381 respondents from 354 homeless youth agencies across the United States. Findings indicate that, on average, LGBT youth make up approximately 40 percent of the clientele served by these agencies in drop-in centers, street outreach programs, and housing programs. According to respondents, the proportion of LGBT youth seeking services has grown over the past 10 years. Most agencies gathered this information using intake forms, though others used staff or volunteer estimates. Though family rejection was the most frequently cited factor contributing to homelessness among this population, significant proportions of these agencies were not providing family-related services. LGBT youth were reported to take part in a variety of other services provided by these agencies, and around one-quarter of these programs were designed specifically for LGBT youth. Few agencies reported that low levels of LGBT cultural competency was a barrier to serving this population, and most cited funding limitations as the main barrier to developing programming.

Kim, R. "Report on the Status of Gay, Lesbian, Bisexual, and Transgender People in Education: Stepping Out of the Closet, into the Light." Washington, DC: National Education Association, 2009.

This publication synthesizes and summarizes data from empirical studies and reports by organizations such as the National Gay and Lesbian Task Force and the Gay, Lesbian, and Straight Education Network on issues facing LGBT youth in educational environments, such as homelessness, school dropout, and school safety. The report comments on community-level factors that influence sexual orientation and gender identity development and disclosure, such as poverty and racial/ethnic diversity. Youth of color who live in areas of higher poverty tend to experience higher levels of victimization based on sexual orientation, gender expression, and race and may not have access to the same types of resources available to youth living in less poor communities. These youth may also experience a greater number of barriers to coming out as LGBT, to the extent that disclosing is perceived as risking a family's economic security. Finally, this report outlines policy recommendations for addressing issues facing LGBT youth in schools, including adoption of enumerated nondiscrimination policies, supporting teachers and school staff in intervening to stop bullying and harassment, encouraging the formation of Gay Straight Alliances, and including LGBT issues in school curricula.

Lambda Legal, National Alliance to End Homelessness (NAEH), National Network for Youth, and National Center for Lesbian Rights. *National Recommended Best Practices for Serving LGBT Homeless Youth*. Washington, DC: NAEH, 2009.

LGBT youth are overrepresented in the homeless population and are often the most neglected, mistreated, and underserved in the out-of-home care system, according to this report. The report suggests that in order to address issues faced by this vulnerable population, agencies must improve the competency of their staff and treat LGBT youth with the same respect and care afforded to heterosexual youth, should adopt an organization-wide culture of nondiscrimination, and should take into account the needs of LGBT youth when placing them in shelters or residential services. The article also notes that transgender issues are distinct from LGB issues but require equal sensitivity, understanding, and access to services.

Lightfoot, M. A., and N.G. Milburn. "HIV Prevention and African American Youth: Examination of Individual-Level Behavior Is Not the Only Answer." *Culture, Health & Sexuality*, vol. 11, 2009, pp. 731–742.

In this commentary, the authors assert that researchers and public health professionals ought to broadly examine the factors that contribute to HIV infection and intervene accordingly. They point to variables beyond individual sex behaviors that influence the health of African American men who have sex with men and transgender women of color, including isolation and rejection within queer and ethnic minority spaces, differential disclosure to health care providers, and adverse socioeconomic conditions.

Mottet, L., and J. Ohle. *Transitioning Our Shelters: A Guide to Making Homeless Shelters Safe for Transgender People*. New York, NY: National Coalition for the Homeless and the National Gay and Lesbian Task Force Policy Institute, 2003.

Because homeless shelters are often segregated by sex and placements are determined by gender, transgender youth and adults experience extreme discrimination and physical and emotional trauma while simply looking for adequate and safe accommodations. The authors provide possible policy changes and adjustments in living arrangements that would make shelters safer and more comfortable for transgender residents, while maintaining personal privacy and safety for all residents of the shelter. The stigma against transgendered people often manifests itself as discrimination at work, difficulty with employment, problems with finding housing, and disproportionate poverty, resulting in homelessness, and the multitude of risks that come with it, for many. The authors propose, first and foremost, that shelters implement a policy of respect where people are treated according to their self-identified gender. Shelters need to use the appropriately gendered language, protect the residents' confidential information, and make it clear that harassment and discrimination of any sort will not be tolerated. The policy of respect, if fully adopted at all levels of the organization, can help make shelters a safer and more welcoming place for transgender residents.

Mutchler, M.G., T. McKay, N. Candelario, H. Liu, B. Stackhouse, T. Bingham, and G. Ayala. "Sex Drugs, Peer Connections, and HIV: Use and Risk Among African American, Latino, and Multiracial Young Men Who Have Sex with Men in Los Angeles and New York." *Journal of Gay & Lesbian Social Services*, vol. 23, 2011, pp. 271–295.

Results from this cross-sectional study of African American, Latino, and multiracial men aged 18 to 24 living in New York City and Los Angeles indicate that Latino men reported greater use of crystal methamphetamine than other ethnic groups, while there were no ethnic differences for frequency of condom use. YMSM who reported greater connection to their peers were more likely to use condoms during anal sex than those who were not connected to their peers. Inconsistent use or never using condoms were associated with using alcohol or crystal meth prior to or during sex and with recent homelessness.

Nolan, T. C. "Outcomes for a Transitional Living Program Serving LGBTQ Youth in New York City." *Child Welfare*, vol. 85, 2006, pp. 385–406.

