



The Cuyahoga Youth Count:

A Report on LGBTQ+ Youth Experience in Foster Care.

2021

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Executive Summary

This study finds that LGBTQ+ youth in a Midwest county are overrepresented in foster care, and experience disparities in their treatment, increased mental health hospitalizations, greater reported use of substances as well as discrimination and adverse experiences.

LGBTQ+ Youth in Foster Care

Child welfare agencies are charged with the protection and care of children and youth who are in danger of neglect or physical and emotional abuse. To perform their protective duties, agencies need to know whom they are serving and what their needs are. The importance of this information is not lost on the child welfare system. The Children’s Bureau (CB), an office of the Administration for Children Youth and Families under the United States Department of Health and Human Services (HHS), requires the collection of case and demographic data, such as the number of youth in care, their age, sex, ethnicity, reason(s) for removal, and their length of time in care. This report is generated annually through the Adoption and Foster Care Analysis and Reporting System (AFCARS). These data help drive policy, infrastructure, practice, and resource decisions from HHS down to the individual social worker interacting with young people and their families. However, there is no federal mandate to collect demographic data on sexual orientation, gender identity, or gender expression (SOGIE)¹.

Currently, it is up to each individual child welfare agency to identify methods to collect data on the SOGIE of the children and youth they are serving. This information is vital to meeting the needs of youth who identify as lesbian, gay, bisexual, transgender, queer, questioning, or other diverse sexual orientations or gender identities (LGBTQ+). “To make real progress in advancing well-being for all children, we need to disaggregate data by subpopulations, identify disparate outcomes, and promote and implement equitable policy and practice changes” (Fields, 2018, p. 16). Knowing whom is being served in care and knowing their unique experiences is the only way forward.

Measuring SOGIE in Child Welfare

The 2014 William’s Institute study found that 1 in 5 youth identified as LGBTQ in LA County’s child welfare system (Wilson et al., 2014). They also reported harassment due to their SOGIE, higher emotional distress, less stability, and more frequent placements in group homes. Having a report that documented the disparities LGBTQ youth faced in care enabled LA County to proceed with strategic plans to support their workforce, offer programs, and continue necessary evaluation to improve the conditions. Though this report was considered groundbreaking by many, some theorized that the high number of LGBTQ youth was influenced by the geographical location of the study. Since then, many advocates for increased data collection have hoped to replicate the LA County study in other geographical areas to provide further insights and comparisons.

¹ Throughout this report the terms diverse SOGIE and LGBTQ+ are used interchangeably to represent this same population of youth. Instances where the acronym is varied such as “LGB, LGBT, or SOGI, is referencing a specific segment of the population.

Methods

The Institute for Innovation and Implementation at University of Maryland’s School of Social Work replicated the study as part of the The National Quality Improvement Center on Tailored Services, Placement Stability, and Permanency for LGBTQ2S Children and Youth in Foster Care (QIC-LGBTQ2S). One site from the QIC-LGBTQ2S, Cuyahoga County, was selected as the surveying site.

The Institute adapted the questionnaire used in the 2014 Los Angeles Foster Youth Survey² (LAFYS; Wilson et al., 2014). The Institute made modifications to the survey under consultation with Youth MOVE National, the Williams Institute, Cuyahoga County DCFS, and surveyors.

While the survey instrument gathered information on self-reported masculinity and femininity, it did not directly ask youth whether they identified as having a diverse gender expression. Consequently, rather than setting a cut-point for defining diverse gender expression on the masculinity and femininity scales, this study did not include gender expression in the definition of diverse SOGI. While data on gender expression in the sample is described, this study primarily focuses on diverse sexual orientations and gender identities (SOGI) in this study rather than diverse sexual orientations, gender identities, and gender expression (SOGIE).³ While this study focuses on diverse SOGI, gender expression remains important in young people’s experiences of bias and discrimination, particularly those of LGBTQ+ young people.

Youth were eligible to participate in the survey if they: 1) Were between the ages of 12–21, 2) had an open child protective services case in Cuyahoga County, 3) were in foster care, and 4) and were not in juvenile detention. Cuyahoga County had over 900 youth in their care that met these criteria. The Institute contracted with MAXIMUS Federal (MAXIMUS) to conduct the interviews over the phone. To increase access to the way youth participated in the survey, both an electronic survey distributed via a text invitation and a phone survey conducted by an interviewer were offered.

Participants

Table 1. Population and Sample Characteristics

Variables	Population % (n)	DCFS CYC Sample % (n)
Age Group		
12 to 16	70.1% (646)	67.1% (167)
17 to 21	29.9% (275)	32.9% (82)
Race		
Black/African American	65.0% (599)	53.3% (130)
Multiracial/Another Race	7.8% (72)	31.1% (76)
White	27.1% (250)	15.6% (38)

Race & Ethnicity

As compared to the entire population in Cuyahoga County foster care, higher proportions of this sample identified as multiracial or another race other than Black/African American or White (such as Asian or Native American), and smaller proportions

2 The LAFYS adapted several existing measures. Please review the full LAFY report for more measurement details. <https://files.lalgbtcenter.org/pdf/rise/Los-Angeles-LGBT-Center-RISE-Sexual-Gender-Report-in-Foster-Care>

3 As a result, SOGI and SOGIE are used intentionally throughout this report. SOGIE is used to refer to sexual orientation, gender identity, and gender expression. SOGI refers solely to sexual orientation and gender identity.

Hispanic/Latinx

No	93.3% (859)	77.0% (191)
Yes	6.5% (60)	13.7% (34)
Unknown	0.2% (2)	9.3% (23)

Sex Assigned at Birth

Female	54.9% (506)	55.8% (139)
Male	45.1% (415)	42.2% (105)
Don't Know	--	2.0% (5)

Placement Type

Home of family or kin	25.2% (232)	22.5% (55)
Foster Home	44.8% (413)	31.6% (77)
Residential Campus/ Group Home	27.1% (249)	39.4% (96)
Independent Living	2.9% (27)	5.7% (14)
Prefer Not to Say	--	0.8% (2)

identified as White or Black/African American. A total of 31.1% of youth in this sample identified as Multiracial or Another Race as compared to only 7.8% of the population, and 53.3% of youth in this sample identified as Black/African American as compared to 65.0% of the population. Only 15.6% of youth in this sample identified as White as compared to 27.1% of the population.

A higher proportion of this sample also identified as Hispanic/Latinx as compared to all youth in

foster care; 13.7% of young people in the sample reporting being Hispanic/Latinx as compared to 6.5% of the population.

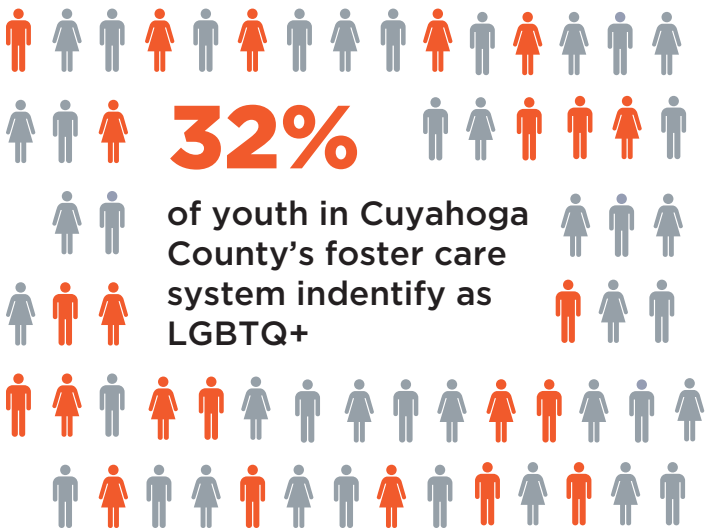
Two factors may contribute to these differences: 1) Data for this study was collected directly from participating youth, while administrative data may come from other sources (e.g., a social worker, a family member, etc.) and data from the youth likely does not reflect what is in an administrative data collection system; and 2) although the DCFS data system can capture multiple races, DCFS has reported that multiple racial identities are not often selected in practice. Due to the low respondents who identified as White, comparison between the experiences of LGBTQ+ youth of color and White-LGBTQ+ youth were not possible.

Findings

The overall purpose of this study is to assess for the frequency of youth identifying as having diverse SOGI in a sample of foster youth in Cuyahoga County. The Institute also assessed if youth with diverse SOGI had different experiences that could affect their permanency, stability, and well-being.

Of the 817 eligible youth with a valid phone number, a total of 251 youth answered the survey, for a 31% response rate. Of the 251 youth who participated in the survey, 84% (n = 210) participated by phone and 16% (n = 41) participated by text.

Of the 251 youth who participated in the survey, 32% (n = 81) reported diverse SOGI and 68% (n = 170) did not report diverse SOGI.



Diverse sexual orientations (SO) were identified in two ways. First, youth were asked to describe their SO. In response, a total of 25.9% of youth reported a diverse SO. This includes 18.7% of youth who identified as bisexual (17.9%) or pansexual⁴ (0.8%), 3.2% who identified as gay or lesbian, and 4% who were not sure how they identified (i.e., questioning).

Secondly, participants were separately asked if they were attracted to girls/women and/or boys/men. This study cross-referenced responses with gender identity to identify same gender attraction⁵ (Figure 8). A total of 23.7% of boys and girls reported being attracted to, or being unsure whether they were attracted to, people of the same gender. Of this 23.7% of youth, 2.8% did not self-identify as LGBTQ+, but did report being attracted to, or being unsure whether they were attracted to, people of the same gender, and thus this 2.8% of youth were included as having a diverse SO.

Selected Disparities Findings

- 67.6% (46) of LGBTQ+ youth reported that they had not been treated very well by the foster care system compared to 44.7% (67) of non-LGBTQ+ youth.
- 49.3% of LGBTQ+ youth reported they experienced adverse experiences in group homes compared to 30.2% of non-LGBTQ+ youth.
- LGBTQ+ youth were more likely to report being hospitalized for emotional and physical reasons.

Disclosing Their SOGIE

When asked “Does your Social Worker know you are lesbian, gay, bisexual, or another diverse sexual orientation?”, 27% of youth said “I don’t know,” 50% said “yes,” and 23% said “no.”

Only youth who indicated they identified as LGB+ were shown this question. Specifically, youth who identified they were questioning or reported diverse gender identity are not included in this data. A total of 56 youth answered this question. Of the 56, 13 (23%) indicated their social worker did not know about their LGB+ identity. These 13 youth were then shown the question, “*Why haven’t you told your county social worker?*” Their replies were:

***“I am worried about their reaction,” “I am not ready to tell other people,”
“I am worried it will mess up my placement,” and “I don’t know.”***

⁴ A pansexual option was not included on the survey but was written in by several respondents. The following response options were included on the survey: Straight or Heterosexual, Gay or Lesbian, Bisexual, I am not sure how I identify, I prefer not to answer, & Other. In consultation with LAFYS, the decision was made to minimize the number of response options to avoid confusing respondents who might not be as familiar with LGBTQ+ terminology. However, a write-in option was retained for those who wanted to write in an unlisted sexual orientation. As we did not include a pansexual response option, the number of pansexual youth is likely underestimated.

⁵ Youth who were unsure of their gender identity were not included.

In total, 10.4% of respondents indicated they may have a diverse gender identity.

This includes respondents who identified as transgender, respondents who indicated they were not sure of their gender identity, and those whose responses to the items about gender identity and sex assigned at birth indicated a diverse gender identity.

Discussion

This study found that **32% of the youth who participated in the Cuyahoga Youth Count identified as having diverse SOGI**. This is one of the highest documented prevalence rates of LGBTQ+ youth in foster care, along with the recent NYC report showing 34% as the highest (Sandfort, 2020). Importantly, the Cuyahoga Youth Count study was the first of its kind to be conducted in a Midwestern state, where the body of available data on this population is extremely limited. Other studies have found prevalence rates between 15–30%. For example, Baams et al. (2019) used data from the 2013–2015 California Healthy Kids Survey, which is conducted in middle and high schools in California. Students were asked questions about their living situation and sexual orientation. Through this survey, 1% of their study population were youth living in foster care and of these youth, 30.4% reported an LGBTQ identify. Detlaff et al., (2018) assessing the 2nd National Survey of Child and Adolescent Well-Being data, found that 15.5% of youth identified as LGBTQ. The LAFYS study identified 19% of foster care youth as LGBTQ+ (Wilson et al., 2014). Lastly, Dworsky (2014), assessing former foster youth who participated in the Midwest Evaluation of Former Foster Youth Study, found that 14.7% of former foster youth identified as LGBTQ+. The possibility that 19–30% identify as LGBTQ demands policy and practice changes, as well as the reallocation of resources that meet the specific needs of this population. Further, it demands the question, “Why is there such a large

population of LGTBQ youth in foster care to begin with?”

42.3% of LGBTQ+ youth reported that they could never be themselves in the place they are currently living, compared to 23.8% of non-LGBTQ+ youth

This finding provides further evidence about the overrepresentation of LGBTQ+ youth in foster care, supporting similar findings from youth in large coastal cities. The finding that nearly one-third of all youth in foster care identify as LGBTQ+ reinforces the need for child welfare agencies to collect the SOGIE data of all children and youth, as well as instituting agency policies, training, and practice shifts to strengthen culturally responsive practice. This is also a finding that

is indicative of the need for prevention supports that provide SOGIE-focused clinical support to parents to improve acceptance and affirmation of their child with diverse SOGIE. These are programs, practice, and policy shifts that align with Cuyahoga County DCFS’s recent efforts to improve the care for youth with diverse SOGIE experience in their child welfare system.⁶ These efforts likely resulted in the finding that half of LGB+ youth in this study reported their social worker knew about their sexual orientation.

