Research suggests that LGBTQ+ youth* involved in the CWS have numerous worse health and social outcomes than their cisgender and heterosexual peers, including:

- **Worse mental health outcomes than non-LGBTQ+ youth**
  - More likely to experience depression, trauma, and substance use.¹ ²
  - Nearly three times as likely to be hospitalized for emotional or physical issues.³
  - Three times more likely to report a suicide attempt in the last year.⁴

- **Increased challenges in transitioning from the child welfare system to adult living**
  - Youth who age out of foster care often have not been taught basic life skills needed to achieve successful independent living.⁵⁻⁸
  - Youth aging out of CWS report the following challenges with transition to adulthood: lack of preparation to secure living wage jobs, unemployment, disrupted social networks, hunger, homelessness and housing instability.⁵, ⁹⁻¹¹

- **Increased likelihood of involvement in multiple crisis systems**
  - LGBTQ+ youth can experience a cycle of family rejection, child welfare involvement, running away, homelessness, engagement in survival crimes, and entry into the justice system.¹²⁻¹⁴

- **Increased likelihood of experiencing homelessness**
  - LGBTQ+ youth in the CWS are less likely to be adopted or reunited with their families of origin.¹⁵⁻¹⁷
  - Between 31% and 46% of participants existing the foster system experience homelessness at least once by age 26.⁷ Between 20 and 40% of youth experiencing homelessness identify as LGBTQ+.⁶, ¹⁸⁻²¹
  - LGBTQ+ youth of color are at greatest risk.²²
  - LGBTQ+ youth are disproportionately placed in institutional settings instead of foster families, which can lead to running away and homelessness.
  - Transgender and gender-expansive youth who feel unsafe in child welfare placements may choose to live on the streets, increasing their risk and vulnerability.²², ²³

- **Poorer school functioning**
  - LGBTQ youth in foster care report more fights in school, victimization, and mental health problems compared with LGBTQ youth in stable housing and heterosexual youth in foster care.²⁴
  - Unstable foster care placements among LGBTQ+ youth can lead to more disruptive school changes.²⁵
  - Only 3-11% of former foster care youth in the US obtain a college degree, compared to 33% of the general US youth population.²⁶

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*We use the term LGBTQ+ to be inclusive of the range of sexualities and genders. However, we want to acknowledge that not every study cited is comprehensive in how they define and include different identities. Therefore, the acronyms used in each citation correspond to the populations included in each study. We also use the term “youth” as an umbrella category to include individuals up the age of 25. We acknowledge that the literature cited does not uniformly define the age range of “youth” in this manner.*
WHAT WE KNOW

Systemic Risk Factors

- **Anti-LGBTQ+ Discrimination and Stigma**
  - Rates of mental health issues/substance use are already higher among LGBTQ+ youth who are not involved in the CWS, due to identity and stigma-related stress factors, as well as child maltreatment, poverty, structural racism, and family instability. Compounding stigma and discrimination within the CWS exacerbates these issues.

- **Limited effective programs for transitional aged LGBTQ+ youth**
  - Limited services including housing, health care, social supports, and life skills.

- **Intersecting vulnerabilities**
  - For LGBTQ+ youth, risk factors related to intersecting identities of race, gender and socioeconomic status can reduce likelihood of successful outcomes.

OUTCOMES FOR LGBTQ+ YOUTH IN CHILD WELFARE:

- **More difficulty finding stable, legal forms of employment.**
  - LGBTQ+ youth exiting the CWS are less likely to complete their education and may face employment discrimination.

- **Greater risk of substance use**
  - Substance use and abuse among LGBTQ youth with prior experience with the CWS are higher when compared to heterosexual, cisgender youth.

- **Greater rates of risky sexual behaviors**
  - Research has found higher rates of involvement in high-risk sexual behavior related to survival sex work, trafficking, and other exploitation of LGBTQ+ youth experiencing homelessness. One study found that 44% of LGBTQ+ youth participants engaged in survival sex work compared to 32% of heterosexual and cisgender youth participants.

**Health Justice Framework:** We conceive of Health Justice for LGBTQ+ youth as involving the application of human rights principles to public health needs; moreover, human rights principles require guarantees of non-repetition of harms, which leads health justice approaches to seek system-level reforms. Another rights principle guides us to prioritize meaningful participation of the persons most affected by the inequity in seeking solutions.
OUTCOMES FOR LGBTQ+ YOUTH IN CHILD WELFARE:
WHAT WE DON'T KNOW

There is limited longitudinal, population-based research examining:

- Developmental pathways for LGBTQ+ youth in child welfare and other crisis systems.
- Intersectional vulnerabilities and the impact on transitions to adulthood.
- Youth involvement in multiple crisis systems (such as juvenile justice, immigration, homelessness, etc.)
- Fertility and parenting outcomes among LGBTQ+ youth who have been involved in CWS.

RESEARCH RECOMMENDATIONS

- **Increased research on resilience/protective factors for positive outcomes among LGBTQ+ youth exiting the CWS.**
  - Explore individual and collective strategies, like alternative family structures and resource sharing, that LGBTQ+ youth deploy to manage the challenges of exiting the CWS and transitions to adulthood.
  - Identify service organizations that LGBTQ+ youth find useful after exiting CWS.
  - Notable examples of current intervention research focused on increasing resilience among LGBTQ+ youth include:
    - Proud & Empowered: a school-based intervention to help sexual and gender minority youth cope with minority stress experiences (PI: Dr. Gabe Miller): https://www.proudandempowered.com/
    - Tuned In! — A mindfulness-based affirmative program to virtually address the mental health needs of sexual and gender minority youth (PI: Dr. Gio Iacano)

- **Research on youth involved in multiple systems.**
  - Study outcomes and experiences for LGBTQ youth who are in multiple systems, particularly child welfare and juvenile justice, but also homeless services and the educational system.

- **Program Implementation and Evaluation research**
  - Research focused on enhancing permanency outcomes for LGBTQ+ youth in care or young people at risk of child welfare involvement.
  - Examine how LGBTQ+ youth fit into existing metrics of evaluation around exiting the CWS system.
  - Identify and evaluate practices to promote positive outcomes once LGBTQ+ youth are system-involved. Examples include: restorative justice practices versus zero tolerance policies in schools, community capacity building versus policing, and kin placement versus group home placement.

- **Use participatory methodologies** that empower LGBTQ+ youth in the CWS and their support networks to participate in developing programs and research studies to evaluate them.


WORKS CITED, CONT.


