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Jill McCullough
Pathology, Risk, and
Emancipation: The
Impact of Dominant
Discourse on LGBTQ
Youth in Out-of-
Home Care

ABSTRACT

Currently, there is a scarcity of comprehensive research that has addressed the experiences and service needs of lesbian, gay, bisexual, transgender, and queer (LGBTQ) youth who enter public and private out-of-home care settings. However, existing literature has illustrated significant experiences of discrimination and victimization related to the sexual identity, gender identity, and/or gender expression of these youth from both caregivers and peers in public out-of-home care settings.

The purpose of this study is to critically examine the impact of dominant discourse or “master narratives” of LGBTQ identity development on the lives of those youth who enter out-of-home care settings. Recent literature has suggested that the identity development of LGBTQ youth in today’s culture is shaped and informed by two master narratives: “risk” (or “struggle and success”) and “emancipation.” In this study, I utilize queer theory—within a framework of postmodernism and social constructionism—to emphasize the sociocultural specificity of dominant discourse and the power of intersecting identities to confound conventional understandings of LGBTQ identity development. Based on a review of the literature, I argue that the dominant discourse of *homosexuality as pathology* has a profound impact on the lives of many LGBTQ youth who enter out-of-home care settings. Finally, I propose that recognizing the multiplicity of discourse in the lives of these youth creates space for experiences that fall outside of the risk/emancipation binary. Within this space, social workers can create micro and macro interventions that will support and affirm LGBTQ youth who enter out-of-home care.

PATHOLOGY, RISK, AND EMANCIPATION:
THE IMPACT OF DOMINANT DISCOURSE ON LGBTQ YOUTH
IN OUT-OF-HOME CARE

A project based upon an independent
investigation submitted in partial fulfillment of the
requirements for the degree of Master of Social Work.

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2010

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TABLE OF CONTENTS

ACKNOWLEDGMENTS.....	ii
TABLE OF CONTENTS.....	iii

CHAPTERS

I. INTRODUCTION	1
II. CONCEPTUALIZATION AND METHODOLOGY	5
III. LGBTQ YOUTH IN OUT-OF-HOME CARE SETTINGS	18
IV. POSTMODERNISM, SOCIAL CONSTRUCTIONISM, AND QUEER THEORY.....	55
V. LGBTQ YOUTH AND CHILD WELFARE POLICY	83
VI. DISCUSSION	96
REFERENCES	126

CHAPTER ONE

INTRODUCTION

I got raped in that group home. And when I told staff what happened, they said “Oh no, that didn’t happen. You’re a faggot. You like those kinds of things to happen to you. Maybe the boys pissed you off and you decided to tell on them.” Or they thought I was crazy or that I was lying. And then... they sent me to another group home and the group home that they sent me to in Harlem when I was there, I went through this whole emotional breakdown thing. Like I started crying and saying that I wanted to kill myself because I had got raped and because I was beaten.
(Freundlich & Avery, 2004, p. 50)

I think the problem with these places is that they’re run by psychiatrists. I went to see Dr. Parker and Dr. Hellman. They were at Central Hospital. Within fifteen minutes that I met Dr. Parker I walked out and told him to go fuck himself. He was telling me how sick and disturbed I was because I’m a lesbian and I must have been this and I must have been that, and it had nothing to do with it. In the group home itself, they were always asking me: “Are you sure you’re a lesbian, are you sure?” And I was like, “Yeah, I know...they’d always come up to me and say “That’s inappropriate” and “Are you really gay? I don’t think you’re gay.”
(Mallon, 1998, p. 72)

The fraught knowledges that contribute to the construction of queer youth have implications for the interventions adults would create for them and for how queer youth come to know and understand themselves.