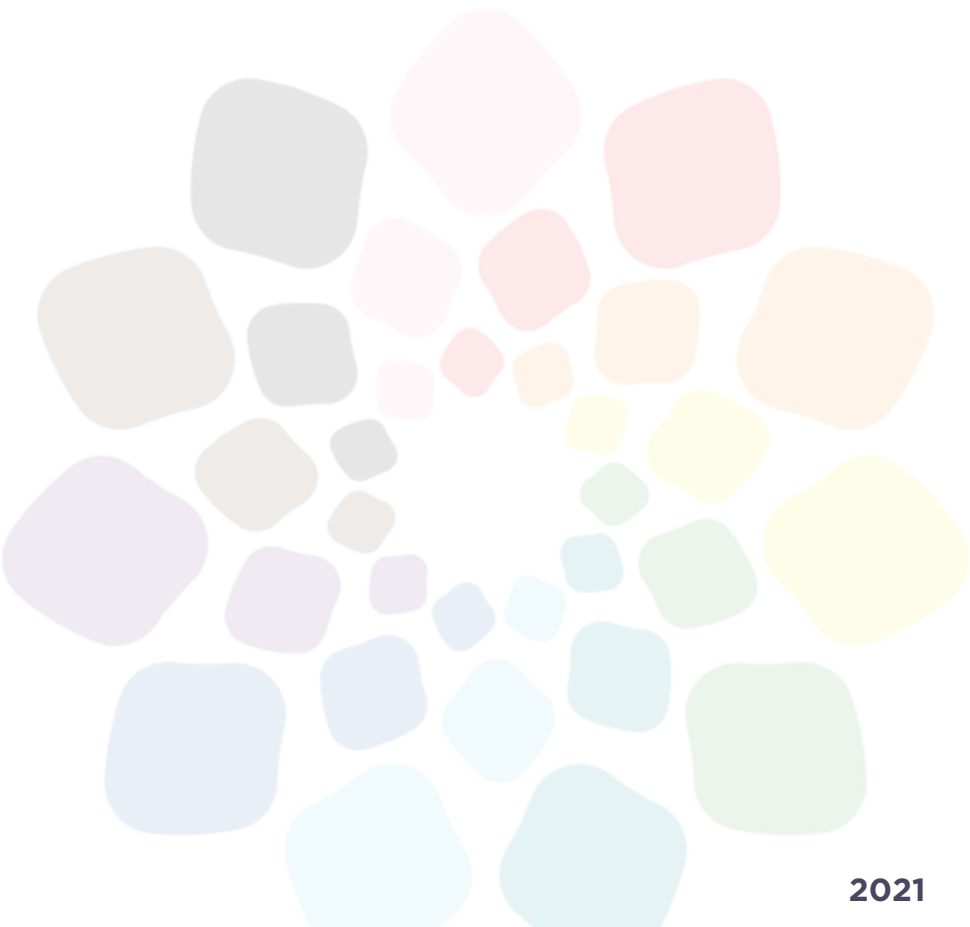
There was a clear difference in perception of treatment by the foster care system in the past year and how frequently youth could be themselves in their current placement by SOGI. Youth with diverse SOGI reported less frequently that they were treated well by the foster care system and reported less frequently that they could be themselves in their current placement. Differences in treatment for diverse SOGI youth involved with the child welfare system have been documented in previous literature (McCormick et al., 2015; Mountz et al., 2018; Wilson et al., 2014). Further, coming out and receiving affirmation when disclosing SOGIE has been found to decrease risk factors such as suicidality, depression, and substance use (Ryan et al., 2010). Congregate care and foster home placements play a critical role in the

⁶ Additional information on the interventions Cuyahoga has implemented can be found at www.sogiecenter.org

experiences youth have while in care, and child welfare agencies should require providers to receive training on supportive and affirming SOGIE practices to improve care.

Overall, **young people with diverse SOGI reported a greater number of types of adverse experiences in the past year than young people without diverse SOGI**. These adverse and discriminatory experiences more frequently happened in group home settings, foster homes, and schools. Additionally, 27.1% of all youth who indicated they had discriminatory experiences in the past year indicated that at least one of these experiences was related to their SOGI.

Significant differences were found between LGBTQ+ and non-LGBTQ+ youth’s reasons for hospitalization, with more LGBTQ+ youth hospitalized for both a physical illness/injury and emotional reason compared with non-LGBTQ+ youth who were hospitalized for physical illness only. Further, the findings in this study include the overrepresentation of LGBTQ+ in foster care in a Midwest county, disparities in their treatment experiences and increased mental health hospitalizations, as well as more LGBTQ+ youth reporting use of substances and experiencing discrimination and adverse experiences. These findings are symptomatic of the need for increased SOGIE-tailored prevention services for families, clinical interventions to support family reunification and family accepting and affirming behaviors, and policy and practice shifts both within the child welfare system as well as partnering with the child/youth-serving provider organizations and systems.



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The methodology and survey was adapted from the survey carried out by the Williams Institute “Sexual and gender minority youth in foster care: Assessing disproportionality and disparities in Los Angeles” (Wilson, Cooper, Kastansis & Nezhad, 2014).

Cuyahoga County leadership and staff provided the contact information for eligible survey participants, educated families on the survey, distributed marketing for the survey across the county, and coordinated with various stakeholders to implement the survey.

We would like to thank the many people who helped with the implementation of this survey. Thank you to all of the young people who shared your identities and experiences with us. Thank you Kathleen Sullivan for leading the survey efforts in Cuyahoga County. Your advocacy and tireless efforts ensured that as many youth as possible could participate. Thank you to Bianca Wilson who provided technical assistance on adapting the survey and methods. Thank you to Lydia Proulx for providing technical assistance on ensuring the survey and methods were as accessible to as many young people as possible. Thank you Lyndsay Smith for providing training and consultation to the surveyors. Thank you Aaron Betsinger, Lauren Schisler, and Christopher Bellonci for being thought partners in the implementation of this survey. Lastly, thank you Taffy Compain and the Children’s Bureau for supporting this work.

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Cuyahoga Youth Count

BACKGROUND

LGBTQ Youth in Foster Care

Child welfare agencies are charged with the protection and care of children and youth who are in danger of neglect or physical and emotional abuse. To perform their protective duties, agencies need to know whom they are serving and what their needs are. The importance of this information is not lost on the child welfare system. The Children’s Bureau (CB), an office of the Administration for Children Youth and Families under the United States Department of Health and Human Services (HHS), requires the collection of case and demographic data, such as the number of youth in care, their age, sex, ethnicity, reason(s) for removal, and their length of time in care. This report is generated annually through the Adoption and Foster Care Analysis and Reporting System (AFCARS). These data help drive policy, infrastructure, practice, and resource decisions from HHS down to the individual social worker interacting with young people and their families. However, child welfare agencies are not required to collect or report important demographic data on sexual orientation, gender identity, or gender expression (SOGIE). Currently, it is up to each individual agency to identify whether



and how to collect data on the SOGIE of the children and youth they are serving. This information is vital to meeting the needs of youth who identify as lesbian, gay, bisexual, transgender, queer, questioning, or other diverse sexual orientations or gender identities (LGBTQ+). “To make real progress in advancing well-being for all children, we need to disaggregate data by subpopulations, identify disparate outcomes, and promote and implement

equitable policy and practice changes” (Field, 2018, p. 16). Knowing whom is being served in care and knowing their unique experiences is the only way forward.

In 2014, the William’s Institute conducted an anonymous telephone survey of 786 youth between the ages of 12-21 involved in Los Angeles (LA) County’s Department of Children and Family Services (DCFS), in which they found that 19% of respondents identified as LGBTQ, which is twice as high as national estimates of the general population of LGBTQ youth (Wilson et al., 2014). Another study examined data from the California Healthy Kids Survey between 2013 and 2015 and found that 30.4% of those who noted foster care involvement

also identified as LGBTQ (Baams et al., 2019). More recently, a study out of New York found that 34.1% of foster youth in their study identified as LGBTQAI⁷ (Sandfort, 2020). Given that there are over 400,000 children in foster care in the United States every year (Human Rights Campaign, 2018; Child Welfare Gateway, 2019), the possibility that 19–30% identify as LGBTQ demands policy and practice changes, as well as the reallocation of resources that meet the specific needs of this population. Further, it demands the question, “Why is there such a large population of LGTBQ youth in foster care to begin with?”

Recently, research examining what LGBTQ+ youth experience in the child welfare system has shed light on certain disparities and conditions that are impeding their access to permanency, well-being, and stability. The Los Angeles Foster Youth Survey (LAFYS) found that youth were twice as likely to report mistreatment while in foster care, twice as likely to be placed in congregate care, and three times as likely to be hospitalized for emotional reasons (Wilson et al., 2014). Likewise, the recent study out of NYC had similar findings around higher congregate care placements and poor treatment by systems of care (Sandfort, 2020).

Another study, which specifically examined the experiences of transgender and gender diverse youth in LA’s foster care system, found that they experienced increased placement disruptions, mistreatment by their social work staff, and barriers to accessing gender-affirming medical care (Mountz et al., 2018). Further, several studies indicate that youth of color are overrepresented among LGBTQ+ youth foster care (Sandfort, 2020; Wilson et al., 2014; Detlaff et al., 2018). In addition to their disproportionate numbers in foster care, studies suggest the LGBTQ youth are more likely to experience depression, anxiety, low self-esteem, and higher risks to suicide, substance use, and risk of sexually transmitted infection (Nourie & Harris, 2016; Ryan et al., 2010).

There is also literature showing that LGBTQ+ youth are overrepresented in the juvenile justice system and are experiencing homelessness at higher rates than their heterosexual and cisgender peers (Mountz et al., 2018; Forge et al., 2018; Maccio & Ferguson, 2016; Baams et al., 2018). A study by Macio and Ferguson (2016) used survey data collected from 19 runaway and homeless youth agencies to predict that 20–40% of all runaway and homeless youth identify as LGBTQ+. For LGBTQ+ youth, the absence of family support and the lack of an affirming home contributes to the overrepresentation in homelessness and unstable housing (Macio & Ferguson, 2016; Mountz et al., 2018; Choi et al., 2015). Studies also show that LGBTQ youth of color are overrepresented among LGBTQ+ youth experiencing homelessness (Forge et al., 2018; Choi et al., 2015). These youth are also overrepresented in juvenile detention facilities. An analysis of 1,400 surveys from youth in juvenile detention centers showed that 20% of respondents identified as LGBTQ (Irvine & Canfield, 2016). This overrepresentation is in part

⁷ The “A” in LGBTQAI stands for asexual and the “I” stands for intersex. For more information on terms, please visit <https://qiclgbtq2s.org/about-the-qic/qic-materials/>.

due to unstable housing, which can lead to the use of the street economy (e.g., sex work or selling illegal substances) to meet basic needs (Mountz, 2018).

Measuring SOGIE in Child Welfare

The 2014 William’s Institute study found that 1 in 5 youth identified as LGBTQ (Wilson et al., 2014). They also reported harassment due to their SOGIE, higher emotional distress, less stability, and more frequent placements in group homes. Having a report that documented the disparities LGBTQ youth faced in care enabled LA County to proceed with strategic plans to support their workforce, offer programs, and continue necessary evaluation to improve the conditions. Though this report was considered groundbreaking by many, some theorized that the high number of LGBTQ youth was influenced by the geographical location of the study. Since then, many advocates for increased data collection have hoped to replicate the LAFYS in other geographical areas to provide further insight and comparison.

National Quality Improvement Center

The National Quality Improvement Center on Tailored Services, Placement Stability, and Permanency for LGBTQ2S Children and Youth in Foster Care (QIC-LGBTQ2S) is a project led by the Institute for Innovation and Implementation at the University of Maryland School of Social Work (The Institute). The Children’s Bureau funded The Institute in 2016 to design, implement, and evaluate evidence-informed programs for LGBTQ and Two Spirit children



and youth in foster care. The Institute selected four child welfare agencies as local implementation sites (LIS) to help implement and evaluate promising models in practice settings. Cuyahoga County, Ohio, one of the selected LIS, was interested in designing and implementing methods to collect SOGIE data. Identifying methods of identification were part of the application process to become a LIS with the QIC-LGBTQ2S because data collection was and is essential in improving sample size, utilization of interventions, and noting improvements in this population over time. The LIS had made informal attempts to gather

this information with limited success. The Institute and the LIS decided it would be valuable to replicate the LAFYS to help determine the proportion of youth in Cuyahoga County that identified as having diverse SOGIE, to get better insight into their experiences in care, and identify conditions that could be affecting their permanency, stability, and well-being.

METHODS

Theoretical Framework

Three theoretical frameworks have informed this study: Intersectionality, queer theory, and minority stress theory. The term intersectionality was created by Kimberlé Crenshaw to describe the unique “intersections” of discrimination that Black women faced and still face today. Crenshaw argued that Black women could experience sexism and racism at the same time and differently than how White women experienced sexism and how Black men experienced racism (Crenshaw, 1989). These unique experiences caused by the intersection of



multiple identities is well-documented in the literature that describes the disparities in wages, employment, and housing that Black women experience compared to their White female and Black male counterparts (Fisher & Houseworth, 2017). Intersectionality also applies to LGBTQ identities. A Black lesbian will likely experience discrimination on the basis of color, gender, and sexual orientation in different ways than a White lesbian

counterpart. The concept of unique experiences given a multitude of intersecting identities influenced the way data was collected, analyzed, and reported for this study.

Queer Theory argues that there is no binary of gender or sexuality and that the idea of binary gender and sexualities are heteronormative social constructions (Carr et al., 2015). This theory validates the normalization of diverse sexual orientations, gender identities, and gender expressions. Further, Queer Theory provides explanation for ongoing changes in language and expressions over time and across cultures.

Lastly, this study is informed by Meyer’s Minority Stress Theory (MST). Meyer defined MST as “the excess stress to which individuals from stigmatized social categories are exposed as a result of their social, often a minority, position” (Meyer, 2003, p. 3). Young people in foster care are frequently experiencing a multitude of stressors relating to trauma, separation from family, or socioeconomic background. If a young person is also experiencing stress related to a marginalized identity, such as race, diverse sexual orientation, and/or gender identity, that young person is more likely to exhibit higher rates of stress-related physical and mental health outcomes (Alessi, 2013).

Instrument Development

The Institute adapted the questionnaire used in the 2014 Los Angeles Foster Youth Survey⁸ (LAFYS; Wilson et al., 2014). The Institute made modifications to the survey under consultation of Youth MOVE National, Williams Institute, Cuyahoga County DCFS, and surveyors. Modifications included lessons learned from the LAFYS, updating terminology, and refining questions to be better understood by participants. The final survey covered basic demographic questions, including questions about the participant’s SOGIE. Further questions examined their physical and emotional health, as well as their experiences in the foster care system, in schools, and in the larger community. Four additional questions were added to the survey at the request of Cuyahoga County DCFS leadership. The additional questions covered



frequency of sibling visitations, substance use, and reports of assaults by other youth in the past year. An item on homelessness was also added to the survey from the U.S. Transgender Survey (James et al., 2016).

The SOGIE items on the survey included questions about self-reported sexual orientation, gender identity, sex assigned at birth, and experiences of attraction to boys/men and girls/women. Youth were

also asked whether they identified as transgender. Additionally, to explore gender expression, young people were asked two questions about how masculine and feminine they perceived themselves to be on a one (1) to nine (9) scale.

While the survey instrument gathered information on self-reported masculinity and femininity, it did not directly ask youth whether they identified as having a diverse gender expression. Consequently, rather than setting a cut-point for defining diverse gender expression on the masculinity and femininity scales, this study did not include gender expression in the definition of diverse SOGI. While data on gender expression in the sample is described, it primarily focuses on diverse sexual orientations and gender identities (SOGI) in this study rather than diverse sexual orientations, gender identities, and gender expression (SOGIE).⁹ While this study focuses on diverse SOGI, gender expression remains important in young people’s experiences of bias and discrimination, particularly those of LGBTQ+ young people.

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⁹ As a result, SOGI and SOGIE are used intentionally throughout this report. SOGIE is used to refer to sexual orientation, gender identity, and gender expression. SOGI refers solely to sexual orientation and gender identity.

Eligibility

Youth were eligible to participate in the survey if they: 1) Were between the ages of 12–21, 2) had an open child protective services case in Cuyahoga County, 3) were in foster care, and 4) and were not in juvenile detention. Cuyahoga County had over 900 youth in their care that met these criteria.

