

Sexual Identity Development: Process and Importance

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State of the Literature

As an often invisible population within the Child Welfare system, very little empirical research has been done to explore and identify the unique challenges and experiences of GLBTQ youth in out-of-home care (Mallon, Aledort, & Ferrera, 2002). The limited knowledge base in this area largely focuses on practice guidelines for workers and policy suggestions for child welfare organizations. In comparison to research about GLBTQ homeless youth, much of what we know about sexual minority youth in the Child Welfare system comes from just a few samples. Child Welfare researchers and practitioners invested in this population universally agree that more research is needed to better understand the service needs of GLBTQ youth.

Key Terms

In this module summary and presentation, two specific terms are used to describe the population that the learner should know. First, GLBTQ refers to individuals who are gay, lesbian, bisexual, transgender or questioning in either their sexual orientation and/or gender identity. Sexual minority youth refers to any young person who identifies as non-heterosexual.

Sexual Identity Development: Process and Importance

Sexual identity development is an ongoing process that generally includes the following milestones for sexual minority youth: same-sex sexual attraction, same-sex sexual experience, self-labeling as non-heterosexual and disclosure to others (Maugen, Floyd, Bakeman, & Armistead, 2002). However, achieving these milestones is not a universally linear process; many youth arrive at different milestones first and at various ages while

many experience milestones simultaneously (Maguen, Floyd, Bakeman, & Armistead, 2002; Savin-Williams, & Diamond, 2000). Moreover, sexual identity development is not a finite process, rather, some youth will change their self-label as they develop and choose to disclose to different people at different times (D'Augelli, Hershberger, & Pilkington, 1998; Remafedi, Resnick, Blum, & Harris, 1992).

Many GLBTQ youth choose to first disclose to a friend rather than parent or other family member primarily because of fear of parental rejection and/or victimization (D'Augelli, Hershberger, & Pilkington, 1998). This threat of family violence after disclosing is real; up to one third of youth reported experiencing parental victimization after disclosing their sexual identity (1998). Parental rejection of a young person's sexual identity is associated with increased mental health problems and is linked to suicidal ideation (D'Augelli, 2003; D'Augelli, Hershberger, & Pilkington, 2001). Thus, the context of a young person's individual sexual identity development can have negative health impacts, including risky sexual behavior and increased substance use (Rostosky, Danner, & Riggle, 2007; Wright, & Perry, 2006).

GLBTQ Youth's Experiences in the Child Welfare System

While many GLBTQ youth in out-of-home care report positive encounters with the child welfare system, many others report a range of negative experiences (Mallon, 1997; Mallon, Aledort, & Ferrera, 2002). Specifically, research findings indicate that GLBTQ youth experience verbal harassment and victimization by foster parents and other youth in care because of their sexual or gender identity (Craig-Oldsen, Craig, & Morton, 2006; Freundlich & Avery, 2004). Additionally, many foster parents harbor homophobic beliefs and stereotypes about GLBTQ youth that affects their ability to provide adequate care for these young people (Clements & Rosenwald, 2007). One major bias was religiously motivated and resulted in: refusal to accept openly gay foster youth, verbal harassment, failure to protect safety of youth, and subjection to reparative therapy and religious abuse (Clements & Rosenwald, 2007; Craig-Oldsen, Craig, & Morton, 2006).

These youth often experience multiple and unstable placements as a consequence of these unsafe realities in the Child Welfare system, due in large part to a lack of adequately trained foster families and congregate living staff that can meet these youths' placement needs (Sullivan, 1994; Wilber, Reyes, & Marksamer, 2006). However, child welfare staff often fail to take action when made aware of these placement issues, often ignoring the problems, blaming the youth, or even participating in the verbal harassment instead (Craig-Oldsen, Craig, & Morton, 2006; Freundlich & Avery, 2004; Ragg, Patrick, & Ziefert, 2006). Unfortunately, many GLBTQ youth often do not have positive permanency outcomes for various reasons, including their relatively late entry into the Child Welfare system, implausibility of family reunification and lack of any organizational focus on the unique permanency needs of this population (Jacobs & Freundlich, 2006).