(Talbert, 2004, p. 17)

What do we know about the experiences of lesbian, gay, bisexual, transgender and queer (LGBTQ) youth who are placed in out-of-home care settings? Thus far, a handful of empirical forays into the lives of youth who enter residential treatment programs, group homes and foster care have produced limited results; there is a great deal that remains to be known about the safety of LGBTQ youth in these settings (Freundlich & Avery, 2004). However, what this research has found is profoundly troubling. Based on these studies, the neglect and abuse (emotional,

physical, and sexual) of LGBTQ youth by both peers and caregivers in these settings appears to be significant and widespread (Mallon, 1992, 1997, 1998, 1999, 2001, 2006; Mallon, Aledort & Ferrera, 2002; Sullivan, 1994; Sullivan, Sommer, & Moff, 2001). However, many questions remain unanswered. What is the national prevalence of neglect and abuse related to sexual identity, gender identity and/or gender expression in out-of-home care settings? What are the factors that contribute to this phenomenon? What are the long-term effects of repeated experiences of caregiver neglect and abuse on the health outcomes of LGBTQ youth? How can changes in policy be used to address this phenomenon at multiple levels? In addition to querying what we know about the lives of LGBTQ youth in out-of-home care settings, an equally important inquiry will investigate what has been left unknown, and why.

Susan Talburt (2004) utilizes queer theory (the foundation of which is postmodern constructionism) to critically examine “the problem of intelligibility...as it relates to queer youth.” Talburt states that to “become intelligible” is to become knowable, i.e. transparent, distinct and definable to self and others (2004, p.17). Navigating adolescence in our society is a process of “becom[ing] intelligible to others, knowable as such and such” (Talburt, 2004, p. 17). The dilemma for LGBTQ youth as they navigate adolescence is that the knowledge our society uses to make these youth “knowable” is laden with meaning, and rooted in the context of time, place, and culture. In this way, knowledge about LGBTQ youth is constructed, but in such an ordinary and inconspicuous manner, that the process appears to be natural. The way in which LGBTQ youth are made intelligible has changed over the years, taking on different shapes and forms, but ultimately arriving at dominant or “master narratives” that society uses to make LGBTQ youth intelligible to themselves and the world around them (Cohler & Hammack, 2007).

The purpose of this study is to examine how master narratives about LGBTQ youth affect the lives of those youth who enter out-of-home care settings. Although recent literature has presented the master narratives of “risk” (or “struggle and success”) and “emancipation” as the most relevant narratives for today’s LGBTQ youth (Cohler & Hammack, 2007), I will use queer theory to argue that the master narrative of “homosexuality as pathology” is still culturally relevant, and has a profound impact on the lives of LGBTQ youth in out-of-home care settings. I will also use queer theory to critically examine the way in which the master narratives of “struggle and success” and “emancipation” impact the lives of LGBTQ youth in out-of-home care. Lastly, I will examine how these three narratives impact policy that pertains to LGBTQ youth in out-of-home care, with the goal of attaining a better understanding of the way in which dominant and/or destructive narratives can be addressed in order to support these youth through policy change. The concept of “constructed” knowledge and “master narratives” are presented in brief here, but will be described in detail in the methodology and theory chapters of this study as a lens through which queer theory can be focused in order to gain a better understanding of what is known and unknown about the lives of LGBTQ youth in out-of-home care, and how policy change can be created.

The following chapter provides an in-depth discussion of the theoretical orientation and methodology of the study including a thorough definition of terms. Chapter Three provides an overview of the phenomenon: what is known and unknown about the lives of LGBTQ youth in out-of-home care, and how this phenomenon is informed by decades of research and writing about the experiences of youth with same-sex desire. Chapter Four presents a comprehensive discussion of queer theory, its roots in postmodern constructionism, and the organizing concept of master narratives. Within Chapter Four, queer theory will be utilized to deconstruct the way in

which master narratives affect the lives of LGBTQ youth at multiple levels. Chapter Five presents an overview and discussion of child welfare policy that pertains to the lives of LGBTQ youth in out-of-home care settings. Finally, Chapter Six presents a discussion of several out-of-home care settings specifically designed to meet the needs of LGBTQ youth, as well as proposals for interventions and policy change based on the analysis and discussion in the previous chapters. The final chapters aim to deepen clinicians' understanding of how master narratives affect the lives of LGBTQ youth in out-of-home care settings and offer some interventions that will address the needs of this population with regard to both practice and policy.