Implementing the Count

The Institute contracted with MAXIMUS Federal (MAXIMUS) to conduct the interviews over the phone. MAXIMUS is a multi-purpose company that works, most frequently, with federal programs to maximize the impact of their services. One way they accomplish this is by providing customized surveys to stakeholders that allow organizations to make data-driven decisions informed by their constituents. The Institute trained MAXIMUS staff to be able to appropriately survey this population and ask the survey questions in a way that would be culturally responsive to participants. The training also included several resources and webinars on LGBTQ+ competency and foster care, as well as coaching sessions where call center staff practiced administering the survey.

Cuyahoga County delivered the contact information for these young people to MAXIMUS through a secure system (a SSTP site). To increase access to the way youth participated in the survey, both an electronic survey distributed via a text invitation and a phone survey conducted by an interviewer were offered. Informational postcards describing the survey and incentives were widely disseminated through mail and by social work staff two weeks prior to data collection. Information on the postcard included a 1-800 number that was established by MAXIMUS. Youth were asked to save the number so they would recognize who was calling them. One week prior to data collection, a text message with information on the study went out to all cell phone numbers. Marketing materials stated that the survey would ask basic questions about participants’ identities and experiences in foster care.

MAXIMUS deactivated the 1-800 number once data collection ended. MAXIMUS attempted to contact each participant a maximum of six times (including through text messages), or until contact had been made and the young person had either completed the survey or declined to participate. If participants called back the 1-800 number, they were directed to a voicemail with information about the survey and given the option to schedule a date and time to be called back. Both versions of the survey took approximately 20 minutes to complete.

To safeguard privacy during the phone survey, participants had the option of saying their answer using the survey language or by stating the answers using the letter or numerical

choices. For example, as the survey was read out loud, participants could answer the questions using “yes/no” or “a,b,c,d” responses. All survey responses were entered directly into a secure database.

Incentives were supplied to the participants through weekly drawings of \$100 gift cards. Additionally, each participant received a \$10 gift card for participating in the survey. Survey incentives were distributed by MAXIMUS via email, text, or through assigned resource managers at the agency. At the end of the survey, LGBTQ+ participants were asked if they were interested in LGBTQ+ services and were informed that if they responded yes, their contact information would be shared with a designated staff member at Cuyahoga County DCFS who would reach out to them.

Sampling Frame

A total of 915 youth were identified as eligible to participate in the study. Of the 915 youth, a valid phone number could not be identified for 68 youth, and residential staff declined to take the call for 30 youth. Therefore, a total of 817 youth were eligible and had a valid working phone number.

Data collection took four weeks. During that time, MAXIMUS sent 1,242 text messages and made 4,179 phone calls for the 817 eligible youth. When data collection was complete, all data was de-identified and sent to The Institute for analysis using a secured file sharing system. After the data was successfully transferred, MAXIMUS deleted all data from their servers.

Purpose

The overall purpose of this study is to assess for the prevalence of youth who identify as having diverse SOGI in a sample of youth in foster care placements in Cuyahoga County. The Institute also assessed if youth with diverse SOGI had different experiences that could affect their permanency, stability, and well-being.

FINDINGS

Response Rates

Of the 817 eligible youth with a valid phone number, a total of 251 youth answered the survey, for a 31% response rate. Of the 251 youth who participated in the survey, 84% (n = 210) participated by phone and 16% (n = 41) participated by text.

SOGI Prevalence

Of the 251 youth who participated in the survey, 32% (n = 81) reported diverse SOGI and 68% (n = 170) did not report diverse SOGI. Diverse SOGI includes all youth who identified as LGBTQ+, indicated same gender attraction, or indicated a gender identity and sex assigned at birth that indicated diverse identity (see Table 1 for details). SOGI survey questions and findings are described in further detail, below under *Examination of Sample Demographics*.

Table 1. Overview of SOGI Characteristics

Diverse SOGI Coding					
Youth who self-identified diverse SO and/or diverse GI			Did not self-identify as LGBTQ+ but responses indicate diverse SOGI		Total Diverse SOGI
LGBQ+	Transgender or Unsure of GI	LGBQ+ & Transgender or Unsure of GI	Attracted to Same Gender	Sex assigned at birth different than gender identity	
48 (59%)	8 (10%)	17 (21%)	7 (9%)	1 (1%)	81 (100%)

Age Groups & Diverse SOGI

Following guidelines set forth by the LAFYS, respondents were grouped by two age groups, 12 to 16 and 17 to 21. These age groups were approved by Cuyahoga County for practical reasons as resources and services vary by age group. Additionally, The Institute wanted to explore experiences for transition age youth, typically defined as youth aged 17–21. The majority of youth respondents were younger (ages 12–16), 67% (n = 167), compared to older youth (17–21), 33% (n = 82). These differences were paralleled in the proportion of young people reporting diverse SOGI in each age group; of the 81 youth with diverse SOGI, 68% (n = 55) were between the ages of 12–16, and 32% (n = 26) were between the ages of 17–21. Approximately one-third of respondents in each age group identified as having diverse

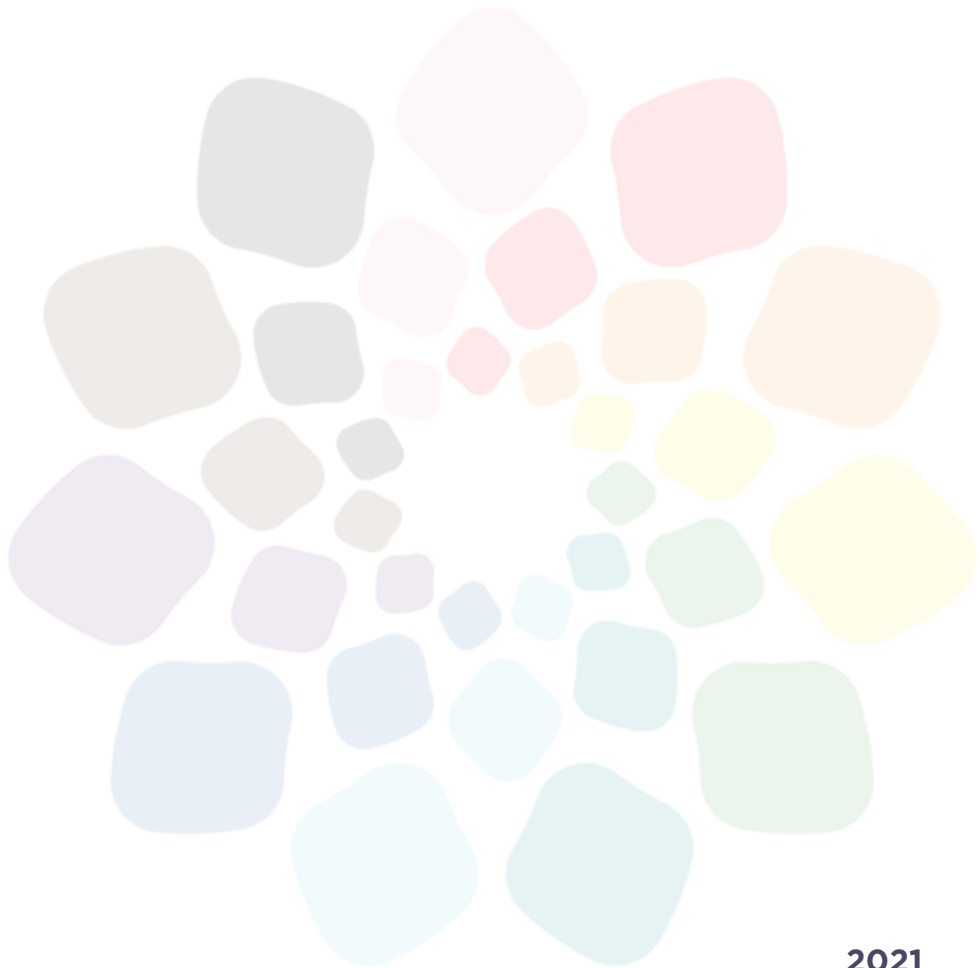
SOGI; however, due to the age distribution of the sample, the majority of youth with diverse SOGI were in the younger age group.

Response Type & Diverse SOGI

Of the 251 youth who participated in the survey, 84% (n = 210) participated by phone and 16% (n = 41) participated by text. There are no notable differences in response type by SOGI diversity [(1) = .391, p = .532].

Table 2. Response Type by SOGI

Response Type	Non-LGBTQ+ Youth (n = 170)	LGBTQ+ Youth (n = 81)	Total (n = 251)
	% (n)	% (n)	% (n)
Text	18% (30)	14% (11)	16% (41)
Phone	82% (140)	86% (70)	84% (210)
Totals	100% (170)	100% (81)	100% (251)

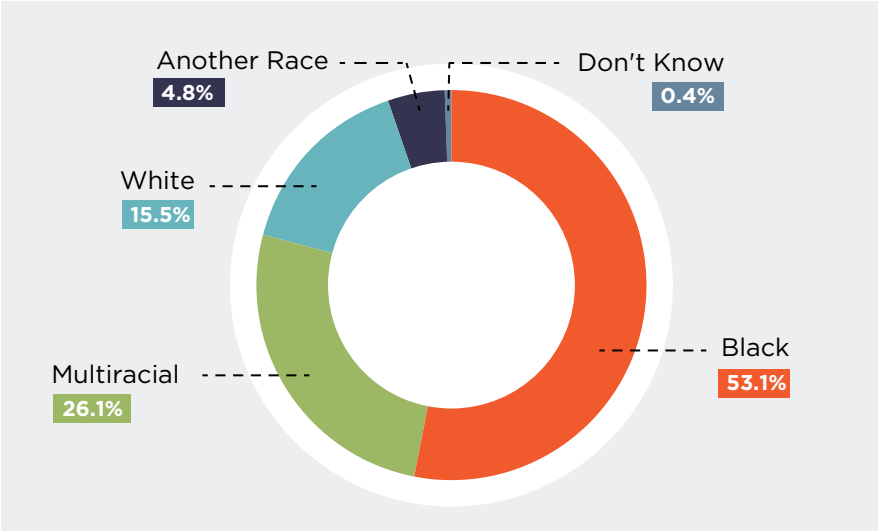


Examination of Sample Demographics

Race/Ethnicity

The majority of the sample was Black/African American (53.1%; see Figure 1). Most of the remaining respondents identified as Multiracial (26.1%) or White (15.5%). The majority of Multiracial young people (76.6%) indicated that one of their racial identities was Black/African American. Nearly three-fourths (73.8%) of all respondents identified as Black/African American, with a subset of these respondents also identifying as Multiracial. Further, approximately 13.7% of respondents identified as Hispanic/Latinx with an additional 9.3% being unsure if they were Hispanic/Latinx.

Fig 1. Race of Participating Young People (n=245)



Gender Identity & Sex Assigned at Birth

Youth were asked about their gender identity, if they identified as transgender, and their sex assigned at birth. Most participating youth identified as boys/men (44.2%) or girls/women (50.6%). A small proportion of youth (3.2%) reported they were not sure of their gender identity¹⁰ (see Figure 2).

All respondents were asked if they identified as transgender. A total of 8.4% of young people reported identifying as transgender (2.4%) or being unsure if they identified as transgender (6.0%; Figure 3). To further explore gender identity, youth were asked to report their sex assigned at birth (Figure 4). To assess for diverse gender identity, this study also cross-referenced the youth’s report of sex assigned at birth and gender identity (Figure 5). For example, youth who reported a sex assigned at birth of male and who identified as girls/women were categorized as having a diverse gender identity.

In total, 10.4% of respondents indicated they may have a diverse gender identity (Figure 6). This includes respondents who identified as transgender, respondents who indicated they were not sure of their gender identity, and those whose responses to the items about gender identity and sex assigned at birth indicated a diverse gender identity.

¹⁰ No young people reported gender identities other than boy/man, girl/woman, or questioning their gender identity.

Fig 2. Gender Identity (n=251)

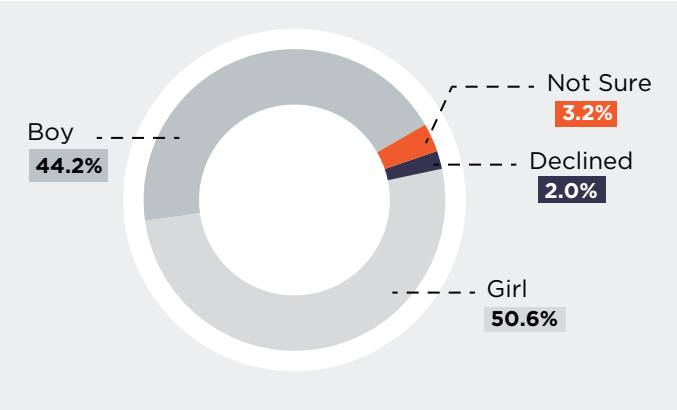


Fig 3. Identified as Transgender (n=251)

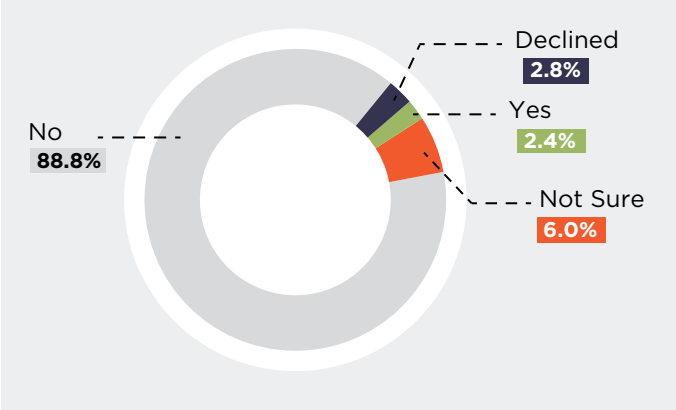


Fig 4. Sex Assigned at Birth (n = 249)

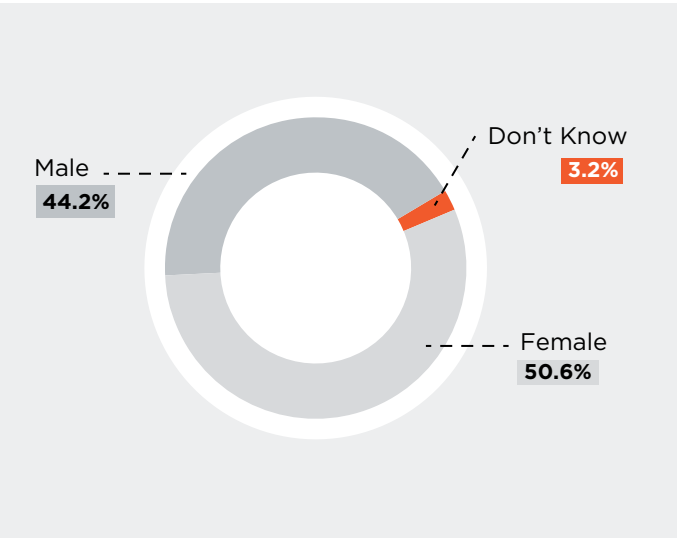


Fig 5. Gender Identity & Sex Assigned at Birth (n = 241)