The authors examined 40 case files of LGBTQ youth who had been discharged from the Green Chimneys Transitional Living Program (TLP) in New York City in order to study their pre- and post-housing situation, education status, care history, abuse history, length of stay, and reason for discharge. Transgender youth were found to have their longest average stays in the TLP. Longer lengths of stay were associated with youth being more likely to exit the program with a job. The researchers found that the youth left the programs for a variety of different reasons, such as finding other opportunities, being discharged for program violations, or graduating from the program. The youth exited the program to a variety of different living situations, such as independent living, living with a friend or family member, or a combination of college, military, the street, and unknown destinations. The most frequent of these types (47 percent of sample) was living in a residence where the

young adult was not the primary renter (e.g. living with a friend or family member). Exiting youth identified that the skills they had learned within the program (budgeting and money management, interpersonal skills, and independence and responsibility) were important and necessary outside of the program. The most frequent reason for after-care calls to the program was financial crisis.

Parks, C. W. "African American Same-Gender-Loving Youths and Families in Urban Schools." *Journal of Gay & Lesbian Social Services*, vol. 13, 2001, pp. 41–56.

Using an intersectionality framework, Parks discusses issues facing same-gender-loving African American youth in urban school environments. He notes the influence of multiple institutional stigmas (racism, heterosexism, and sexism), racial and sexual identity development, and repeated victimization on the experience of minority stress among these youth and the challenges they may experience in navigating queer spaces and African American heterosexual communities. In particular, without the security of feeling part of either or both of these communities, he highlights the concern these youth may feel about disclosing their sexual orientation and their fears of being rejected.

Quintana, N.S., J. Rosenthal, and J. Krehely. "On the Streets: The Federal Response to Gay and Transgender Homeless Youth." Washington, DC: Center for American Progress, 2010.

The federal government can take several steps to reduce the incidence of gay and transgender youth homelessness and improve the services and treatment these youth receive if they do become homeless. The article first summarizes the shortcomings of the federal response to the crisis of LGBT youth homelessness. From there, the authors suggest that the federal government should aid in strengthening families with LGB and transgender children through preventative evidence-based support services. Other recommendations include addressing the role of unsafe schools in promoting youth homelessness and reestablishing schools as a safe haven for all youth; acknowledging LGBT homeless youth (and homeless youth in general) as special-needs populations that require protection from discrimination from federal grantees; expanding housing options for LGBT homeless youth; and initiating research in the area of LGBT homelessness, particularly establishing LGBT-affirming data-tracking methods for all federal programs serving homeless youth. The authors suggest that if implemented, these steps would create a coherent and consistent federal response to homelessness among LGB and transgender youth.

Ray, N. *Lesbian, Gay, Bisexual, and Transgender Youth: An Epidemic of Homelessness*. New York, NY: National Gay and Lesbian Task Force Policy Institute and the National Coalition for the Homeless, 2006.

This report summarizes previous literature in order to answer basic questions about LGBT youth and homelessness, namely why LGBT youth become and stay homeless. The authors report on the harassment and violence that many of the youth experience in the shelter system, and they summarize research on critical problems affecting them, including mental health issues, substance abuse, and risky sexual behavior. The report also analyzes the

federal response to youth homelessness, including the specific impact on the LGBT homeless youth of increased federal funding for faith-based service providers. With the help of other youth advocacy organizations, the authors conclude with a series of state, federal, and practitioner-level policy recommendations that can curb the epidemic of LGBT and youth homelessness.

Russell, S.T., C. Ryan, R.B. Toomey, R.M. Diaz, and J. Sanchez. "Lesbian, Gay, Bisexual, and Transgender Adolescent School Victimization: Implications for Young Adult Health and Adjustment." *Journal of School Health*, vol. 81, 2011, 223–230.

Data from the Family Acceptance Project were analyzed to examine the relationship between experiences of school victimization and mental and behavioral health among LGB young adults. The sample included 245 young adults aged 21 to 25 (46.5 percent male, 44.9 percent female, 8.6 percent transgender, 51.4 percent Latino, and 46.8 percent white). Results showed no differences in amount of victimization based on ethnicity, immigration status, or socioeconomic status; however, females reported less victimization than males and transgender participants, while participants who identified as queer reported more victimization than LGB participants. For the sample as a whole, depression scores were higher, and self-esteem scores were lower for immigrants and persons from low SES families. Family SES was also associated with life satisfaction and self-esteem. Experiencing school victimization based on one's sexual orientation was associated with lower self-esteem, life satisfaction, and social integration but was not related to substance use or abuse problems. Compared with participants who were categorized as experiencing low levels of victimization, participants who experienced the highest levels of victimization were significantly more likely to report clinical depressive symptoms, were more likely to report having attempted suicide at least once and to having a suicide attempt that required medical attention, and were more likely to have a diagnosis of an STD and to be at risk for HIV infection.

Ryan, C. "A Review of the Professional Literature and Research Needs for LGBT Youth of Color." Washington, DC: National Youth Advocacy Coalition, 2002.

In this review, Ryan identifies 16 articles and two book chapters published in the past 30 years that focus on LGBT youth of color. None of the articles addressed lesbian or transgender youth of color. The author points out that substantial gaps exist in the literature on adult lesbian, gay men, and bisexuals of color in basic areas, such as sexual and gender identity development, sexuality and sexual behaviors, culture, and experience related to families, parenting, coping, and resilience. These gaps are especially substantial regarding the experience of LGBT youth. The author suggests that in-depth qualitative studies of diverse ethnic groups are needed to understand sexual culture and behaviors that are culturally determined and socially regulated. Similarly, because many minority communities have a gender-based definition of homosexuality, additional research on how youth of color perceive gender and sexuality, and how this affects health outcomes, is needed. Lastly, the author states that service providers need to strengthen the support networks for non-heterosexual youth of color to provide access to peer and adult support, provide accurate information about sexuality and risk reduction, improve training to mainstream, LGBT, and

family-based programs to more effectively serve youth of color, and promote outreach strategies to increase awareness of and participation in these programs.