CHAPTER TWO

CONCEPTUALIZATION AND METHODOLOGY

As already discussed, the purpose of this study is to take a critical look at what is known and unknown about the experiences of LGBTQ youth in out-of-home care settings. This chapter presents the framework for my examination of this phenomenon, as well as an explication of key terms and concepts that will be utilized in the remaining chapters.

To reiterate, what is known thus far about this phenomenon is that many LGBTQ youth in out-of-home care settings have reported significant experiences of discrimination, neglect, and abuse (emotional, physical, and sexual) related to sexual identity, gender identity and/or gender expression from both caregivers and peers (Mallon, 1997, 1998, 1999, 2001; Mallon, Aledort & Ferrara, 2002; Sullivan, 1994; Sullivan, Sommer, & Moff, 2001). Aspects of this phenomenon that remain “unknown” include the variables that contribute to the discrimination, neglect and abuse of LGBTQ youth in out of home care-settings, the national or regional prevalence of this phenomenon, and the long-term effects of repeated experiences of caregiver discrimination, neglect, and abuse on the health outcomes of LGBTQ youth.

In this chapter, I briefly introduce some fundamental concepts within queer theory and present my rationale for choosing this theoretical framework to examine this phenomenon. The structural framework for queer theory is postmodernism and social constructionism; therefore a brief introduction to the main concepts within this school of thought will be introduced prior to introducing queer theory. Prior to discussing the main concepts within queer theory, I will define key terms that will be utilized in this discussion.

Definition of Terms

This study focuses on the experiences of LGBTQ youth who are placed in out-of-home care settings. The term *LGBTQ* as well as the term *out-of-home care setting* are deceptively simple and mask a great deal of diversity with respect to identities and settings. Ironically, as I will discuss later, an attempt to “define” the terms used in this study runs counter to the theoretical framework used in Chapter Four. The issue that is truly at the heart of this study is how we—as a society—have constructed knowledge about LGBTQ youth. In other words, how we conceptualize, discuss, and define “LGBTQ youth,” and how this population is impacted by these constructions is arguably at the crux of the neglect and abuse of these youth in out-of-home care settings. Therefore, the task of defining “key terms” is quite laden and complicated. An important acknowledgement to make at the beginning of this study is that one of the main tenets of social constructionism and queer theory espouses the value of questioning whether or not we can ever truly “define” such complex ideas as sexuality and gender.

However, for the purposes of introduction and clarification, I will provide a basic definition of key terms. It is also important to acknowledge that these terms will be presented within a framework of Western discourse on gender and sexuality, which emphasizes a classic psychological definition of these concepts. This discussion is focused on the basic definition of sexuality, sexual identity, gender identity, and gender expression. Throughout this discussion and specifically during an introduction to social constructionism and queer theory, I will briefly reexamine the aforementioned concepts in order to highlight the differences between classic Western psychology and a postmodern perspective.

Sexual Orientation

The concept of *sexual orientation* is traditionally understood as an internal sense of attraction based on the biological sex of another individual. A heterosexual orientation is defined as an attraction to a member of the opposite sex. A homosexual orientation is defined as attraction to a member of the same sex. A bisexual orientation is defined as attraction to both the opposite and the same sex. Orientation is predominantly defined by desire and attraction, but not necessarily by expression (Fish & Harvey, 2001).

As it is currently understood in Western psychology, sexual orientation is defined in essentialist terms. In other words, sexual orientation is seen as an intrinsic quality, rooted in biology, and typically perceived to be an unchanging expression of inner nature. Most often, sexual orientation is conceptualized as a binary, defined by the opposition of heterosexuality to homosexuality. In practice, policy, and research the conflation of sexual orientation with sexual identity frequently blurs important distinctions between these two concepts. In other words, it is assumed that an individual who experiences same-sex desire will identify as “homosexual.” Although the distinction between these two concepts is not always made in classical theory, it is important to note that sexual orientation and sexual identity reflect two unique aspects of human desire and expression.