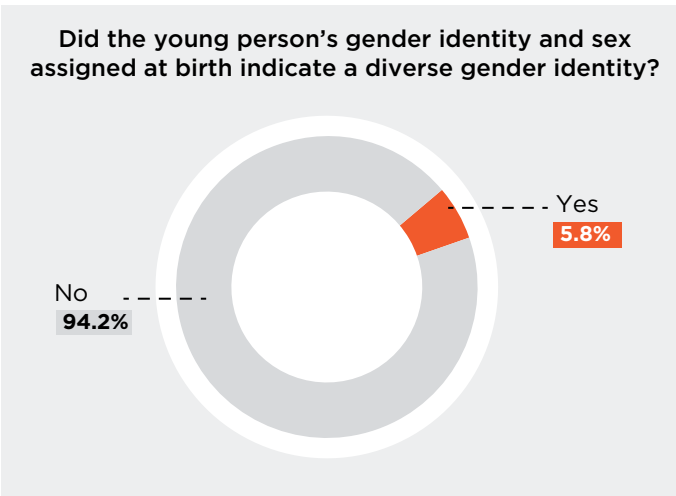
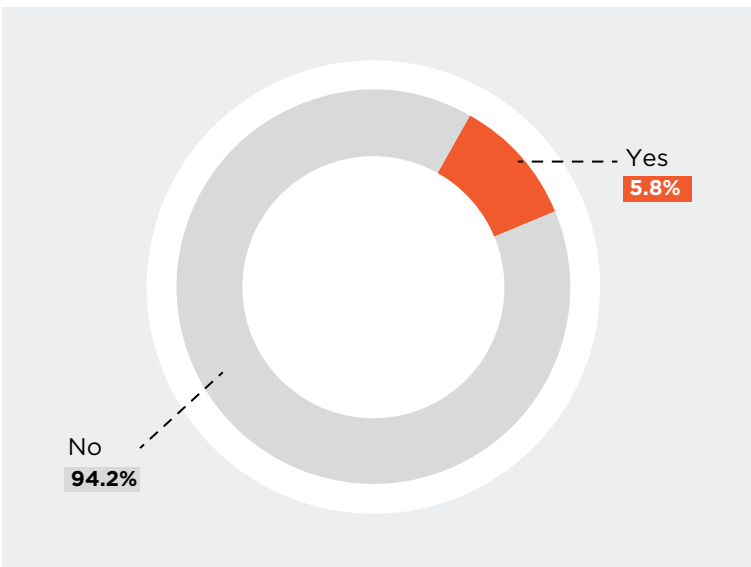


Fig 6. Diverse Gender Identity (GI) (n = 251)



Sexual Orientation & Same Gender Attraction

Diverse sexual orientations (SO) were identified in two ways. First, youth were asked to describe their SO (Figure 7). In response, a total of 25.9% of youth reported a diverse SO. This includes 18.7% of youth who identified as bisexual (17.9%) or pansexual¹¹ (0.8%), 3.2% who identified as gay or lesbian, and 4% who were not sure how they identified (i.e., questioning).

Secondly, participants were separately asked if they were attracted to girls/women and/or boys/men. This study cross-referenced responses with gender identity to identify same gender attraction¹² (Figure 8). A total of 23.7% of boys and girls reported being attracted to, or being unsure whether they were attracted to, people of the same gender. Of this 23.7% of youth, 2.8% did not self-identify as LGBTQ+, but did report being attracted to, or being unsure whether they were attracted to, people of the same gender, and thus this 2.8% of youth were included as having a diverse SO.

Overall SO Findings. In total, 28.7% of respondents reported a diverse SO (Figure 9). Most of these respondents self-identified as having a diverse SO (25.9% of the sample). However, a small number of respondents did not self-identify as lesbian, gay, bisexual, pansexual, or questioning but reported being attracted to, or being unsure whether they were attracted to, people of the same gender and thus were categorized as having a diverse SO (2.8%). Following recommendations from the LAFYS methodology, youth who indicated they were unsure regarding their sexual orientation or unsure if they were attracted to the same gender were coded as diverse SOGI; these responses indicate they are questioning their orientation.

Fig 7. Sexual Orientation (n=251)

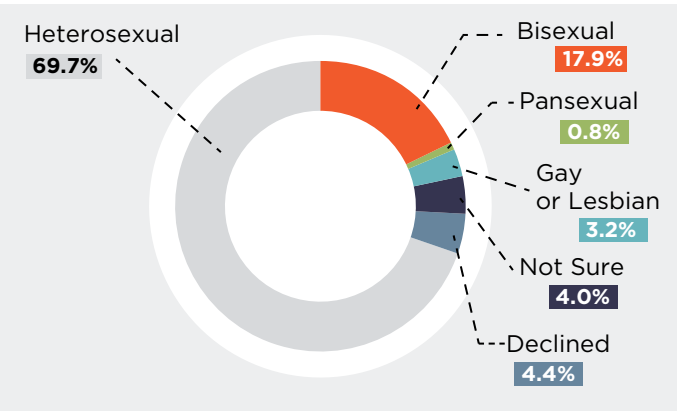
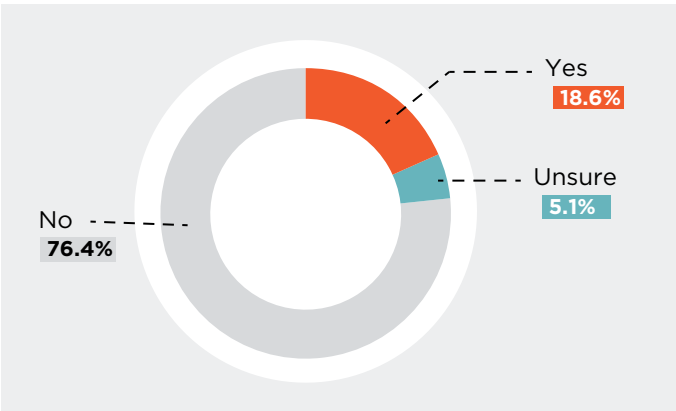


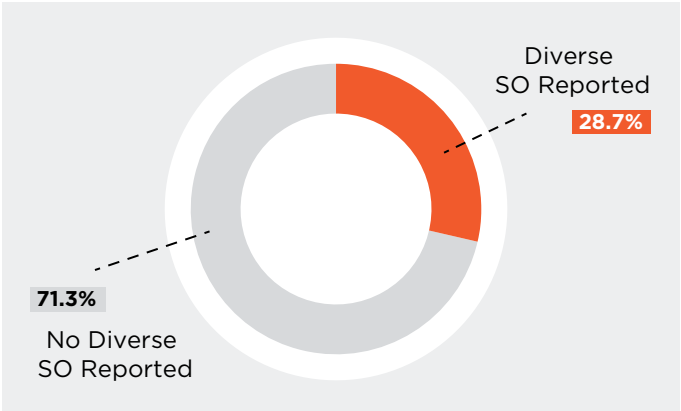
Fig 8. Same Gender Attraction (n = 237)



¹¹ A pansexual option was not included on the survey but was written in by several respondents. The following response options were included on the survey; Straight or Heterosexual, Gay or Lesbian, Bisexual, I am not sure how I identify, I prefer not to answer, & Other. In consultation with LAFYS, the decision was made to minimize the number of response options to avoid confusing respondents who might not be as familiar with LGBTQ+ terminology. However, a write-in option was retained for those who wanted to write in an unlisted sexual orientation. As we did not include a pansexual response option, the number of pansexual youth is likely underestimated.

¹² Youth who were unsure of their gender identity were not included.

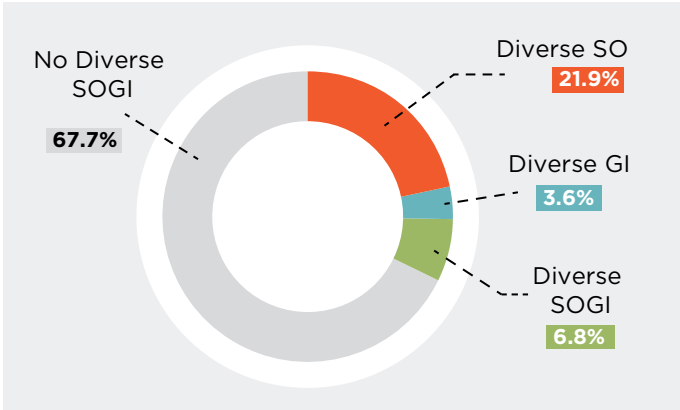
Fig 9. Sexual Orientation (SO) (n = 251)



Diverse SOGI in the Sample

In total, 32.3% of responding young people indicated that they had a diverse sexual orientation or gender identity (See Figure 10). About two-thirds of LGBTQ+ respondents reported being cisgender and having a diverse sexual orientation. The remaining one-third of respondents of LGBTQ+ youth had a diverse gender identity. The majority of these young people also reported a diverse sexual orientation.

Fig 10. Diverse SOGI in the Sample (n = 251)



Gender Expression

Participants were also asked how masculine and how feminine they consider themselves to be. Young people who identified as boys tended to consider themselves more masculine, and young people who identified as girls tended to consider themselves more feminine. Girls and young people with diverse SOGI tended to report more diverse gender expression. The definition of diverse SOGI was limited to diverse gender identities and sexual orientations, thus gender expression variables were not included. However, self-reported masculinity and femininity are indicative of diverse gender expression, which likely also affects SOGI-related disparities.

Current Placement

At the time of the survey, most participating young people were living at a residential campus (32.0%), a foster home (31.6%), or the home of family/kin (22.5%). A smaller subset of young people was living in independent living settings (5.7%) or a group home (7.4%).

Examination of Sample Demographics Against Population

Table 3 details characteristics of the Cuyahoga County DCFS population at the time of the study as well as the characteristics of the sample.

Fig 11. Current Placement Type of Participating Young People (n = 244)

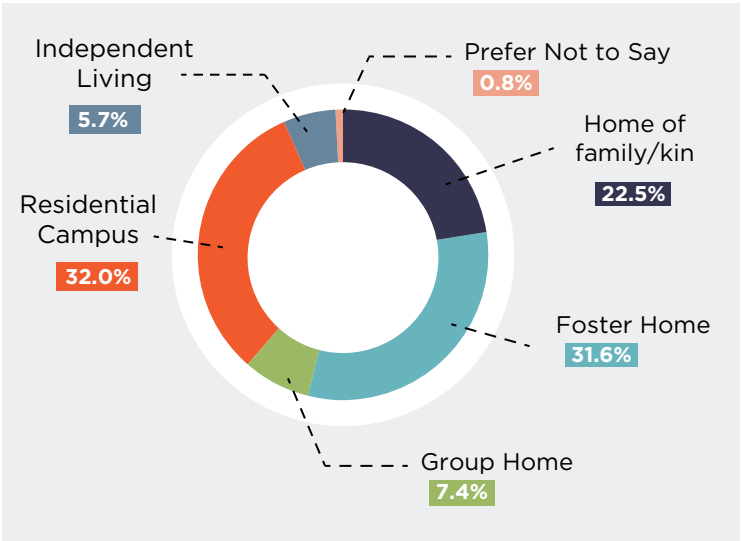


Table 3. Population and Sample Characteristics

Variables	Population % (n)	DCFS CYC Sample % (n)
Age Group		
12 to 16	70.1% (646)	67.1% (167)
17 to 21	29.9% (275)	32.9% (82)
Race		
Black/African American	65.0% (599)	53.3% (130)
Multiracial/Another Race	7.8% (72)	31.1% (76)
White	27.1% (250)	15.6% (38)
Hispanic/Latinx		
No	93.3% (859)	77.0% (191)
Yes	6.5% (60)	13.7% (34)
Unknown	0.2% (2)	9.3% (23)
Sex Assigned at Birth		
Female	54.9% (506)	55.8% (139)
Male	45.1% (415)	42.2% (105)
Don't Know	--	2.0% (5)
Placement Type		
Home of family or kin	25.2% (232)	22.5% (55)
Foster Home	44.8% (413)	31.6% (77)
Residential Campus/Group Home	27.1% (249)	39.4% (96)
Independent Living	2.9% (27)	5.7% (14)
Prefer Not to Say	--	0.8% (2)

as compared to only 7.8% of the population, and 53.3% of youth in this sample identified as Black/African American as compared to 65.0% of the population. Only 15.6% of youth in this sample identified as White as compared to 27.1% of the population.

A higher proportion of this sample also identified as Hispanic/Latinx as compared to all youth in foster care; 13.7% of young people in the sample reporting being Hispanic/Latinx as compared to 6.5% of the population.

Two factors may contribute to these differences: 1) Data for this study was collected directly from participating youth, while administrative data may come from other sources (e.g., a social worker, a family member, etc.) and the youth may identify differently than what is entered into the system by a third party; and 2) although the DCFS data system *can* capture multiple races, DCFS has reported that multiple racial identities are not often selected in practice.

Sex Assigned at Birth. This sample looked similar to the entire DCFS population in terms of sex assigned at birth. Approximately 55–56% of both groups had a sex assigned at birth of female and approximately 42–45% had a sex assigned at birth of male.

Placement Type. Young people living in residential settings were overrepresented in this sample, and young people living in foster homes were underrepresented, as compared to the entire population of young people in care. A total of 39.4% of young people in this sample were living in residential settings as compared to 27.1% of the population. A total of 31.6% of youth in this sample were living in foster homes as compared to 44.8% of the entire Cuyahoga County DCFS population at the time of study. The proportions of young people in other settings were similar in the sample and the entire population.

The overrepresentation of young people in residential settings may be a product of data collection logistics; due to limited access to technology in many residential settings, Cuyahoga County DCFS worked with onsite staff to help coordinate interviews with young people. In comparison, young people in other settings were contacted via text and phone calls directly from interviewers via an 1-800 number. The presence of onsite staff to help coordinate interview in residential settings may have increased response rates in these settings.

Demographics Stratified by Diverse SOGI

Similar proportions of young people identified as LGBTQ+ regardless of age group, race, or ethnicity.

However, young people who reported diverse SOGI were significantly more likely to identify as girls than as boys; 40.2% of girls in the sample reported diverse SOGI as compared to 18.0% of boys (Figure 12).¹³ Thus, while both boys and girls reported diverse SOGI, there was a particularly large number of girls with diverse SOGI in this sample. Young people who reported diverse SOGI were also more likely to report having been assigned female at birth as compared to male (Figure 13)¹⁴ with 45.3% of young people assigned female at birth reporting diverse SOGI.

In addition, while there was not a statistically significant difference in the proportion of young people who identified as LGBTQ+ by race, the majority of the sample, and thus the majority of LGBTQ+ respondents, identified as Black/African American.