Ryan, C., D. Huebner, R.M. Diaz, and J. Sanchez. "Family Rejection as a Predictor of Negative Health Outcomes in White and Latino Lesbian, Gay, and Bisexual Young Adults." *Pediatrics*, vol. 123, no. 1, 2009, pp. 346–352.

A sample of 224 white and Latino LGB young adults (aged 21 to 25) responded to questionnaires assessing the frequency of parental and caregiver reactions to their sexual orientation during adolescence, as well as their current mental health, substance use, and sexual risk-taking. Higher rates of family rejection were significantly associated with poorer health outcomes, including an increased likelihood of suicide attempts, depressive symptoms, use of illegal drugs, and unprotected sexual behaviors. Latino men reported the highest number of negative family reactions, and men overall reported higher numbers of negative family reactions than women. Latino men showed higher rates of depression and suicidal ideation and higher levels of HIV risk behavior.

Saewyc, E., L. Bearinger, R. Blum, and M. Resnick. "Sexual Intercourse, Abuse, and Pregnancy Among Adolescent Women: Does Sexual Orientation Make a Difference?" *Family Planning Perspectives*, vol. 31, 1999, pp. 27–131.

Secondary data analysis of nearly 4,000 female respondents in the 1987 Minnesota Adolescent Health Survey revealed that bisexual or lesbian students were equally as likely as heterosexual students to have ever had sexual intercourse but were significantly more likely to have been pregnant or experience physical or sexual abuse. Sexually active bisexual or lesbian students were the most likely to have frequent sexual intercourse, and out of all adolescents who were sexually active and had been pregnant, they were most likely to have engaged in sex work in the previous year.

Saewyc, E.M., C.S. Poon, Y. Homma, and C.L. Skay. "Stigma Management? The Links Between Enacted Stigma and Teen Pregnancy Trends Among Gay, Lesbian, and Bisexual Students in British Columbia." *Canadian Journal of Human Sexuality*, vol. 17, 2008, pp. 123–139.

Using data from the 1992, 1998, and 2003 British Columbia Adolescent Health Surveys, the authors examined the role of enacted stigma in understanding the relationship among sexual orientation, pregnancy involvement, and sexual behaviors among LGB youth (grades 7 through 12) in Canada. Gay and bisexual youth, both male and female, were more likely to have ever had sexual intercourse and be involved in a pregnancy than heterosexual youth (two to seven times more likely). They were also more likely to have had their first sexual intercourse experience prior to age 14 and to have two or more sexual partners. The authors demonstrate that among all youth, trends in sexual intercourse over time were connected to experiences of sexual abuse, while among LGB youth, these patterns were also due to experiencing discrimination based on sexual orientation.

Savin-Williams, R. C. "Verbal and Physical Abuse as Stressors in the Lives of Lesbian, Gay Male, and Bisexual Youths: Associations with School Problems, Running Away, Substance Abuse, Prostitution, and Suicide." *Journal of Consulting and Clinical Psychology*, vol. 62, 1994, pp. 261–269.

This review article highlights issues LGB youth face after disclosing their sexual orientation to peers and adults. The author discusses the fears LGB youth have about their family's reactions to their sexual identity, particularly fears about their father's reaction, as well as findings that sexual orientation–related violence often occurs within the family context. He also reviews literature demonstrating the increased likelihood among gay and bisexual youth to contemplate, attempt, or commit suicide. In one study, though youth who had attempted suicide had as many stressful life events as youth who had not attempted suicide, they reported more sexual orientation–related stressors, such as being ridiculed for their sexual identity.

Schneider, J., S. Michaels, and A. Bouris. "Family Network Proportion and HIV Risk Among Black Men Who Have Sex with Men." *Journal of Acquired Immune Deficiency Syndromes*, vol. 15, 2012, pp. 627–635.

Using a sample of black men who have sex with men (MSM) and their family members, the authors explored the relationship between the proportion of family members in a participant's social network and their frequency of unprotected anal intercourse, sex-drug use, group sex, and frequency of intervening to try to reduce these behaviors among members of their social networks. Nearly half of respondents had at least one family member in their close personal network. Greater family network proportion was related to less frequent sex-drug use and less frequent participation in group sex. It was also associated with participants being more likely to intervene in their networks to discourage group sex and sex-drug-use behaviors. Lower HIV risk behaviors and greater intervention behaviors were associated with a greater proportion of male kin in participant networks than of female kin in social networks.

Substance Abuse and Mental Health Services Administration (SAMHSA). *Learning from the Field: Expert Panel on Youth Who Are LGBTQI2-S and Homeless*. Washington, DC: SAMHSA, 2010.

This report summarizes the proceedings at an expert panel, convened to discuss best practices for serving LGBTQ homeless youth, make recommendations on the next steps to be taken by those researching, serving, and advocating for homeless youth, identify effective modes of dissemination for relevant resources, and identify opportunities for future collaboration. Major themes discussed by panelists include the range of unmet needs and resource limitations facing LGBTQ homeless youth, prevalent risk factors among LGBTQ homeless youth populations (such as substance use and sex work), and ways to increase cultural competency among providers. Transgender homeless youth were noted as being particularly vulnerable. Panelists were divided on the need for LGBTQ-specific services versus providing integrated services. Major recommendations made by the panelists were to promote greater cultural competency among providers and health care professionals,

develop best-practices recommendations for working with LGBTQ homeless youth, and encourage additional research in this area.