Sexual Identity

Sexual identity is a complex term that may encompass several aspects of an individual’s sense of self. Often, an individual’s sexual identity comprises aspects of sexual orientation and gender identity. Moreover, cultural, relational, biological, and sexual experiences may inform an individual’s sense of his or her sexual identity (Fish & Harvey, 2001). Although the

conceptualization of sexual identity varies according to cultural variables, within a liberal Western framework, sexual identity and gender identity are seen as separate and distinct aspects of self. For example, an individual who is biologically male, but who identifies as a transgender woman may experience desire for other women, and choose to identify as a lesbian. In this case, this individual's assigned sex is "male," her gender identity is "transgender," and her sexual identity and/or sexual orientation is "lesbian." It is important to note that while a classical perspective highlights the importance of discrete categories, a postmodern critique of categorization "is meant to allow people to define themselves rather than be defined and categorized by others" (McPhail, 2004, p. 17).

Gender Identity

Gender identity in classic Western psychology refers to one's internal sense of self as male or female. Typically, gender identity is taken for granted; i.e. an individual who is biologically female ("female bodied") has an internal sense of herself as female, and identifies as such outwardly. Fish and Harvey (2001) state that "gender identity is a vital and powerful combination of the internalization of the social construct of gender and the discernment of where one fits or feels most at home" (p. 35). In classic Western psychology, gender identity becomes a topic of discussion when an individual's internal sense of self as masculine or feminine does not "match" his or her assigned, biological sex. According to the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (2000), the diagnosis of "Gender Identity Disorder" can be applied to an individual who possesses an internal sense of self as male, female—or something more complex—which does not correspond to this individual's biological sex. Although gender identity is incredibly complex and there are numerous gender identities that

warrant discussion, the gender identity that is typically recognized within classic Western psychology is “transgender.” Transgendered individuals have a deep internal sense of their own gender that is discordant with their biological characteristics (Fish & Harvey, 2001). Although not all individuals pursue surgical interventions to physically *transition* to an outward expression of their internal gender identity, many individuals seek out medical options (such as hormone treatments) in order to feel more at home in their bodies.

Gender Expression

Gender expression most often refers to the outward expression or manifestation of an individual’s internal sense of gender identity. Like gender identity, gender expression does not garner much attention until it deviates from the “norm.” The term “gender variant” or “gender non-conforming” is typically used to refer to an individual who outwardly does not conform to the expectations of what appears to be his or her biological sex. For example, a male-bodied and male-identified individual who wears clothing that is typically associated with the female gender could be said to be “gender variant.” Gender expression is often referred to as masculine or feminine. For example, a woman who identifies as a lesbian and outwardly expresses her gender in a manner that draws on masculine norms, may state that she possesses a masculine gender expression. When considering gender expression, it is important to recognize that the transgression of gender norms leads to the *visibility* of gender expression (Fish & Harvey, 2001).

Postmodernism and Social Constructionism

Postmodernism evolved out of social and historical crises that led to a critical examination of the ways in which the dominant social order perceives *difference* or *divergence from the norm*

(Wilchins, 2004). The central tenet of postmodernist thought is to critically examine taken for granted knowledge. Postmodernism is best understood in contrast to modernism—the central organizing feature of our society (Burr, 2003).

Social constructionism emerged out of the postmodern movement and is focused on elucidating the historical and cultural specificity of all knowledge. Social constructionism argues that knowledge is constructed through social interactions such as “discourse,” and that these constructions serve the dominant social order (Burr, 2003).

