

LGBTQ+ YOUTH IN CHILD WELFARE, JUVENILE JUSTICE, AND HOMELESS SERVICES: WHAT WE KNOW

STATE OF KNOWLEDGE SHEET

1 in 8

young people in U.S. juvenile justice facilities identify as LGB,¹ and **85% of youth who identify as LGBQ/GNCT are youth of color.**²

30%

of children in the general population involved in the child welfare system later enter juvenile justice,³ which in turn is associated with poor housing and college opportunities.^{4, 5}

Nearly half

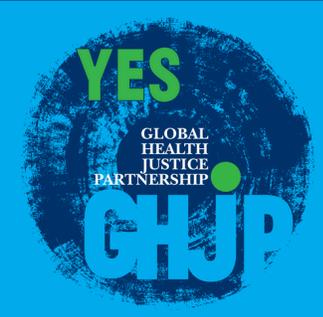
of youth experiencing homelessness in one study who had previously been in the child welfare system identified as LGBTQ.⁶

LGBTQ+ youth* -- particularly youth of color -- disproportionately cycle between multiple systems including the child welfare system (CWS), juvenile justice (JJ), and homeless services.^{2, 7} There is significant variation across states as to how youth in multiple systems are treated. In some states, children remain under the care of multiple systems, while in others juvenile justice proceedings take precedence. This approach divides resources and priorities, increasing the risk that a child's needs are not adequately addressed.⁸

Structural Drivers

- **Involvement in the underground economy and police scrutiny:** Limited support services (including those for youth with histories of trauma) and social networks for homeless LGBTQ+ youth can lead them to become involved in the underground economy including survival sex, theft, or drug sales.⁹ LGBTQ+ youth, particularly youth of color, are more frequently profiled by police. LGB youth are 125%–300% more likely to be stopped by police, arrested before age 18, and convicted.¹⁰
- **Perception of higher risk:** LGBTQ+ youth may be perceived by others to be “high risk” or “deviant” due to their gender presentation or sexual orientation.¹⁰⁻¹³ They are more likely to be removed from their families of origin, kept in pretrial detention, and given harsher punishments, including incarceration.^{2, 9, 14-17} This is especially true for Black LGBTQ+ girls as well as trans and nonbinary youth.^{1, 2, 18-20} Trans youth often do not receive adequate legal representation due to attorney bias.⁹
- **Increased risk behaviors due to stigma and identity-related stress:** Some LGBTQ+ youth experience elevated rates of substance abuse, school unsafety and truancy, family rejection, and running away.^{6, 21, 22} Exposure to stigma including peer bullying and family non-acceptance increases risk for these outcomes.²³⁻²⁵ Without adequate access to mental health services or other supportive interventions, LGBTQ+ youth already involved in the CWS may be more likely to be arrested or interact with the carceral system.
- **Bureaucratic barriers** across government agencies inhibit adequate delivery of services for youth who are simultaneously involved in the JJ and CWS systems.²⁶ Such barriers include different eligibility criteria for benefits across systems and limited inter-agency communication.²⁷
- **Legal barriers:** Unclear laws and regulations governing confidentiality can lead to inappropriate information sharing and missed opportunities for coordination between the JJ and CWS systems.^{8, 27, 28} Crossover cases (e.g. youth who start in one system and then enter another) are often more challenging for JJ defense attorneys, which can lead to inadequate representation of youth.^{29, 30}

*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 to the age of 25. We acknowledge that the literature cited does not uniformly define the age range of “youth” in this manner.



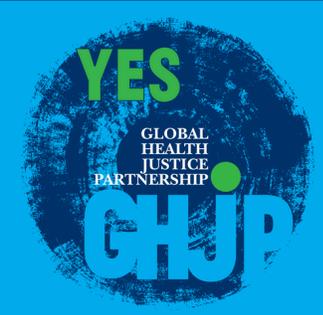
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Health Justice Framework: We conceive of Health Justice for LGBTQ+ youth as involving the application of human rights principles to public health needs; moreover, human rights principles require guarantees of non-repetition of harms, which leads health 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.