Substance Abuse and Mental Health Services Administration (SAMHSA). *Learning from the Field: Programs Serving Youth Who Are LGBTQI2-S and Experiencing Homelessness*. Washington, DC: SAMHSA, 2012.

This report details the findings from a “Listening Tour” of six agencies serving homeless youth. The aim of the tour was to identify best practices of care delivery and make recommendations for development of a service model. Major recommendations discussed more substantively in the report were the following: (1) develop trusting relationships through a strengths-based approach, (2) develop culturally competent staff who will understand issues facing LGBTQ youth, (3) empower LGBTQ youth to aid in program development and connect their peers with services, (4) design flexible and tailored programming for LGBT youth, (5) develop and maintain community partnerships with agencies whose mission is to serve LGBTQ youth, and (6) expand public awareness about homelessness among LGBTQ youth.

Toro, P.A., A. Dworsky, and P.J. Fowler. “Homeless Youth in the United States: Recent Research Findings and Intervention Approaches.” In *Toward Understanding Homelessness: The 2007 National Symposium on Homelessness Research*, edited by Deborah Dennis, Gretchen Locke, and Jill Khadduri. Washington, DC: Abt Associates, September 2007.

This review focuses on describing the characteristics of homeless youth and outlining interventions designed to address housing and resource needs, including youth-focused and family-focused work. LGBT youth are highlighted as among the most vulnerable populations among homeless youth. The authors review evidence that LGBT youth make up between 6 percent and 35 percent of the population of homeless youth and that, compared with non-LGBT homeless youth, leave home more frequently and experience greater victimization while homeless. They point to family acceptance/rejection as a potential factor contributing to the high rates of homelessness among LGBT youth. While the research on LGBT homeless youth is limited, the research reviewed here on interventions targeted at non-LGBT populations can likely inform future interventions for LGBT homeless youth.

Tyler, K.A. “A Comparison of Risk Factors for Sexual Victimization Among Gay, Lesbian, Bisexual, and Heterosexual Homeless Young Adults.” *Violence and Victims*, vol. 23, 2008, pp. 586–602.

Results from this survey of 172 homeless youth aged 19 to 26 indicated that LGB young adults experienced more sexual victimization than heterosexual young adults, even when controlling for other risk factors such as depressive symptoms, engaging in sex work, or gender. LGB young adults were also more likely to have been neglected, more likely to report being depressed, were more likely to have engaged in survival sex or sex work, and were more likely to have friends who also engaged in survival sex. LGB young adults who had ever engaged in survival sex or had friends who engaged in survival sex experienced higher levels of sexual victimization, compared with heterosexual youth.

Van Leeuwen, J.M., S. Boyle, S. Salomonsen-Sautel, D.N. Baker, J.T. Garcia, A. Hoffman, and C.J. Hopfer. "Lesbian, Gay, and Bisexual Homeless Youth: An Eight-City Public Health Perspective." *Child Welfare*, vol. 85, 2006, pp. 151–170.

This study, conducted by Urban Peak Denver, presents findings from a six-state survey of 670 homeless youth between the ages of 14 and 24 to compare risk factors between LGB and non-LGB homeless youth. (The authors state that they were not able to include transgender or questioning youth in their analysis.) Approximately 60 percent of the youth in the study were youth of color. LGB youth were more likely to have been tested for HIV and hepatitis C than non-LGB youth. Compared with non-LGB youth, LGB youth were more likely to report having been in the custody of social services, to have attempted suicide, and were more likely to have engaged in survival sex. A greater proportion of LGB youth had a family history of substance use, compared with non-LGB youth. LGB youth were also more likely to have themselves used substances and engaged in binge drinking.

Warren, J.C., M.I. Fernandez, G.W. Harper, M.A. Hidalgo, O.B. Jamil, and R.S. Torres. "Predictors of Unprotected Sex Among Young Sexually Active African American, Hispanic, and White MSM: The Importance of Ethnicity and Culture." *AIDS and Behavior*, vol. 12, 2008, pp. 459–468.

Using a convenience sample of African American, Hispanic, and white gay, bisexual, and questioning participants from the Midwest and South, the authors compared rates of substance use and unprotected sex among these racial/ethnic groups and explored predictors of these behaviors. Differences emerged among the groups on substance use, with white respondents being more likely to have used marijuana, Ecstasy, and street drugs than the other two groups and African American respondents being significantly less likely to report using cocaine or methamphetamine than either of the other two groups. Regarding sexual behavior, African American respondents were more likely than white respondents to have ever had vaginal sex and were less likely than white respondents to have ever done something sexual they had not intended to do because of alcohol or drug use. African American respondents were also less likely than Hispanics to have ever had receptive anal sex. Among the variables tested, no statistically significant predictors of unprotected sex were identified among white respondents. Conversely, among African American respondents, being in a long-term relationship, having been kicked out of their home due to their sexual orientation, and younger age of initiation of sexual behavior were associated with greater odds of having unprotected sex. Among Hispanic respondents, greater Hispanic ethnic identification and older age of initiation of sexual behavior were associated with greater odds of having unprotected sex.

Wells, E.A., K. Asakura, M.J. Hoppe, K.F. Balsam, D.M. Morrison, and B. Beadnell. "Social Services for Sexual Minority Youth: Preferences for What, Where, and How Services Are Delivered." *Children & Youth Services Review*, vol. 35, 2013, pp. 312–320.