Fig 12. SOGI by Gender (n = 238)

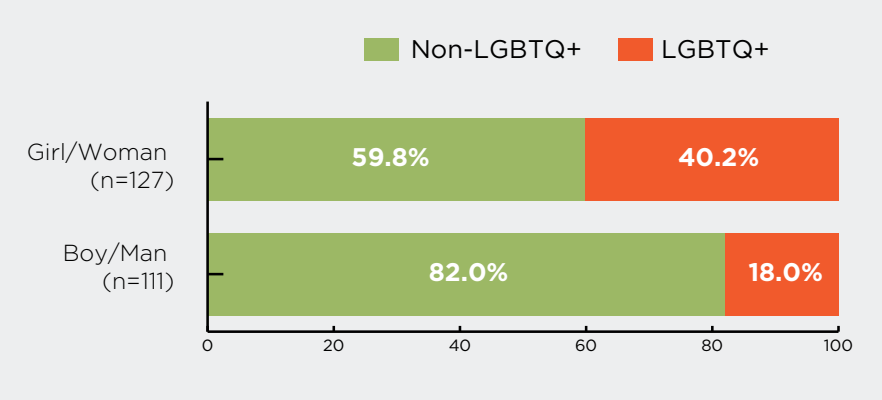
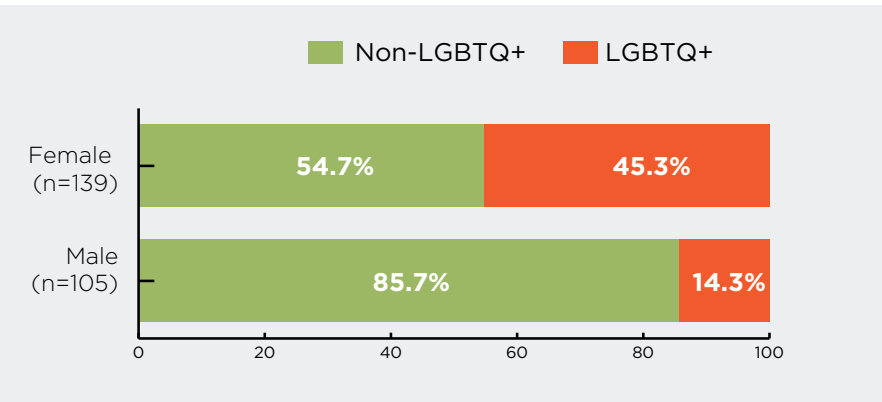


Fig 13. SOGI by Sex Assigned at Birth (n = 244)



13 2(1) = 13.870, p < 0.001. Young people who were unsure of their gender identity were omitted from comparisons due to the small group size (n = 8). No young people reported gender identities other than boy, girl, or being unsure of their gender identity.

14 2(1) = 26.496, p < 0.001. Young people who did not know their sex assigned at birth were omitted due to the small group size (n = 5).

Disparities in Foster Care Experiences

Permanency. Youth were asked to report their number of years in foster care (ever), total number of placements (ever), and total number of placements in the past year. Appendix A details findings for the total sample and statistical analyses for all comparisons. LGBTQ+ youth and non-LGBTQ+ did not statistically differ for their average years in care, total number of lifetime placements, or total number of placements in the past year (Figures 14-16). Youth were also asked to identify their current placement. There was not a statistical difference in current placement between LGBTQ+ youth and non-LGBTQ+ youth (Figure 17).

Fig 14. Average Years in Care (n = 233)

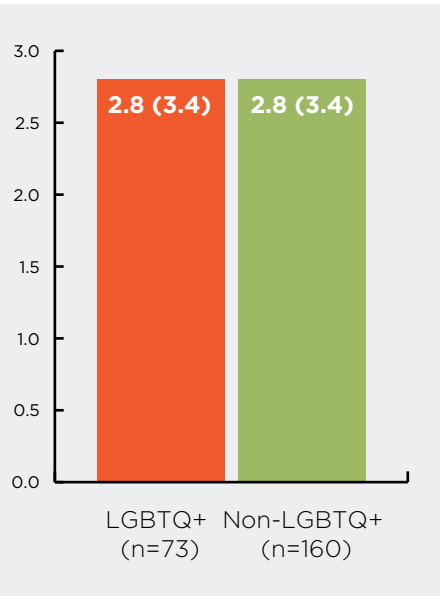


Fig 15. # of Placements in Lifetime (n = 221)

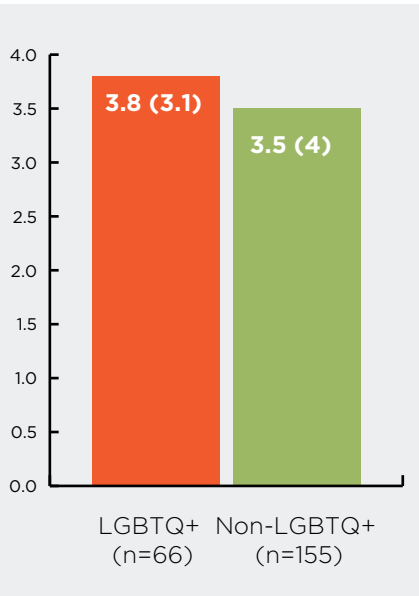


Fig 16. # of Placements in Past Year (n = 205)

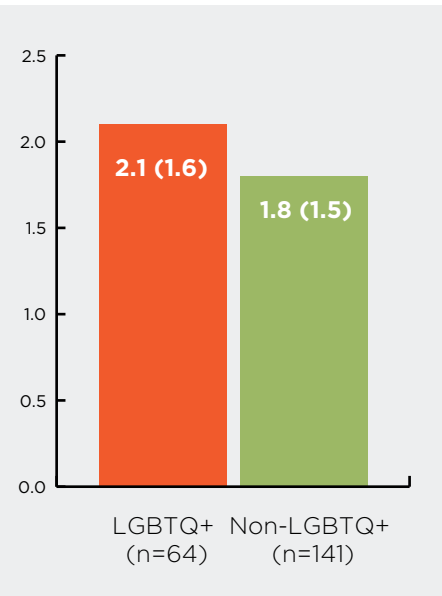
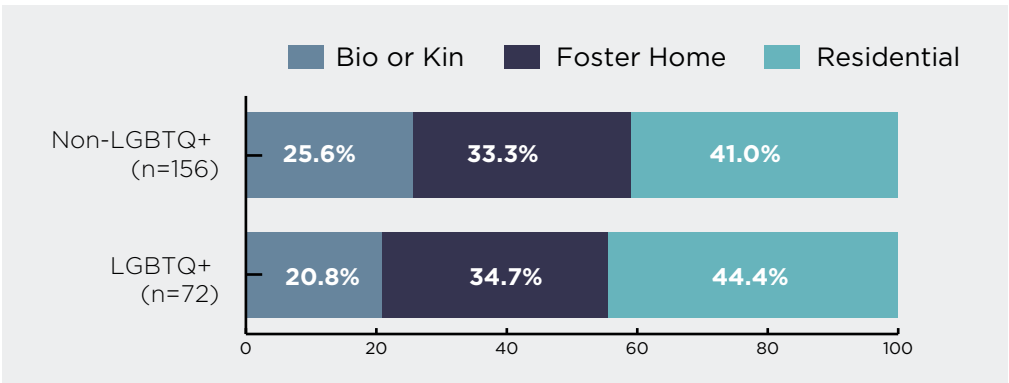


Fig 17. Current Residence Type (n = 228)



General Treatment in Foster Care. Youth were asked, how frequently they could be themselves where they currently live and how well they have been treated by the foster care system in the past year (Figures 18 and 19). There was an association between diverse SOGI and the frequency at which youth felt they could be themselves where they were currently living. LGBTQ+ youth reported being able to be themselves where they currently lived less frequently compared to non-LGBTQ+ youth. There was also an association between diverse SOGI and reports of poor treatment in the foster care system. LGBTQ+ youth reported less positive treatment when compared to non-LGBTQ+ youth. See Appendix B for details of the statistical analysis.

Fig 18. Perceived Treatment by Foster Care System by SOGI (n = 218)

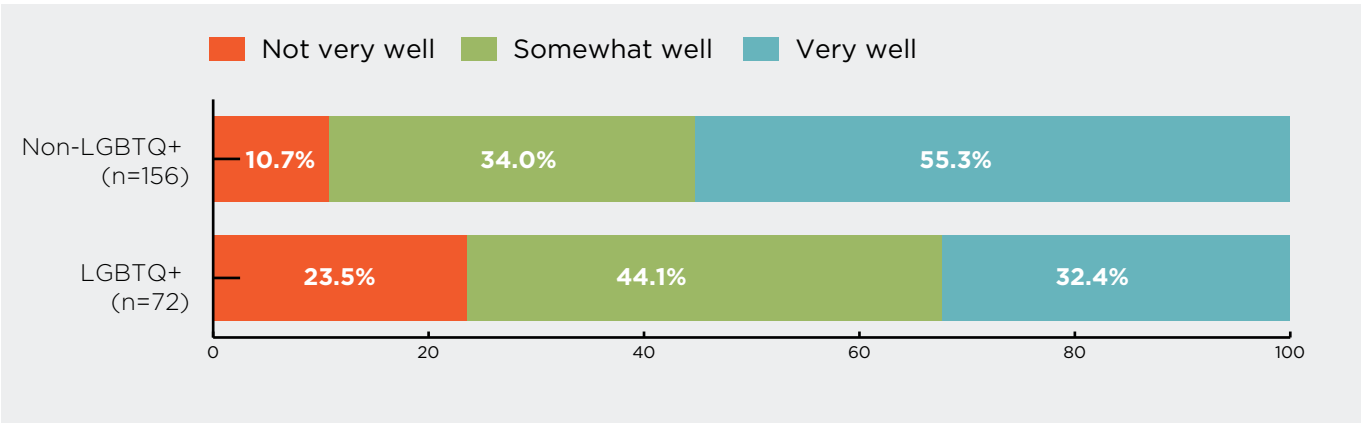
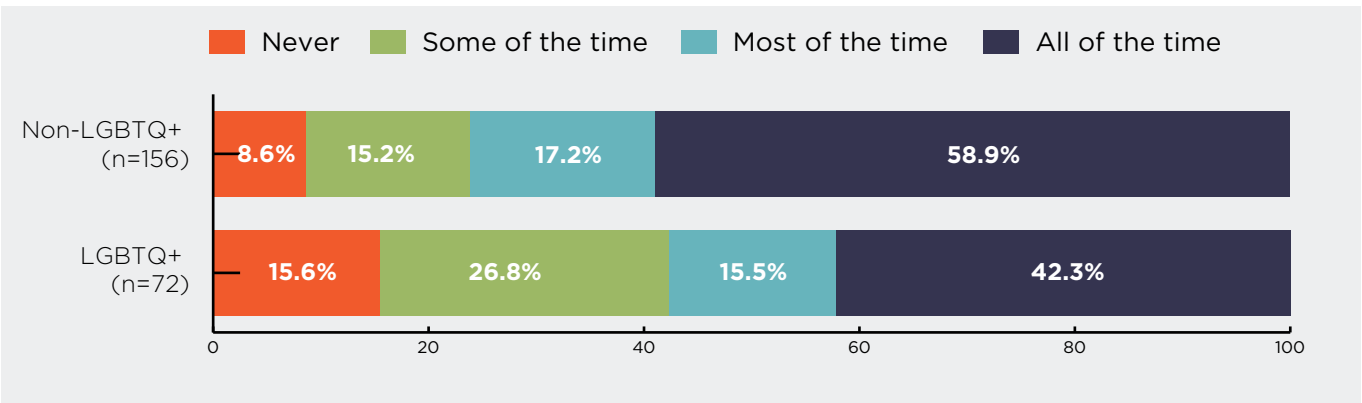


Fig 19. Frequency at Which Youth Can Be Themselves by SOGI (n = 222)

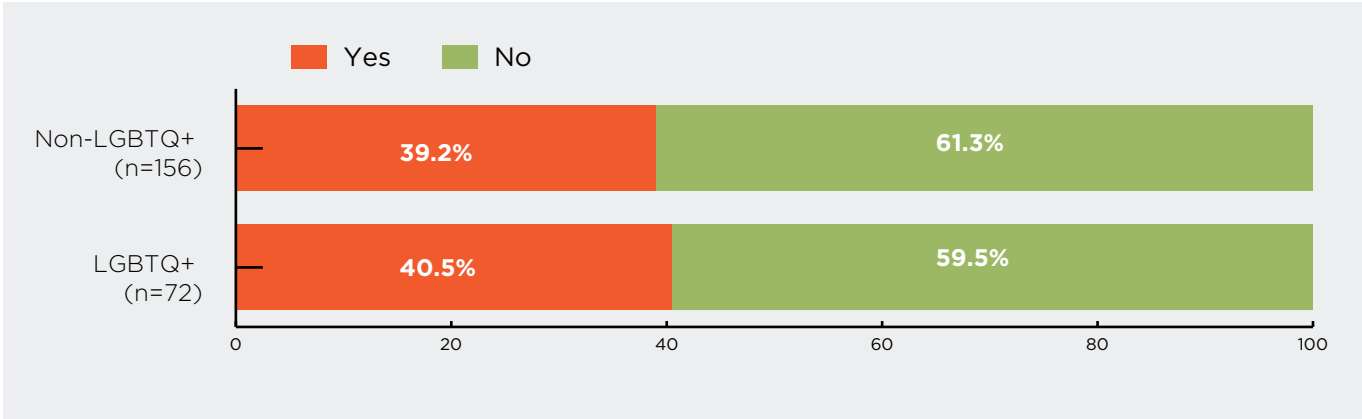


Disparities by SOGI for General Experiences

Disparities related to SOGI were examined for the following variables: Ever having been homeless; number of suspensions; ever been hospitalized; reasons for hospitalization¹⁵; any alcohol and drug usage in the past year; and ever having been arrested, on probation, picked up by the police, or ever having been kicked out because someone thought they were LGBTQ+ or too masculine/feminine. See Appendix C for detailed results for statistical analyses. For the general experiences variables, **there was only one statistically significant difference between LGBTQ+ youth and non-LGBTQ+ youth: Reasons why youth were hospitalized.** More LGBTQ+ youth were hospitalized for both a physical illness/injury and emotional reasons compared to non-LGBTQ+ youth, who were hospitalized for physical illness/injury only.

There was no statistically significant difference between the remaining variables; however, there were some noted trends. There was no difference between LGBTQ+ youth and non-LGBTQ+ youth for experiences with homelessness and suspensions. There was also no significant difference between the groups regarding if the youth had ever been hospitalized. There was no statistically significant difference for both alcohol and drug usage between young people LGBTQ+ youth and non-LGBTQ+ youth. However, more LGBTQ+ youth drank (any amount) and used drugs (any amount) when compared to non-LGBTQ+ youth. There was no statistical difference in having been arrested, on probation, or picked up by the police by SOGI. However, more LGBTQ+ youth reported these experiences than non-LGBTQ+ youth. LGBTQ+ youth and non-LGBTQ+ youth did not significantly differ in reports of ever having been kicked out because someone thought they were LGBTQ+ or too masculine/feminine. However, a slightly higher percentage of LGBTQ+ (11.5%) reported such experiences as compared to non-LGBTQ+ youth (7.8%); this difference was not statistically significant. Figures 20 to 27 are visual depictions of findings for disparities for general experiences.