Community and Individual Drivers

- **Family Instability/Conflict/Rejection:** The **combination of family rejection, family instability, and poverty** can result in LGBTQ+ youth experiencing homelessness or entering the child welfare system.^{21, 22} LGBTQ+ youth are more likely to be kicked out of their homes, to be homeless for more than one year, or to report being abused as children.⁶
- Discrimination within the CWS system can increase risk for homelessness, **as some LGBTQ+ youth feel safer on the streets** due to instability or victimization within the CWS.^{22, 31}
- **Harassment and bullying within schools** can cause homelessness or involvement in the CWS or JJ.^{32, 33} LGBTQ+ youth experience high rates of bullying and harsher discipline (1.25–3 times more likely to be punished, often for self-defense),³⁴ which contribute to higher dropout rates.^{10, 13, 35} Nearly 75% of transgender/gender nonconforming Latinx and Black adult respondents and 90% of American Indian and Alaska Natives experienced some form of mistreatment in schools.³⁶
- **Reduced access to community resources that attend to psychosocial and behavioral health needs for LGBTQ+ youth** can also contribute to criminal justice involvement, especially in under-resourced communities.^{37, 38}



LGBTQ+ YOUTH IN CHILD WELFARE, JUVENILE JUSTICE, AND HOMELESS SERVICES: WHAT WE DON'T KNOW

STATE OF KNOWLEDGE SHEET

- **Unknown population size of LGBTQ+ youth involved in multiple systems:** Confidentiality protocols limit data sharing between systems and many surveys do not include SOGI questions or rely on self-disclosure. In addition, LGBTQ+ youth may hide their identities out of fear of stigma, maltreatment, or re-traumatization.
- **It is an urgent research priority to better understand the population sizes and public health needs of LGBTQ+ youth involved in multiple systems.** Preliminary evidence from Massachusetts has found that 74% of LGBTQ+ youth who were detained pretrial (N=47) in 2023 had child welfare involvement at the time of their detention admission, compared to 50% of non-LGBTQ+ youth (N= 721) detained at this time. Such findings cry out for well-crafted studies to better understand the actual sizes and health justice needs of these populations, and failure to follow up is an example of structural bias and impedes the evidence base needed for effective action.
- **There is limited research on sub-groups of LGBTQ+ youth, particularly trans and nonbinary youth of color,** including how they face multiple and compounding (intersectional) forms of inequality or disadvantage within multiple systems. Notably, CWS, JJ, and homeless systems don't always collect data on intersecting LGBTQ+ and racial categories, which obscures specific needs of trans and non-binary (TNB) youth of color involved in these systems. A better understanding of the intersections between TNB gender identity, race, and involvement in the juvenile justice system is needed.
- **Limited understanding of inequities at the various entry points of multiple systems** (e.g. experiences of arrests, pre-trial detention, sentencing).
- **Limited understanding of scalable best practices to promote decriminalization and decarceration** (e.g. restorative justice practices versus zero tolerance policies in schools, community capacity building versus policing, and kin placement versus group home placement).

RESEARCH RECOMMENDATIONS

- **Use an intersectional framework** to explore institutional forms of bias among LGBTQ+ youth involved in multiple systems, including the interacting relationships between sexual orientation, gender identity, race/ethnicity, social class, and immigration/citizenship status.
- **Collect data on sexual orientation and gender identity and allow researchers to link disidentified data across systems** in order to better understand outcomes for LGBTQ+ youth involved in multiple systems.
- **Include SOGI data in more state and federal youth surveys and assessments** to better characterize identity-related risk and protective factors at community and population levels.
- **Use participatory research methodologies** that empower LGBTQ youth and their support networks to participate in developing research about issues important to them.
- **Evaluate and scale-up programs** implementing LGBTQ+ affirming trainings and protocols within the CWS and JJ systems. (For example, The Pride Justice Resource Center provides training and technical assistance to practitioners and stakeholders that work with justice-involved LGBTQ2S+ youth: <https://pjrc.ncjfcj.org/>)
- **Examine alternatives to incarceration programs through an LGBTQ+ lens.** Standard alternatives such as mandated family therapy, electronic monitoring, and home confinement may pose unique risks for LGBTQ+ youth at risk for abuse, violence, or other adverse outcomes at home.

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