This Internet-based survey of more than 500 LGBTQ youth aged 14 to 19 found that the most strongly desired services were LGBT-specific sex education, support and guidance from LGBTQ peers, and help with dating and relationship issues. Preferences about service provision, such as type, delivery, or location, were not significantly different based on a youth's racial background or place of residence, except that African American youth were more likely to prefer services offered in houses of worship. Results showed that transgender and questioning youth were more likely to prefer services addressing stress, family issues, and self-defense, and wanted to receive support from LGBTQ adults.

Whitbeck, L., X. Chen, D.R. Hoyt, K.A. Tyler, and K.D. Johnson. "Mental Disorder, Subsistence Strategies, and Victimization about Gay, Lesbian, and Bisexual Homeless and Runaway Adolescents." *Journal of Sex Research*, vol. 41, no. 4, 2004, pp. 329–342.

This study compares participation in deviant subsistence strategies, street victimization, and lifetime prevalence of five mental disorders (conduct disorder, major depressive disorder, post-traumatic stress disorder, alcohol abuse, and drug abuse) among heterosexual males and females ($n = 366$) and gay, lesbian, and bisexual ($n = 63$) homeless and runaway adolescents from the first wave of a longitudinal study of homeless youth in four Midwestern states. The results indicate that gay, lesbian, and bisexual adolescents were more likely to have been physically and sexually abused by caretakers, were more likely to engage in risky survival strategies when on their own (including survival sex), were more likely to be physically and sexually victimized when on the streets, and were more likely to meet criteria for mental disorder than were their heterosexual counterparts.

4. Measurement and data collection on sexual orientation and gender identity

Austin, S.B., K.J. Conron, A. Patel, and N. Freedner. “Making Sense of Sexual Orientation Measures: Findings from a Cognitive Processing Study with Adolescents on Health Survey Questions.” *Journal of LGBT Health Research*, vol. 3, no. 1, 2007, pp. 55–65.

Using semi-structured interviews, the authors tested the use of four self-report survey questions assessing sexual identity, sexual attraction, and sex behaviors among a sample of 30 adolescents aged 15 to 21. Participants included youth of diverse sexual orientations, racial backgrounds, and gender identities. Results indicated that the item assessing sexual attraction was most consistently understood and easiest to answer among all youth, while the item assessing sexual identity labels (*heterosexual, bisexual, gay/lesbian, unsure*) was the least understood. Respondents reported that including response options such as *mostly heterosexual* and *mostly homosexual* better reflected their lived experiences. Terms meant to indicate sexual behaviors were differentially interpreted by participants.

Bates, N.B., and T.J. DeMaio. “Measuring Same-Sex Relationships.” *Contexts*, vol. 12, 2013, pp. 66–69.

The authors review evolutions in the way that the U.S. Census Bureau has demarcated relationship statuses and marriage, including recognition of same-sex relationships. Next, with support from the Census Bureau, the authors undertook a focus group study (n=18 groups) and follow-up interviews to explore the terminology of marital status and relationships among same-sex couples and unmarried different-sex couples. Participants in same- and different-sex couples often used the same terms to introduce their partners, although for gay and lesbian participants, these terms often shifted across contexts. Census questions were viewed by participants as measuring state-sanctioned legally recognized relationships, and same-sex couples in states without formal legal recognition of their relationship were okay with selecting “unmarried partner” because it was viewed as legally accurate. However, among gay and lesbian participants who had a legal marriage from a jurisdiction where they did not reside, that legal status trumped local law in determining their answers to Census questions. Gay and lesbian participants who lived in areas without relationship recognition laws and who did not have a legal partnership status reported that the Census response choices did not accurately reflect their current lives. A test item that included a “registered domestic partnership or civil union” option was generally not understood by both LG and straight respondents, regardless of their legal status.

Conron, K. J., Scout, and S.B. Austin. “‘Everyone Has a Right to, Like, Check Their Box’: Findings on a Measure of Gender Identity from a Cognitive Testing Study with Adolescents.” *Journal of LGBT Health Research*, vol. 4, 2008, pp. 1–9.

This article is related to an earlier publication (Austin, Conron, Patel, & Freedner, 2007) and presents findings from semi-structured interviews testing the use of a single-item measure of gender identity among 30 adolescents. Results indicated that all youth understood the use of the term “transgender,” including non-transgender-identified youth. Analysis of responses suggested that adding transgender response options to a measure of gender did not impact

the accuracy of responding among non-transgender youth. The authors recommend that a modified measure be used among diverse samples (item responses = male; female; transgender, male-to-female; transgender, female-to-male; transgender, do not identify as exclusively male or female).

DeMaio, T. J., N. Bates, and M. O'Connell. "Exploring Measurement Error Issues in Reporting of Same-Sex Couples." *Public Opinion Quarterly*, vol. 77 (special issue), 2013, pp. 145–158.

This study compares data from the 2010 American Community Survey (ACS) and the 2010 U.S. Census that document the prevalence of same-sex households in America. The authors used various methods to examine response patterns of respondents, including comparisons of questionnaire design formats and modes, a sex-of-name analysis, focus groups, and cognitive interviews. The authors found that the wide disparity between reported numbers of same-sex couples in the ACS (593,000) and in the Census (902,000) was the result of misreporting the sex of a partner, rather than the misreporting of relationship status or misinterpreting specific measures.

Gender Identity in U.S. Surveillance Group (GenIUSS). "Gender-Related Measures Overview." Los Angeles, CA: Williams Institute, UCLA School of Law, 2013. Available at [<http://williamsinstitute.law.ucla.edu/wp-content/uploads/GenIUSS-Gender-related-Question-Overview.pdf>.]