Fig 20. Experience of Ever Having Been Homeless (n=237)



15 Reasons for hospitalization were only asked to those youth who indicated 'yes' they had been hospitalized.

Fig 21. Number of Suspensions in the Past Year (n = 247)

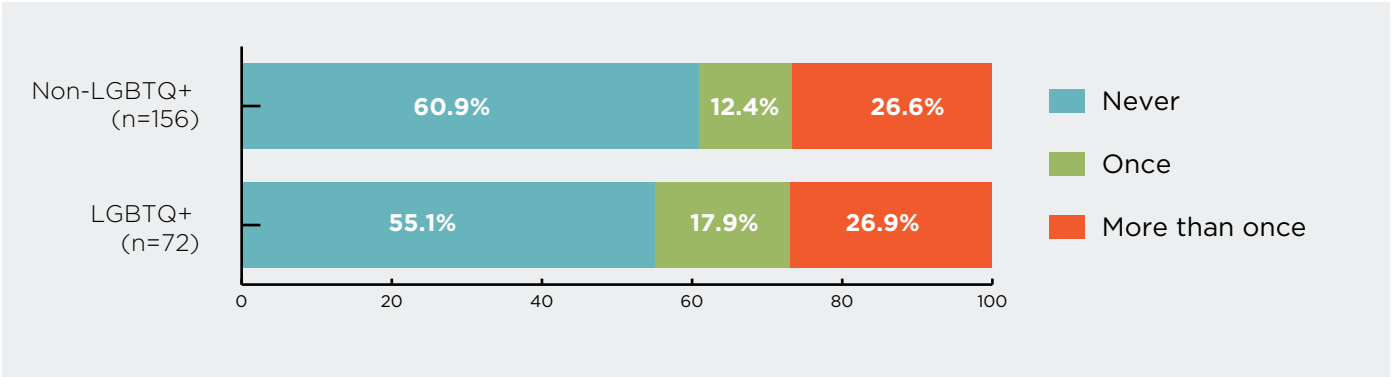


Fig 22. Ever Been Hospitalized (n = 230)

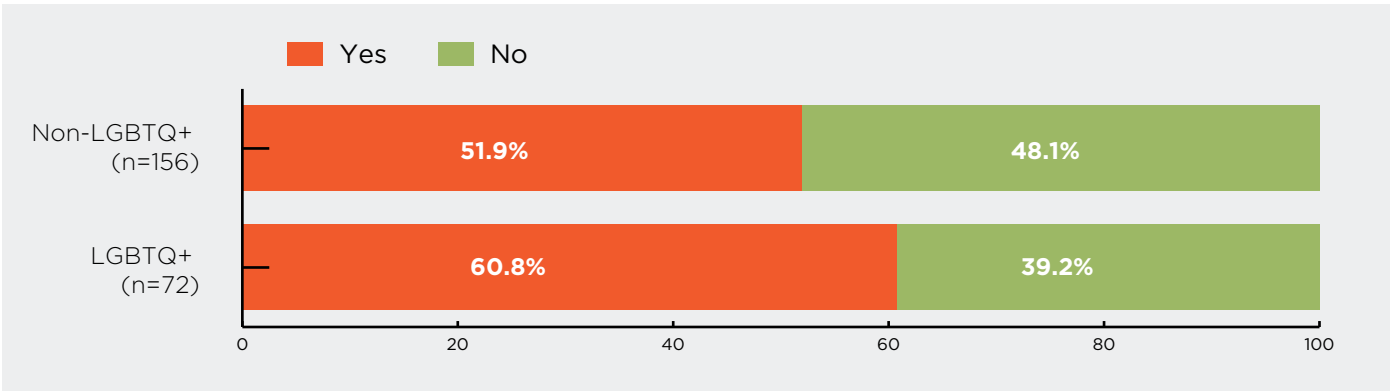


Fig 23. Reasons for Hospitalization (n = 92)

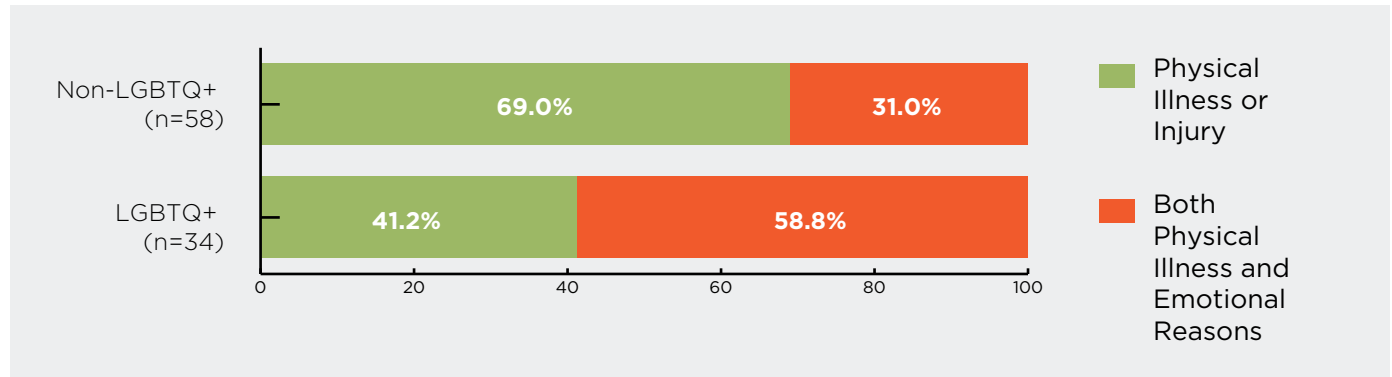


Fig 24. Alcohol Consumption (n = 248)

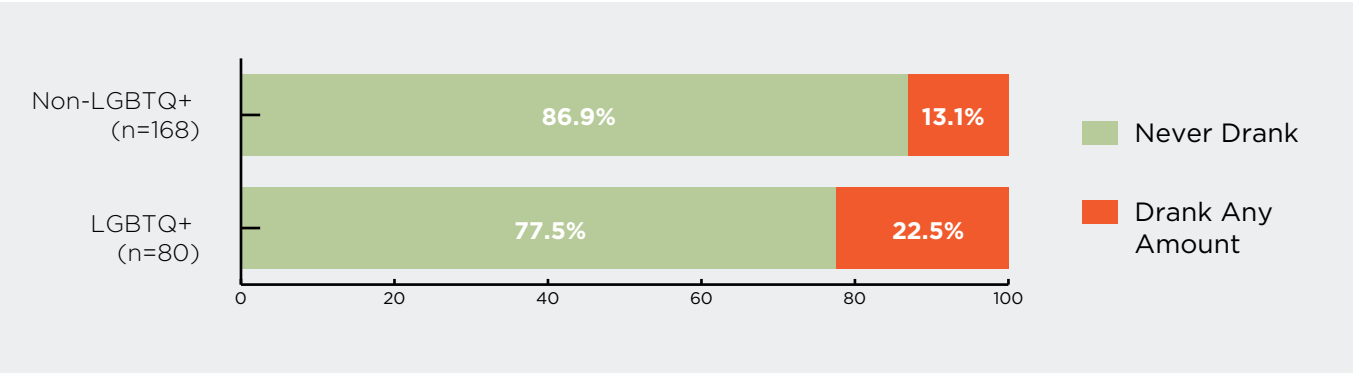


Fig 25. Drug Use (n = 248)

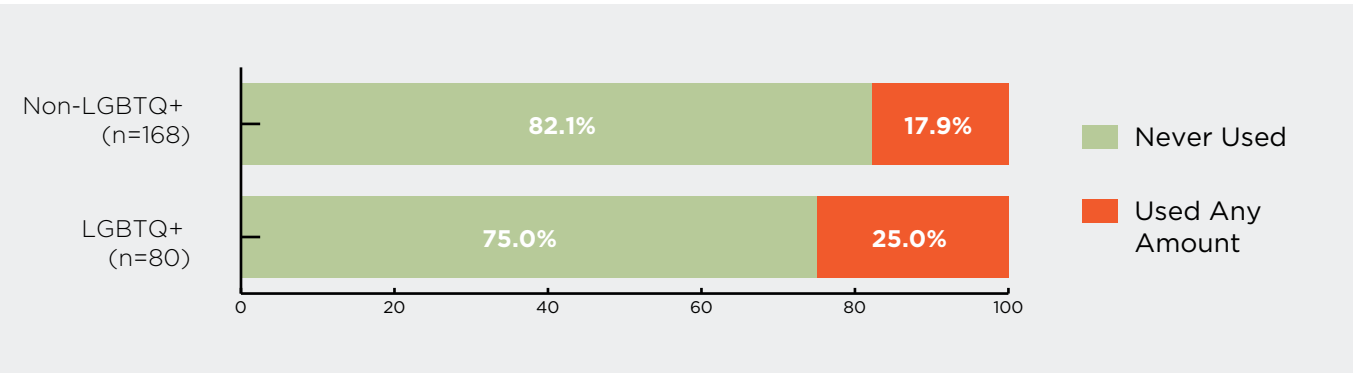


Fig 26. Ever Arrested, On Probation, or Picked Up by the Police (n = 248)

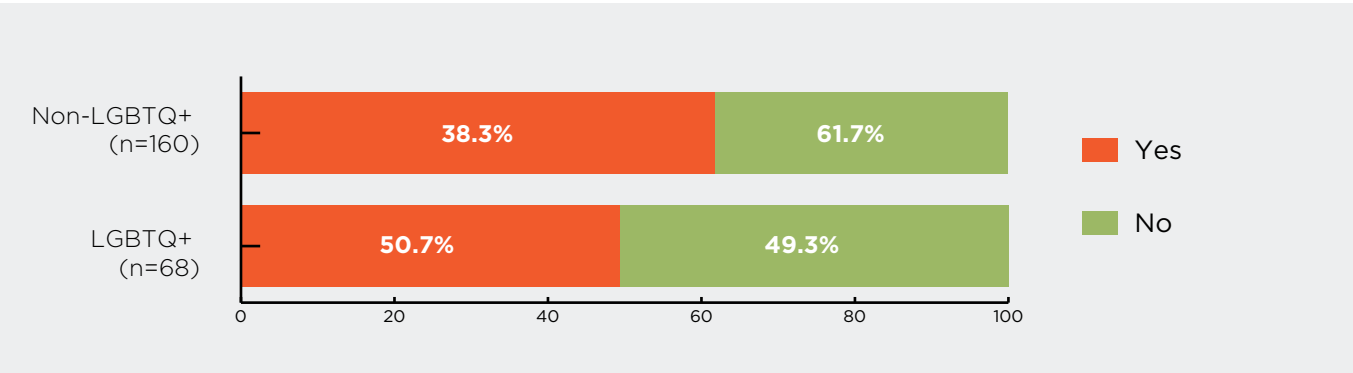
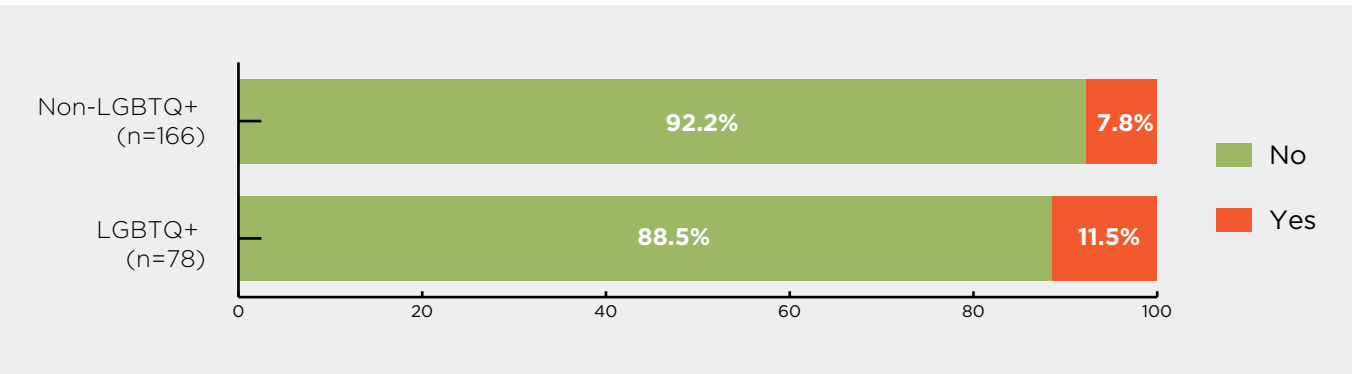


Fig 27. Ever kicked out because someone thought they were LGBTQ+ or too masculine/feminine (n = 244)

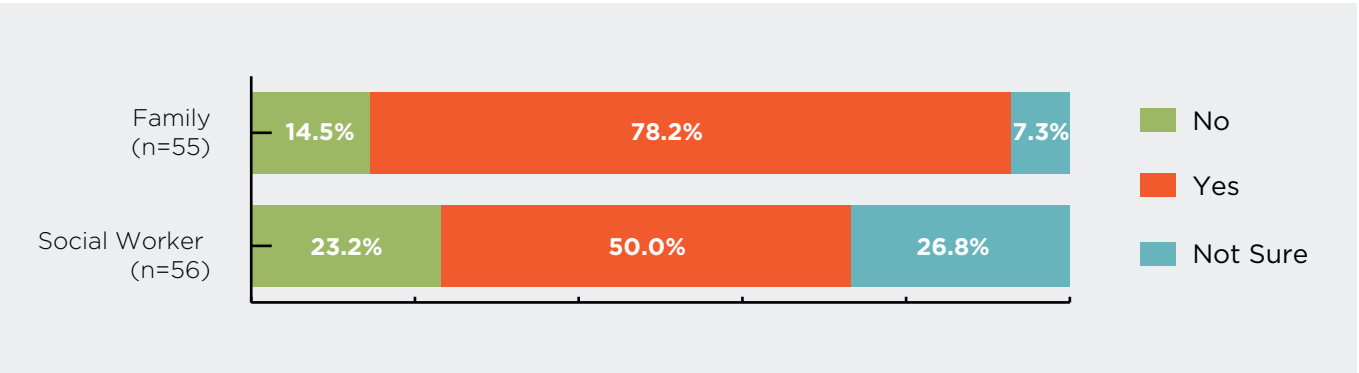


Disclosure of LGBTQ+ Identities

Young people who reported identifying as lesbian, gay, bisexual, or as another sexual orientation other than heterosexual (LGB+) were asked whether their family and their social worker knew about their sexual orientation (Figure 28).¹⁶ Over three-fourths of LGB+ respondents reported that their family knew about their sexual orientation with the remainder being unsure (7.3%) or indicating that their family did not know (14.5%). Half of LGB+ youth reported that their social worker knew about their sexual orientation with the remainder indicating their social worker did not know (23.2%) or that they were unsure whether their social worker knew (26.8%).