Discourse and Narrative

Foucault (1972) wrote that *discourses* are the “practices which form the objects of which they speak” (p. 49). In other words, Foucault believed that we inhabit a world that is constructed by our subjective use of language. Discourse refers broadly to the use of language (written, spoken, performed, etc.) to produce “knowledge that determines what kinds of intelligible statements can be circulated within a given economy of thought” (Wilchins, 2004, p. 59). The term “dominant discourse” refers to the “particular, common-sense view of the world prevailing in a culture at any one time” (Burr, 2003, p. 68). The concept of dominant discourse is deeply interwoven with power. Use of the term *master narrative* or *meta-narrative* is akin to speaking of a *dominant discourse* as conceptualized by Foucault (1972).

Queer Theory

A queered position requires an ontological shift comprehensively resistant to its exceptions to dominant normativity. A queering of standpoint in social research is a vigorous challenge to that which has constrained what may be known, who may be the knower, and how the knowledge has come to be generated and circulated...[and] queers participate in positioning themselves through both authoring and reauthoring experience (Honeychurch, 1996, p. 342).

Attempting to define queer theory represents a challenge; this theoretical framework did not have a straightforward evolution and does not possess clear demarcations where it intersects with other schools of thought. Queer theory is founded on both postmodernism and social constructionism, with an emphasis on the critical method of deconstruction (Dilley, 1999; Seidman 1995). *Deconstruction* is the “antidote to universal Truths” (Wilchins, 2004, p. 44). While the tool of deconstruction can be applied to any set of knowledge, “queer analysts claim for the hetero/homo binary the status of a master category of social analysis” (Seidman, 1995, p. 132). Queer theorists draw on this binary—and what lies in the interstices of this binary—in order to elucidate the ways in which the construction of dominant discourse is sustained by social processes and intimately connected with social practices. However, queer theory is not simply about those who live outside of the binaries; it is about “questioning the presumptions, values, and viewpoints from those positions (marginal and central), especially those that go unquestioned. Queer theory is in part about opening and reclaiming spaces, both public and private.” (Dilley, 1999, p. 462). Sexual orientation, the “dimension of subjectivity that infuse[s] all human experience” is utilized by queer theorists as the focus of inquiry and the impetus of social change (Honeychurch, 1996, p. 345).

Out-of-Home Care Settings

Out-of-home care settings consist of a wide array of residential options for youth who either enter child welfare services or are placed in a short-term or long-term private program. Briefly, youth who are displaced from their families or caregivers of origin enter the child welfare system, and are typically placed in an out-of-home care setting. If possible, youth are placed with biological relatives or other adults within their community. If not, youth are placed in foster-

homes, adoptive homes, residential treatment programs, group homes, and other congregate care settings. This study does not review what is known about LGBTQ youth who enter the juvenile justice system, although this subject is relevant and warrants further attention. As public organizations which receive federal and state funds, these agencies are subject to both state and federal regulation (Karger, 2006).

Out-of-home care settings may also be privately owned and operated. These organizations fall under the umbrella term of “residential treatment programs” (GAO, 2007) but encompass a tremendous variety of programs, including therapeutic wilderness programs, and boot camps. Some private residential treatment programs are faith-based, such as “reparative therapy” programs. At this time, private residential treatment programs are not regulated by the federal government (GAO, 2007).

Methodology

This theoretical thesis consists of six chapters. The first chapter provides an introduction to the purpose of this study, a brief overview of the phenomenon that will be explored, and a short discussion of the theoretical approach that will be utilized to examine the phenomenon. The second chapter provides a framework for this study, beginning with the definition of key terms and concepts. The concepts of sexual orientation, sexual identity, gender identity, and gender expression are defined from a classic psychological perspective, and then critically reexamined (i.e. deconstructed) utilizing queer theory in order to introduce and elucidate some of the central tenets of this theoretical approach. The second chapter also introduces postmodernism and social constructionism, as the theoretical framework of queer theory, with a focus on the concepts of

discourse and narrative as they relate to the experiences of LGBTQ youth. Lastly, the second chapter also presents a brief overview and definition of out-of-home care settings.