The brief outlines four currently promising techniques for assessing gender identity and expression in surveys. These include a two-step measure assessing current gender identity and sex assigned at birth and a two-step measure assessing socially assigned gender expression, as well as a single-step method assessing transgender status and a single-step method that simultaneously assesses gender identity and sexual orientation. Although the authors find these items to be the most reliable means of measuring gender identity and expression, they also discuss how researchers and policymakers must always make conscientious decisions about which questions will be most appropriate for use among surveys of transgender and gender nonconforming people.

Mallon, G. P. "The Home-Study Assessment Process for Gay, Lesbian, Bisexual, and Transgender Prospective Foster and Adoptive Families." *Journal of GLBT Family Studies*, vol. 7, nos. 1–2, 2011, pp. 7–21.

This article discusses the home-study process for certification and licensing of foster/adoptive parents among families headed by LGBT people. Social workers are urged to become educated about LGBT issues and families prior to engaging with the home visit and to not overfocus on or ignore sexuality while making clear their acceptance of LGBT people's becoming parents. Social workers must also be aware that prospective parents may not be out and must take care when including LGBT parents in parenting training groups. The author recommends that the home study for single LGBT people who are looking to adopt be written as any other single applicant. Social workers should discuss with applicants how they would like information about sexual orientation to be included in the report. The

author cautions that not including such information could prevent applicants from receiving appropriate services and supports and does not allow for preparation of the youth about being raised by an LGBT parent. For two-parent families, it is recommended that the home study be written in the same manner for both same- and different-sex couples, unless state laws dictate that one parent be treated as the adoptive parent and the other as a domestic partner. The author also outlines issues that may be unique to LGBT parenting that can be addressed in the home study, including coming out, family and natural supports, the impact of stigma on the parents' lives, relationship functioning, approaches to discussing sexuality with youth, dating life (if single), motivation for adoption, and recreation and leisure-time activities. Social workers might also use the home-study report as a way to anticipate concerns that agencies may have about LGBT parenting (however unfounded). Overall, LGBT applicants should be judged relative to the same criteria as non-LGBT parents.

Ridolfo, H., K. Miller, and A. Maitland. "Measuring Sexual Identity Using Survey Questionnaires: How Valid Are Our Measures?" *Sexuality Research and Social Policy*, vol. 9, 2012, pp. 113–124.

Sexuality is a complex phenomenon incorporating multiple, sometimes conflicting, meanings, attitudes, and types of experiences, which creates a major challenge in developing a single measure that is both meaningful and comparable across various sociocultural groups in the U.S. population. In this paper, the authors assess the validity of sexual identity measures by inspecting the response patterns associated with various measures and how those patterns can produce statistically biased data. The authors identify multiple ways of capturing sexuality data (e.g., questions about sexual orientation, sexual behavior, sexual attraction, and sexual identity) and explain the shortcomings of each approach in attempting to gather significant information about sexuality. Through qualitative cognitive interviewing and quantitative surveys, the researchers found that subjects of all identities, orientations, cultures, and languages interpret the measures in ways that reflect on their life experiences, political views, economic status, and a myriad of other personal variables. Sexual identity is a complex concept that is effected by much more than just a person's attraction, behavior, or orientation.

Saewyc, E. M., G.R. Bauer, C.L. Skay, L.H. Bearinger, M.D Resnick, E. Reis, and A. Murphy. "Measuring Sexual Orientation in Adolescent Health Surveys: Evaluation of Eight School-Based Surveys." *Journal of Adolescent Health*, vol. 35, no. 4, 2004, pp. 345.e1–345.e15.

The authors examined the use of measures of sexual orientation in eight adolescent health surveys from the United States and Canada. The analyses suggested that adolescents were no more likely to skip items assessing sexual orientation than other types of sexual questions. Those most likely to skip the items or select "unsure" were younger students, immigrant students, and students with learning disabilities. Nonresponse was also related to item placement within the survey, the wording of each item, and response-set bias. The authors noted that since fewer than half of all students surveyed reported engaging in sexual behaviors, using only a single item of sexual behavior has limited utility for assessing sexual orientation. They recommend that when possible, all three dimensions of sexual orientation be assessed on surveys of adolescents, with care given to use among samples of different

age and racial groups. Should only one item be included, the authors recommend using a measure of sexual attraction.

Sausa, L.A., J. Sevelius, J. Keatley, J.R. Iñiguez, and M. Reyes. *Policy Recommendations for Inclusive Data Collection of Trans People in HIV Prevention, Care & Services*. San Francisco: University of California, San Francisco, Center of Excellence for Transgender HIV Prevention, 2009. Available at [<http://www.transhealth.ucsf.edu/pdf/data-recommendation.pdf>].

One of the fastest-growing populations to be infected with HIV is transgender people, particularly trans women. Due to assumptions and/or discomfort among health professionals to ask questions about gender identity, trans people may not be accurately counted in surveillance methods, such as trans women's being miscounted as MSM, or missed altogether. Trans people also often avoid health care settings or are less compliant with HIV medications due to stigma and discrimination. The Center of Excellence for Transgender HIV Prevention recommends asking two questions—current sex or gender (with the option to check all that apply) and sex assigned at birth. As many transgender people do not currently identify as trans, this methodology captures and validates an individual's present gender identity as well as personal history. This document explores the challenges with terminology and response choices for items assessing sex and gender and outlines methods for implementing the recommended data-collection practices, including updating forms and databases, training staff, and disseminating data.

Sexual Minority Assessment Research Team (SMART). "Best Practices for Asking Questions About Sexual Orientation on Surveys." Los Angeles, CA: Williams Institute, UCLA School of Law, 2009. Available at [<http://williamsinstitute.law.ucla.edu/wp-content/uploads/SMART-FINAL-Nov-2009.pdf>].