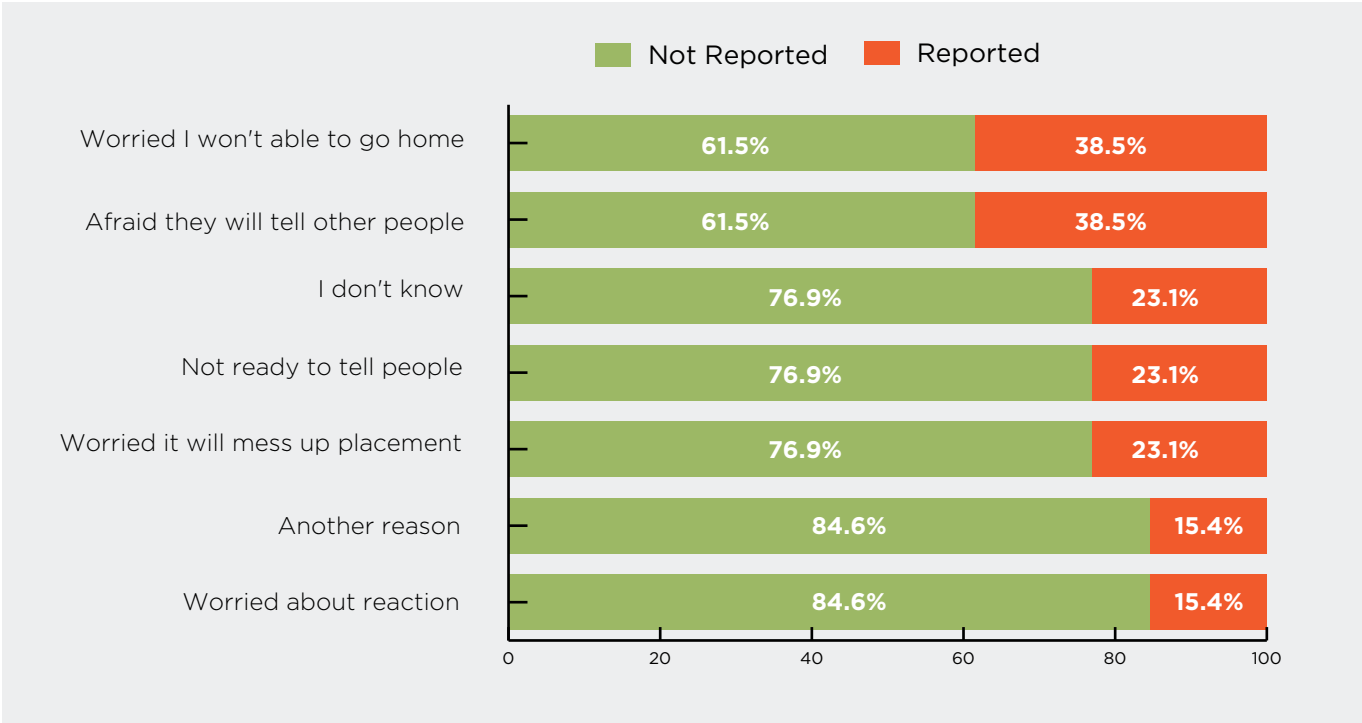
Youth who reported that their social worker did not know about their sexual orientation were asked why they had not told their social worker. A list of response options was shown, and youth were asked to check all that apply and add any reasons that were missing. Frequencies of responses to these items are shown below in Figure 29. While frequencies are described, it is important to note that *only* LGB+ youth who reported that their social worker did not know that they were LGB+ were shown this question (n = 13). The most reported reasons were being worried about their social worker’s reaction or another unlisted reason (e.g., their social worker hasn’t asked, they don’t think their social worker needs to know, they are not close to their social worker), which were reported by about a third of respondents.

Fig 28. Does your family/social worker know that you are LGB+?



¹⁶ Youth who were unsure of their sexual orientation or who reported same gender attraction but did not self-identify as LGB+ were not shown these items.

Fig 29. Why haven't you told your social worker that you are LGB+? (n = 13)



Young people who identified as transgender or who reported a gender identity other than girl/woman, boy/man, or questioning were asked whether their family and social worker knew about their gender identity. Due to the small number of youth who met the criteria to be shown this question and who responded (n = 6), results were omitted from this report.

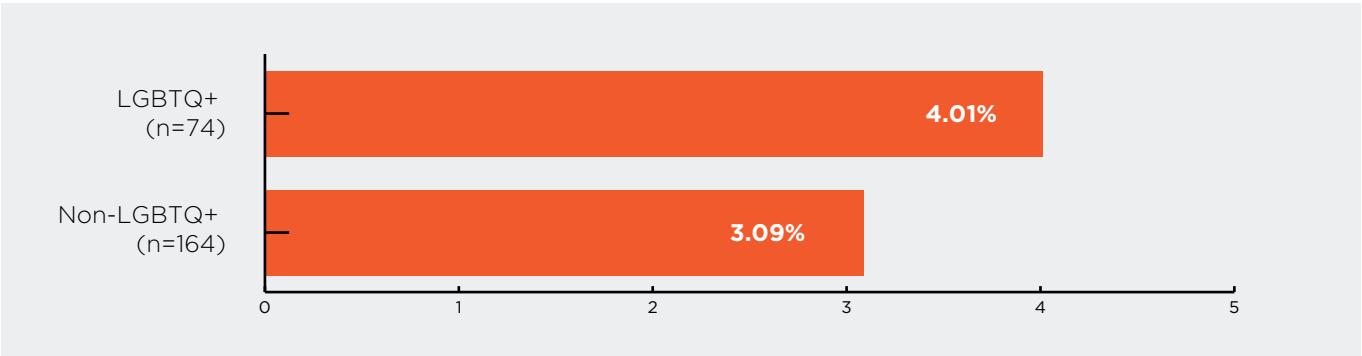
Adverse and Discriminatory Experiences

Occurrence of Adverse or Discriminatory Experiences

Young people were asked if they experienced a series of different experiences of everyday discrimination in the past year, including: Whether they had been treated with less respect, treated as if they were not smart, others acting as if they were better than them, others acting afraid of them, others acting as if they were dishonest, and others insulting them. A seventh item was added by Cuyahoga County DCFS about whether the young person had been assaulted by other youth in the past year. Responses were dichotomized and summed to calculate a total number of types of adverse or discriminatory experiences reported in the past year.

LGBTQ+ young people reported **a greater number of types of adverse or discriminatory experiences in the past year** than non-LGBTQ+ youth (Figure 30).¹⁷ At the item-level, a larger proportion of LGBTQ+ youth reported each type of adverse or discriminatory experience than non-LGBTQ+ young people; these differences reached statistical significance on the items related to being treated with less respect, being treated as if they are not smart, and being insulted or called names (Figure 31).¹⁸

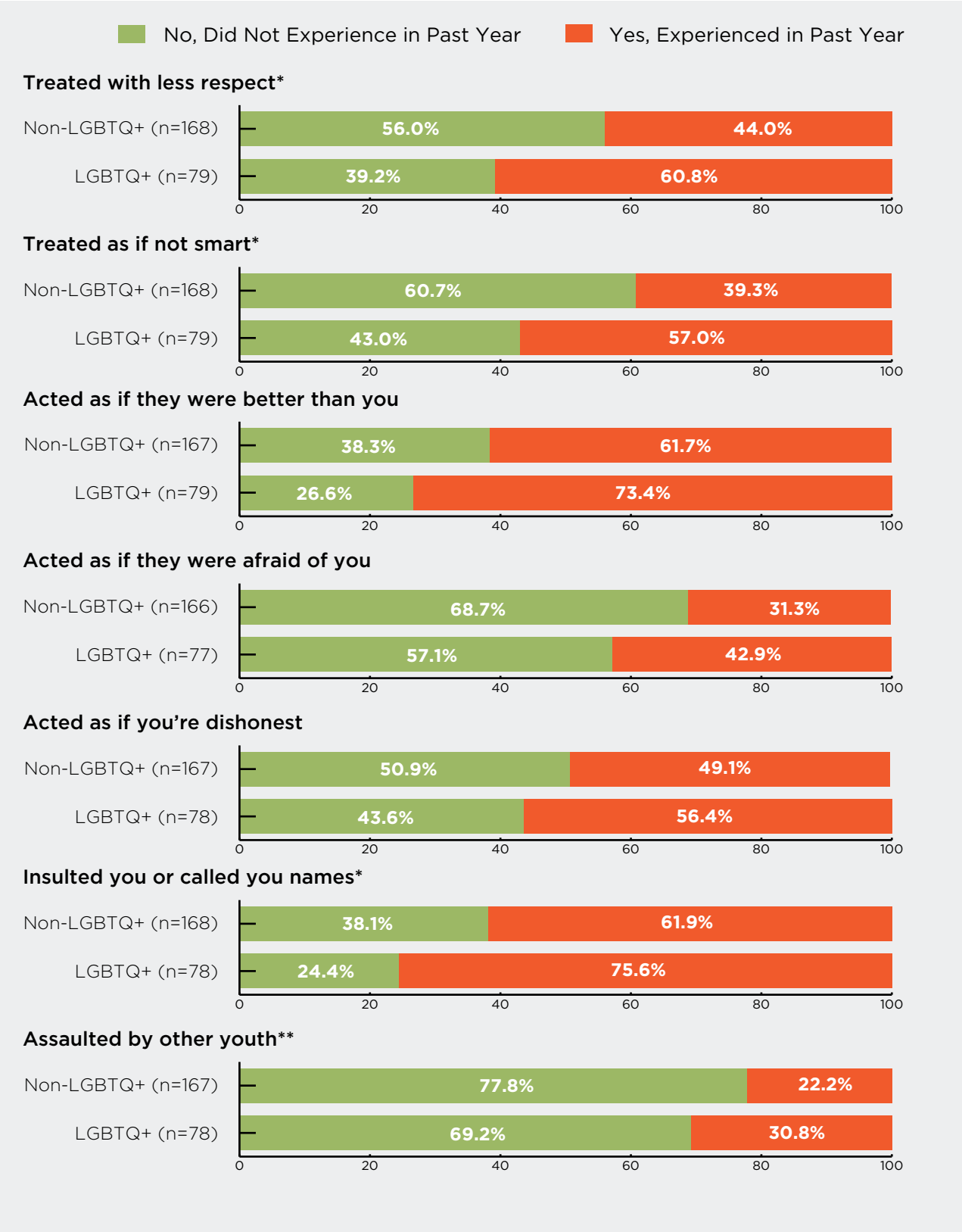
Fig 30. Number of Types of Adverse or Discriminatory Experiences in the Past Year (n = 238)



17 t(236) = -3.131, p = 0.002. Young people with diverse SOGI reported experiencing about 4.01 types of negative experiences in the past year on average while young people without diverse SOGI reported 3.09.

18 Respectively: 2(1, n = 247) = 6.004, p = 0.014; 2(1, n = 247) = 6.785, p = 0.009; 2(1, n = 246) = 4.496, p = 0.034.

Fig 31. Adverse or Discriminatory Experiences in the Past Year (Item-Level)



* The difference between young people who did and did not report diverse SOGI was statistically significant at $p < 0.05$.

** This item was added by Cuyahoga County DCFS.

Places Where Adverse or Discriminatory Experiences Occurred

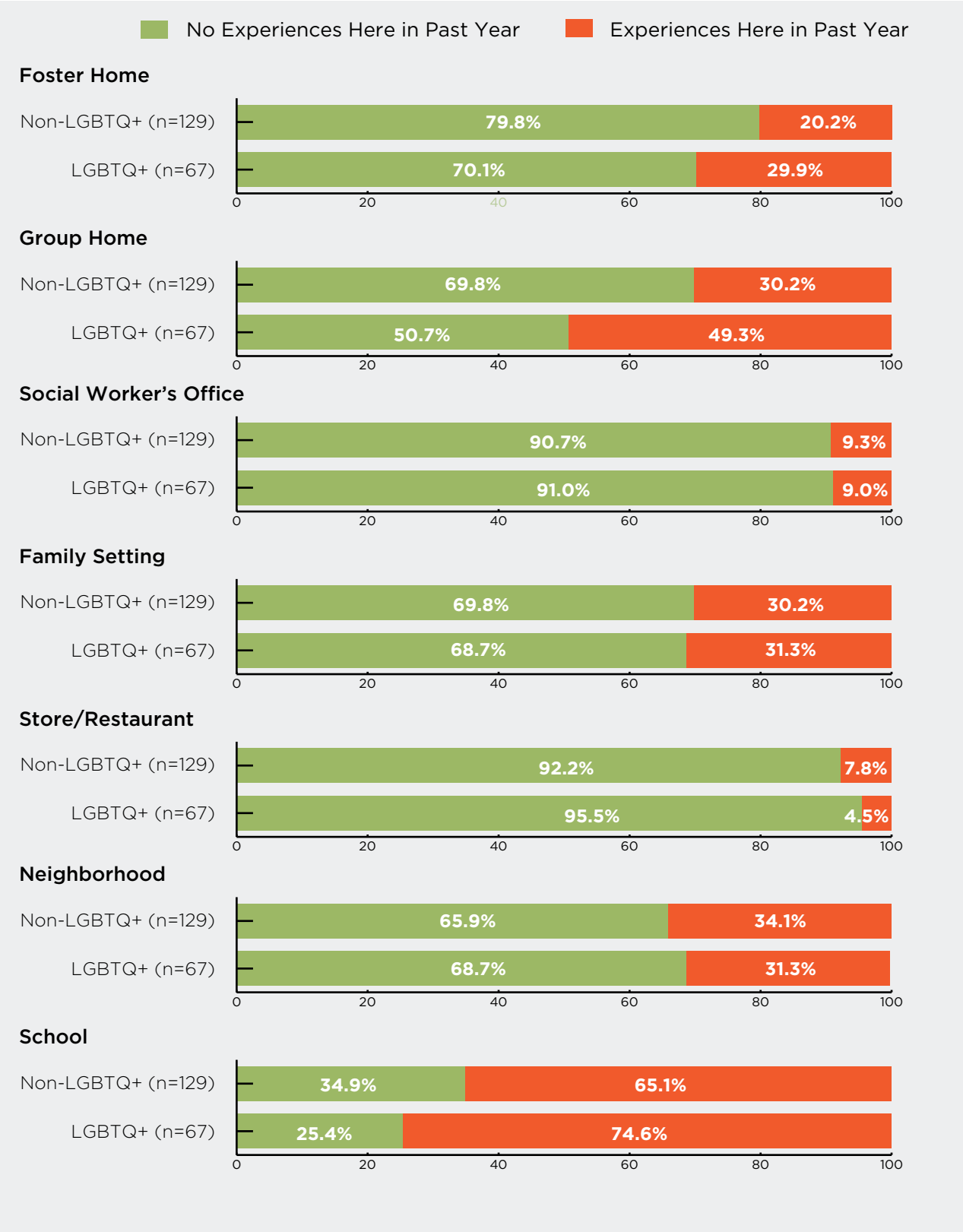
Young people who reported any adverse or discriminatory experiences were asked where these experiences had occurred (in a foster home, a group home, a social worker’s office, a family setting, a store/restaurant, their neighborhood, their school, or another place). Among those who reported any adverse experiences in the past year, LGBTQ+ young people were more likely to report such experiences in group homes than non-LGBTQ+ young people, a statistically significant difference; nearly half (49.3%, 33 of 67) of LGBTQ+ young people who reported adverse experiences indicated that some of these experiences occurred in group homes as compared to about a third (30.2%, 39 of 129) of non-LGBTQ+ young people.¹⁹ Differences did not reach statistical significance for any other locations. However, while differences did not reach statistical significance, larger proportions of LGBTQ+ youth reported adverse or discriminatory experiences in foster homes and schools.