Pathways to the Child Welfare System for GLBTQ Youth

The limited research in this area suggests that GLBTQ youth enter the Child Welfare system through six potential pathways, many of which are unique to this population:

- Some youth enter the Child Welfare system at a young age for similar reasons as straight youth and later become aware of their sexual minority identities while still in state custody (Mallon, 1998; Wilber, Ryan, & Marksamer, 2006).
- Other youth leave home or are kicked out because of conflict with parents that, at least initially, seems unrelated to the youth's sexual identity, including behavioral problems and general parent-child conflict (Mallon, 1998).
- Youth can enter the Child Welfare system after experiencing rejection from their families of origin either after disclosing their sexual identity or gender identity to parents or having it discovered (Mallon, 1998).
- Homophobic comments and harassment as well as sexual or gender identity motivated victimization in schools causes chronic truancy issues for some GLBTQ youth, resulting in involvement with Child Welfare (Wilber, Ryan, & Marksamer, 2006).
- Ubiquitous verbal, emotional and physical abuse lead many sexual minority youth to live on the streets rather than remaining with unsupportive and abusive adults, whether biological parents, foster families or congregate living staff (Wilber, Ryan, & Marksamer, 2006).
- In other scenarios, GLBT youth can enter state care after being erroneously labeled as sexual offenders for engaging in consensual same-sex conduct that would otherwise not result in criminal charges for opposite-sex contact (Wilber, Ryan, & Marksamer, 2006).

GLBTQ Homeless Youth: The Child Welfare Connection

For some youth, homelessness is both an experience that leads to and results from involvement with the child welfare system. In one study, 26% of families whose children were in out-of-home care experienced eviction, 42% reported living in a doubled-up situation, and 29% reported experiencing homelessness (Courtney, McMurtry, & Zinn, 2004). In 1997, nearly two-thirds of all young people accessing federally funded youth shelters had been in the foster care system (National Coalition for the Homeless, 1998).

GLBTQ Homeless Youth: Health and Psychosocial Risks

The combined experiences of being homeless and a sexual minority youth expose these youth to increased risk for physical, psychological and emotional harm compared to their heterosexual counterparts. Specifically, GLBTQ homeless youth are more likely than heterosexual homeless youth to: use alcohol and illegal substances, including Injection Drug Use (Van Leeuwen, Boyle, Salomonsen-Sautel, Baker, Garcia, Hoffman, et al., 2006); report suicidal ideation and suicide attempts (Noell & Ochs, 2001); experience mental

health problems and specific risk of conditions associated with both internalizing and externalizing behaviors (Cochran, Stewart, Ginzler, & Cauce, 2002); experience physical abuse and sexual assault while living on the street (Whitbeck, Chen, Hoyt, Tyler, & Johnson, 2004); engage in high risk sexual behaviors that increase STI and HIV infection rates (Cochran, Stewart, Ginzler, & Cauce, 2002); report participating in non-sexual criminal behavior, such as shoplifting, panhandling or dealing drugs, to survive (Whitbeck, Chen, Hoyt, Tyler, & Johnson, 2004); and participate in exchange sex (trading sex for food, money, shelter, drugs or other resources) as a survival strategy (Gangamma, Slesnick, Toviessi, & Serovich, 2007)

Recommendations for Culturally Competent Child Welfare Services for GLBTQ Youth

In addition to the need for agency non-discrimination policies, evaluations of service effectiveness for this population, and accurate training on GLBTQ youth, child welfare professional and researchers should commit to the following recommendations to improve services and outcomes for this population. First, there should be continued and improved research on GLBTQ youth in out-of-home care as it relates to: service needs, experiences in the system, and long-term outcomes for this population. Specifically, funding agencies and researchers should pursue a research agenda that expands the knowledge base on this topic using longitudinal designs, larger sample sizes and better geographic diversity.

Child welfare professionals should partner with homeless youth organizations and GLBTQ advocacy organizations to institute trainings and practices that enable service delivery and system design to be GLBTQ-affirming. Agency staff, foster parents and contracted providers should receive comprehensive training on sexual identity development and how it influences the needs of young people in out-of-home care. Finally, child welfare professionals should pay special attention to the unique needs of these youth as it pertains to permanency planning and aging out of care in an effort to better prevent homelessness and improve the transition to independence.

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