This report highlights the need for asking questions about sexual orientation in surveys in order to advance scientific research and public policy related to LGB people. The authors make recommendations for the inclusion of questions regarding each of the three dimensions of sexual orientation in surveys—sexual identity, sexual behavior, and sexual attraction. They include discussion of what questions to ask, how to present questions across different survey modes, and what considerations need to be made when assessing sexual orientation among youth and adolescents, older adults, transgender people, and people of color.

Wylie, S.A., H.C. Corliss, V. Boulanger, L.A. Prokop, and S.B. Austin. "Socially Assigned Gender Nonconformity: A Brief Measure for Use in Surveillance and Investigation of Health Disparities." *Sex Roles*, vol. 63, nos. 3–4, 2010, pp. 264–276.

As part of a larger cognitive interviewing study on survey items assessing social demographics and health issues, the authors tested the use of a self-report measure of gender expression (items assessing appearance and mannerisms as well as a Likert scale of a single continuum of masculinity and femininity) as perceived by others among a sample of 82 young adults aged 18 to 30. Both gender-expression items were found to be clear and

understandable, and most participants reported liking the masculinity-femininity scale. Around half of the participants noted difficulty answering items because of variation in their gender expression day-to-day. Quantitative results showed that the appearance and mannerisms items were able to distinguish between participant groups classified by gender and sexual orientation.

Zea, M. C., C.A. Reisen, and R.M. Díaz. “Methodological Issues in Research on Sexual Behavior with Latino Gay and Bisexual Men.” *American Journal of Community Psychology*, vol. 31, 2003, pp. 281–291.

The authors review the importance of considering multiple aspects of Latino culture when studying sexual behavior and identity among Latino gay and bisexual men, including the role of socioeconomic variables, social context, constructions of sexuality, relationship scripts, racial and sexual oppression, and acculturation experiences. Each of these can affect how Latino gay and bisexual men conceptualize sexual identity and performance. The authors also note that the emphasis on family and community in Latino culture means that identity “reflects not only on the individual himself, but also the family and social group” (p. 284). They also highlight the centrality of language to the measurement of sexual orientation among Latino gay and bisexual men, as, for example, words for “gay” in Spanish often have a negative valence. This has implications for the reliability and validity of measurement tools used within this population.

APPENDIX C

EXPERT PANEL MEMBERS

APPENDIX D

EXAMPLES OF SURVEYS INCLUDING MEASUREMENT OF SEXUAL ORIENTATION, GENDER IDENTITY, OR RELATIONSHIP STATUS

Table D.1 lists surveys, both public and private, that include measurement of sexual orientation, gender identity, or relationship status that allows identification of same-sex couples. The list is not exhaustive but provides examples of large surveys, including population-based surveys, that provide findings on the demographics, socioeconomic circumstances, behaviors, and experiences of LGBT populations.

Some HHS programs collect administrative data that include information on the sexual orientation and gender identity of people served. For example, the Health Resources Services Administration requires grantees of the Ryan White HIV/AIDS Program to collect information on clients' gender identity. Among ACF programs, the Runaway and Homeless Youth Program collects administrative data on the sexual orientation and gender identity of youth served by grantees through its Runaway and Homeless Youth Management Information System.

Table D.1. Examples of surveys including measurement of sexual orientation, gender identity, or relationship status

Survey	Survey Sponsor	Concepts measured	Survey/Sample Characteristics	Total Sample Size	LGBT sample size	Question on sexual orientation and/or gender identity	Description
Federal and state population-based surveys							
American Community Survey	U.S. Census Bureau	Relationship status	Nationally representative sample of households.	1,355,424 (2010 survey)	Same sex: 9,548 Different sex unmarried: 110,828 Different sex married: 1,343,048	No question; allows identification of same-sex couples.	An ongoing survey that collects information on demographics, income and benefits, health insurance, educational attainment, and other topics.
Current Population Survey	U.S. Census Bureau; U.S. Bureau of Labor Statistics	Relationship status	Nationally representative sample of households.	Approximately 50,000 households	Not reported.	No question; allows identification of same-sex couples.	A monthly survey of approximately 50,000 households focusing on measurement of labor force participation. The survey includes monthly supplements on employment-related topics.
Survey of Income and Program Population	U.S. Census Bureau	Relationship status	Nationally representative panel of households.	Approximately 14,000 – 52,000 households	Not reported.	No question; allows identification of same-sex couples.	A longitudinal panel survey that collects information on demographic characteristics, income, labor force characteristics, and program participation. Supplemental modules cover additional topics.

Survey	Survey Sponsor	Concepts measured	Survey/Sample Characteristics	Total Sample Size	LGBT sample size	Question on sexual orientation and/or gender identity	Description
National Survey of Family Growth	Centers for Disease Control and Prevention; National Center for Health Statistics	- Sexual orientation identity - Sexual behavior - Sexual attraction	Nationally representative sample of adults ages 15-44.	19,622 individuals (respondents ages 18-44; 2006-2010 survey)	Lesbian/Gay: 397 Bisexual: 628 Heterosexual: 18,597	Do you think of yourself as... - Heterosexual or straight - Homosexual, gay, or lesbian - Bisexual - Something else	Collects information about family life, marriage and divorce, pregnancy, infertility, use of contraception, and men's and women's health.
Youth Risk Behavior Surveillance System	Centers for Disease Control and Prevention; state, territorial, tribal, and local agencies	- Sexual orientation identity - Gender identity (In some states and localities)	Independent representative samples of youth in grades 9-12 in participating jurisdictions.	Varies by jurisdiction.	Varies by jurisdiction.	Recommended by the CDC: Which of the following best describes you? - Heterosexual (straight) - Gay or lesbian - Bisexual - Not sure	Surveys conducted by states, localities, and school districts monitoring health-risk behaviors that contribute to the leading causes of death and disability among youth and adults.
Behavioral Risk Factor Surveillance System	Centers for Disease Control and Prevention; state and territorial health departments	- Sexual orientation identity - Gender identity (in some states and territories)	Independent representative samples of adults in each state and territory.	Varies by state/territory.	Varies by state/territory.	No standard question.	Surveys conducted by states and territories focusing on personal health behaviors that are associated with major premature morbidity and mortality.