Regardless of SOGI, young people tended to report the most negative experiences at school. Sizeable percentages of young people also had negative experiences at group homes, foster homes, family homes, and in their neighborhood.



19 $2(1, n = 196) = 6.865, p = 0.009$.

Fig 32. Places where Adverse or Discriminatory Experiences Occurred (Item-Level)



Adverse or Discriminatory Experiences Related to SOGIE

Young people who reported any adverse or discriminatory experiences in the past year were also asked why they had been treated that way. Specifically, young people were asked whether the adverse and discriminatory experiences they experienced in the past year were a product of racism, sexism, anti-LGBTQ+ bias, or other forms of discrimination or bias. Response options included: Their foster care status, their race/ethnicity, their gender, their immigrant status, their weight, their clothing/shoes, because they were transgender, because they were LGB, or because they “acted too much like a boy or a girl.” Due to the SOGIE focus of this report, this analysis is limited here to reports of adverse or discriminatory experiences related to SOGIE (Figure 30). Additional analyses related to other variables will be included in future reporting.

The frequency at which young people reported adverse or discriminatory experiences related to their sexual orientation, gender identity, or gender expression is displayed in Figure 30. All youth who reported any adverse or discriminatory experiences were asked whether these events were related to their sexual orientation, gender, or gender expression regardless of their self-reported SOGI. In total, 27.1% of all respondents (46 of 170) who reported any adverse or discriminatory experiences in the past year indicated that at least one of these experiences was related to their sexual orientation, gender, and/or gender expression (i.e., they selected 1 or more of the response options in Figure 30). Among the LGBTQ+ young people who reported any adverse or discriminatory experiences in the past year, about half (47.7%, 31 of 65) reported adverse or discriminatory experiences related to their sexual orientation, gender, or gender expression (Figure 31).

In comparison, among non-LGBTQ+ young people who reported any adverse or discriminatory experiences, about 14.3% (15 of 105) reported adverse or discriminatory experiences related to sexual orientation, gender, or gender expression. Specifically, these young people reported adverse experiences related to their gender or gender expression.

Fig 33. Percent of young people who reported any adverse experiences who indicated that these experiences were related to their Sexual Orientation, Gender, or Gender Expression (n = 170)

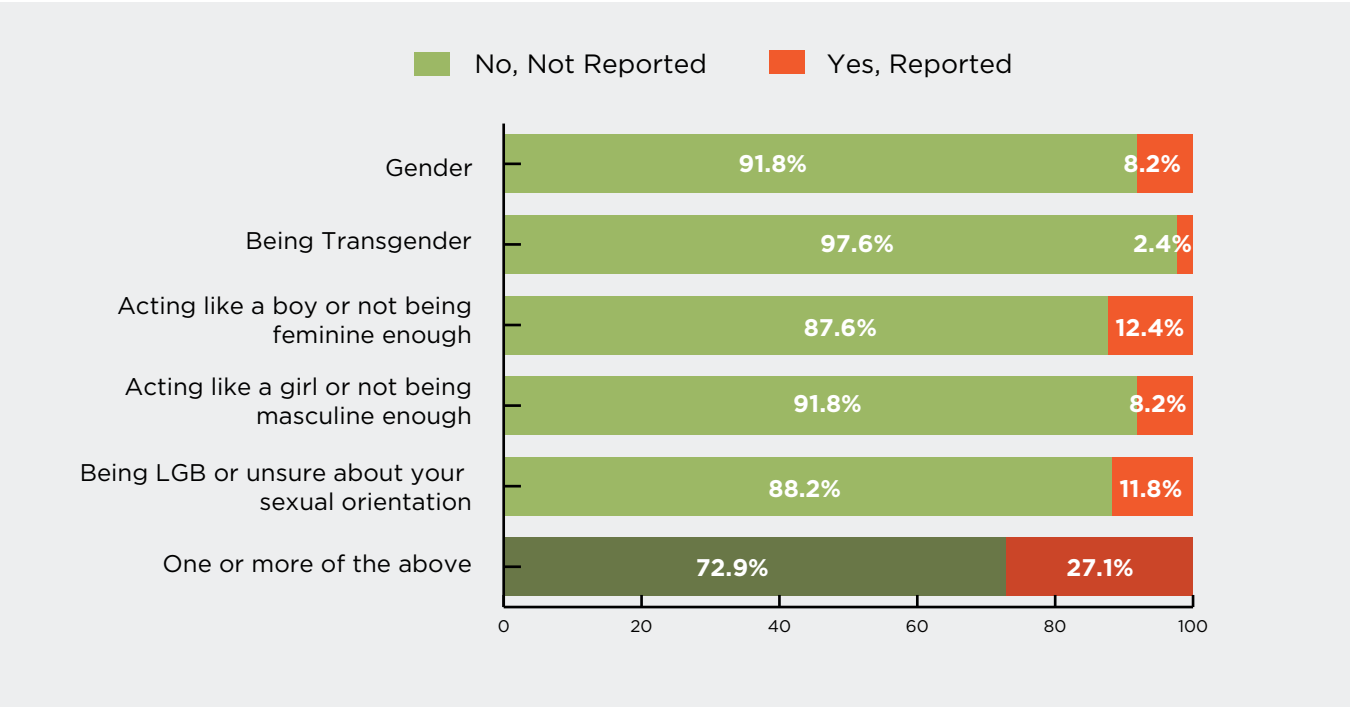
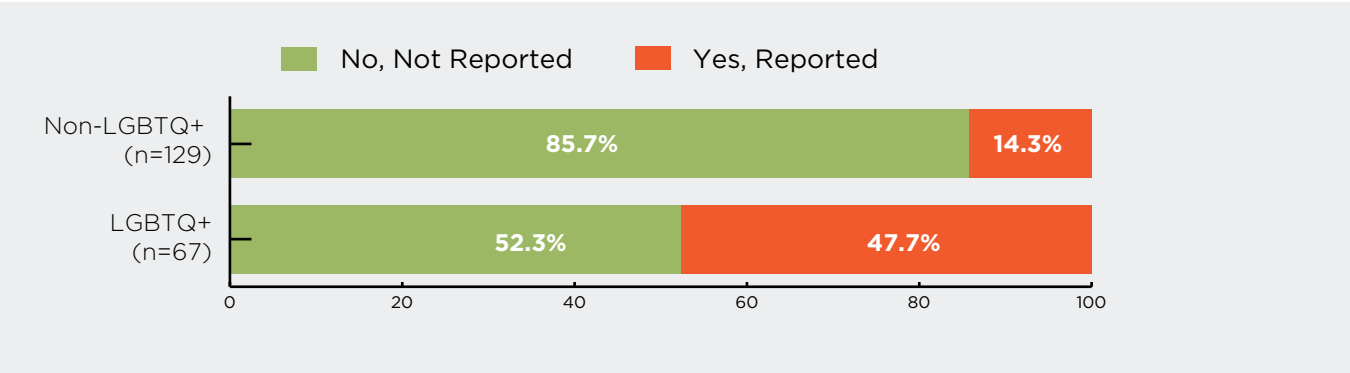


Fig 34. Percent of young people who reported any adverse or discriminatory experiences based on their Sexual Orientation, Gender, or Gender Expression (n = 170)



Limitations

There are four primary limitations to the study. First, the study was initially designed to include a Cuyahoga County area code; however, due to unforeseen challenges in procuring a Cuyahoga exchange, The Institute decided to use an 800 area code. Using a Cuyahoga County exchange verses a number with an unidentifiable area code (800), may have prompted more youth to respond to the text or answer the phone. Youth may not have responded to a number, either via text or answering the call, that they did not recognize. Second, due to too few responses, this study was not able to examine disparities for youth who identified as transgender. Previous work from Mountz et al. (2018) found significant disparities for transgender youth, and thus it is possible disparities may exist in Cuyahoga’s child welfare system; however, this was not investigated. Third, this study examined only diversity of sexual orientation and gender identity (SOGI); the estimated proportion of young people with diverse SOGI does not consider diverse gender expression. While the survey contained two items related to self-reported levels of masculinity and femininity on a one to nine scale, the survey did not ask young people if they self-identified as having a diverse gender expression. Rather than defining a cut-point on the masculinity and femininity measures to categorize young people as having or not having diverse gender expression, the study focuses on diverse SOGI only.

Fourth, this study under-sampled White youth based on the demographic data obtained from Cuyahoga County DCFS (27.1% identified by DCFS and 15.6% in this sample). The overrepresentation of Black youth in child welfare and the under-sampling of White youth in this study suggests that this study’s data are most representative of the experiences of Black and multiracial youth in care, limiting the ability to examine and identify racial disparities experienced by Black and multiracial youth. As these data largely represent the experiences of Black and multiracial youth, there are limited in the ability to examine how racism impacts their experiences and how their experiences differ from White youth and youth of other races in care. This is a significant limitation.

Discussion

This study found that 32% of the youth who participated in the Cuyahoga Youth Count identified as having diverse SOGI. This is one of the highest documented prevalence rates of LGBTQ+ youth in foster care, along with the recent NYC report showing 34% as the highest (Sandfort, 2020). Importantly, the Cuyahoga Youth Count study was the first of its kind to be conducted in a Midwestern state, where the body of available data on this population is extremely limited. Other studies have found prevalence rates between 15–30% (see Table 4 below). For example, Baams et al. (2019) used data from the 2013–2015 California Healthy Kids Survey, which is conducted in middle and high schools in California. Students were asked questions about their living situation and sexual orientation. Through this survey, 1% of their study population were youth living in foster care and of these youth, 30.4% reported an LGBTQ identity. Detlaff et al., (2018) assessing the 2nd National Survey of Child and Adolescent Well-Being data, found that 15.5% of youth identified as LGBTQ. The LAFYS study identified 19% of foster care youth as LGBTQ+ (Wilson et al., 2014). Lastly, Dworsky (2014), assessing former foster youth who participated in the Midwest Evaluation of Former Foster Youth Study, found that 14.7% of former foster youth identified as LGBTQ+.

Table 4. Review of Previous LGBTQ+ Prevalence Studies

	Sandfort (2020)	Baams et al. (2019)	Detlaff et al. (2018)	Wilson et al. (2014)	Dworsky (2013)
Sample Population	Youth in foster care in New York City	Students who answered the 2013–2015 California Healthy Kids Survey (school-based survey)	2nd National Survey of Child and Adolescent Well-Being (NSCAW-II); children referred to child protective services	Youth involved with the foster care system in Los Angeles County, CA	Former Foster Youth who participated in the Midwest Evaluation of Former Foster Youth Study
% youth involved with foster care who identified as diverse SOGIE	34.1%	30.4%	15.5%	19%	14.7%
Age Range of Youth	13–20	10–18	11–17.5	12–21	17–19

This finding provides further evidence of the overrepresentation of LGBTQ+ youth in foster care, supporting similar findings from youth in large coastal cities. The finding that nearly one-third of all youth in foster care identify as LGBTQ+ reinforces the need for child

welfare agencies to collect the SOGIE data of all children and youth, as well as instituting agency policies, training, and practice shifts to strengthen culturally responsive practice. This is also a finding that is indicative of the need for prevention supports that provide SOGIE-focused clinical support to parents to improve acceptance and affirmation of their child with diverse SOGIE. These are programs, practice, and policy shifts that align with Cuyahoga County DCFS’s recent efforts to improve the care for youth with diverse SOGIE experience in their child welfare system.²⁰ These efforts likely resulted in the finding that half of LGB+ youth in this study reported their social worker knew about their sexual orientation.

There was a clear difference in perception of treatment by the foster care system in the past year and how frequently youth could be themselves in their current placement by SOGI. Youth with diverse SOGI reported less frequently that they were treated well by the foster care system and reported less frequently that they could be themselves in their current placement. Differences in treatment for diverse SOGI youth involved with the child welfare system have been documented in previous literature (McCormick et al., 2015; Mountz et al., 2018; Wilson et al., 2014). Further, coming out and receiving affirmation when disclosing SOGIE has been found to decrease risk factors such as suicidality, depression, and substance use (Ryan et al., 2010). Congregate care and foster home placements play a critical role in the experiences youth have while in care, and child welfare agencies should require providers to receive training on supportive and affirming SOGIE practices to improve care.

Overall, young people with diverse SOGI reported a *greater number of types of adverse experiences in the past year* than young people without diverse SOGI. These adverse and discriminatory experiences more frequently happened in group home settings, foster homes, and schools. Additionally, 27.1% of all youth who indicated they had discriminatory experiences in the past year indicated that at least one of these experiences was related to their SOGI.

Significant differences between LGBTQ+ and non-LGBTQ+ youth were found for reasons for hospitalization, with more LGBTQ+ youth hospitalized for both a physical illness/injury and emotional reason compared with non-LGBTQ+ youth who were hospitalized for physical illness only. The LAFYS study found that LGBTQ+ youth were three times as likely to be hospitalized for emotional reasons (Wilson et al., 2014). Baams et al. (2019) found that more LGBTQ youth in foster care reported mental health challenges when compared to straight/heterosexual youth in foster care. While not a statistically significant difference between the two groups, trends suggest that youth with diverse SOGI were more likely to use substances and have involvement with law enforcement. Findings from previous studies suggest that youth with diverse SOGI are more likely to consume substances (see Baams et al., 2019;

20 12 Additional information on the interventions Cuyahoga has implemented can be found at www.sogiecenter.org.

Greeno et al., 2018) and have elevated involvement with law enforcement (Irvine & Canfield, 2016). The mental health challenges for youth with diverse SOGIE may be directly related to low self-esteem and isolation as a result of family and/or peer rejection. Increased availability of SOGIE-tailored clinical practices is essential to the children/youth behavioral health service array to provide culturally responsive care prior to a child or youth entering into the child welfare system.

The findings in this study include the overrepresentation of youth with diverse SOGI in foster care in a Midwest county, disparities in their treatment experiences and increased mental health hospitalizations, as well as more youth with diverse SOGI reporting use of substances and experiencing discrimination and adverse experiences. These findings are symptomatic of the need for increased SOGIE-tailored prevention services for families, clinical interventions to support family reunification and family accepting and affirming behaviors, and policy and practice shifts both within the child welfare system as well as partnering with the child/youth-serving provider organizations and systems.



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