Survey	Survey Sponsor	Concepts measured	Survey/Sample Characteristics	Total Sample Size	LGBT sample size	Question on sexual orientation and/or gender identity	Description
National Health Interview Survey (NHIS)	Centers for Disease Control and Prevention; National Center for Health Statistics	Sexual orientation identity (as of 2013)	The NHIS includes three samples: - Representative sample of families residing in the U.S. - Representative sample of the U.S. population in those families (all ages) - Representative sample of adults age 18 or older.	Families: 42,321 Population: 104,520 Individuals: 34,577 (2013 survey)	Individuals: Lesbian/gay: 571 Bisexual: 233 Couple families: Same-sex unmarried: 179 Same-sex married: 44 Different-sex unmarried: 2,599 Different-sex married: 19,284	Which of the following best represents how you think of yourself? - Lesbian or gay - Straight, that is, not gay - Bisexual - Something else - I don't know the answer	Measures a broad range of health topics; data are used to track trends in health status and health care access and progress toward achieving national health objectives.
California Health Interview Survey	UCLA Center for Health Policy	- Sexual orientation identity - Sexual behavior	Statewide representative sample of adults ages 18 to 70.	Approximately 50,000 individuals in each two-year cycle	Straight or Heterosexual: 96.1% Gay, lesbian, or heterosexual: 1.9% Bisexual: 1.3% Not sexual/celebrate/other: 0.7% (sample sizes not reported; pooled 2007-2009 data)	Do you think of yourself as: - Straight or heterosexual - Gay, lesbian, or homosexual - Bisexual - Not sexual/celebrate/ none - other (specify) - Refused - Don't know	An ongoing survey that collects information on a range of health topics.

Survey	Survey Sponsor	Concepts measured	Survey/Sample Characteristics	Total Sample Size	LGBT sample size	Question on sexual orientation and/or gender identity	Description
Other surveys							
General Social Survey	National Opinion Research Center at the University of Chicago	- Sexual orientation identity - Sexual behavior	Representative sample of adults age 18 and older.	6,041 individuals (pooled 2008, 2010, and 2012 data)	Lesbian/Gay: 87 Bisexual: 101 Heterosexual: 5,085 (pooled 2008, 2010, and 2012 data)	Which of the following best describes you? - Gay, lesbian, or homosexual - Bisexual - Heterosexual or straight	A nationally representative biannual survey conducted by the National Opinion Research Center at the University of Chicago. It includes demographic information and information about a wide range of political and social issues.
Gallup Daily Tracking Survey	Gallup	Sexual orientation and gender identity (one item)	Nationally representative sample of adults age 18 or older	88,687 individuals (January-June 2014)	LGBT (Yes): 2,964 Non-LGBT (No): 81,834	Do you, personally, identify as lesbian, gay, bisexual, or transgender? - Yes - No	A poll of approximately 1,000 adults in the United States conducted by Gallup each night. Topics include demographics, political and social attitudes, and health and well-being measures.

Survey	Survey Sponsor	Concepts measured	Survey/Sample Characteristics	Total Sample Size	LGBT sample size	Question on sexual orientation and/or gender identity	Description
Pew Research Center Survey of the LGBT Population	Pew Research Center	- Sexual orientation identity - Gender identity	Nationally representative sample of self-identified LGBT adults age 18 or older.	1,197	Gay: 398 Lesbian: 277 Bisexual: 479 Transgender: 43	Do you consider yourself to be heterosexual or straight, gay, lesbian, or bisexual? Do you consider yourself to be transgender? [If yes] Are you: - Transgender, male to female - Transgender, female to male - Transgender, gender non-conforming - No, not transgender	A one-time survey conducted in April 2013. Topics include demographics, relationships, social acceptance, coming out experiences, policy views, and others.

Survey	Survey Sponsor	Concepts measured	Survey/Sample Characteristics	Total Sample Size	LGBT sample size	Question on sexual orientation and/or gender identity	Description
National Transgender Discrimination Survey	National Center for Transgender Rights; National Gay and Lesbian Task Force	- Sexual orientation identity - Gender identity	Convenience sample of transgender and gender nonconforming adults.	6,436	Gay/Lesbian/Same gender attraction: 1,326 Bisexual: 1,473 Queer: 1,270 Heterosexual: 1,341 Asexual: 260 Other, specify: 698	Do you identify as transgender? What is your sexual orientation? - Gay/Lesbian/ Same gender attraction - Bisexual - Queer - Heterosexual - Asexual - Other, please specify	A one-time survey conducted in 2008. Includes questions on demographics, socioeconomic characteristics, and experiences of stigma and discrimination.

Sources: Badgett et al. 2013; Centers for Disease Control and Prevention, U.S. Department of Health and Human Services; Gates 2014b; Grant et al. 2011; UCLA Center for Health Policy Research; U.S. Census Bureau.

Note: CDC = Centers for Disease Control. LGBT = lesbian, gay, bisexual, and transgender; UCLA = University of California, Los Angeles