In the third chapter, I provide a detailed description of the phenomenon. The third chapter will review existing literature on the experiences of LGBTQ youth in out-of-home care settings. This chapter will also discuss what is currently known about the experiences of “at-risk” youth in out-of-home care settings in order to highlight how little is known about the experiences of LGBTQ youth in these settings, and how extensive the risks to this population may be. This phenomenon will also be discussed in the context of what past and current research has found about the lives of LGBTQ youth, particularly as it relates to victimization, and the predictive link between family rejection and negative health outcomes in white and Latino LGB youth.

In the fourth chapter, I discuss queer theory, with a focus on the concepts of dominant discourse and deconstruction. In Chapter Four, I use key concepts within queer theory to argue that the narrative of “homosexuality as pathology” is still culturally relevant, and drives the neglect and abuse of LGBTQ youth in out-of-home care settings. I will also use queer theory to examine the extent to which the master narratives of “struggle and success” and “emancipation” impact the lives of LGBTQ youth in out-of-home care settings.

In the fifth chapter, I present an overview of child welfare policy as it relates to youth in out-of-home care settings. I also present information about policy changes in California, that are the result of advocacy to create additional oversight and protection for LGBTQ youth in out-of-home care settings.

Finally, the sixth chapter presents how the concepts of deconstruction and narrative can be utilized to formulate interventions at the micro and macro level for LGBTQ youth who are placed in out-of-home care settings. In other words, this chapter will look at how social workers

can critically examine how dominant discourse may impact LGBTQ youth in order to intervene at the micro and macro level of practice. Chapter six also presents what is known thus far about the experiences of LGBTQ youth in alternative out-of-home care settings; i.e. settings that have been established specifically to provide support to LGBTQ youth, as an example of a micro and macro intervention designed to support this population. Through the application of queer theory and a review of current policy related to out-of-home care settings, I offer suggestions for micro and macro interventions to support this population grounded in theory, and anchored in what is currently known about alternative settings.

Study Biases and Limitations

A discussion of the methodological biases and limitations of this study can be focused on two points: the choice of the phenomenon to be studied and the choice of the theoretical approach used to examine the phenomenon. With regard to my choice to examine the phenomenon of what is known and unknown about the experiences of LGBTQ youth in out-of-home care settings, my own professional and clinical experiences inarguably had an impact on my decision to pursue this topic. My experiences working with “at-risk” youth, LGBTQ youth, youth in out-of-home care settings, and LGBTQ youth in out-of-home care settings have provided me with insight into this topic, while also inevitably altering my perspective on the phenomenon being studied.

Moreover, my own identity, cultural background, and social location certainly influenced my decision to examine this phenomenon. Likewise, with regard to my choice of a theoretical approach and framework for examining this phenomenon, my identity, cultural background, and social location inform my interest in postmodernism, social constructionism, and queer theory.

The decision to examine this phenomenon through a theoretical and policy based discussion is a major limitation of this study. Notably, this study was originally formulated as an empirical investigation into the retrospective accounts of LGBTQ adults who had been placed in out-of-home care settings as youth. The intent of the study was to examine the relationship between caregiver rejection and health outcomes (for example, suicidality, substance abuse, and mental health issues), both currently and at the time of the placement. An empirical study involving surveys or interviews of LGBTQ adults who were placed in out-of-home care settings, or LGBTQ youth who are currently placed in out-of-home care settings would be one strategy for gaining a better understanding of what this population experiences in out-of-home care settings and how experiences of discrimination, neglect and abuse from caregivers impact the health outcomes these individuals. If research into this phenomenon finds a preponderance of discrimination, abuse, and neglect among LGBTQ youth, and maltreatment is correlated with negative health outcomes, these results could be used to advocate for policy change to support these youth at multiple levels within out-of-home care settings. However, there are numerous obstacles that stand in the way of further research; LGBTQ youth who are currently living in out-of-home care placements represent a vulnerable population, therefore there are a multitude of ethical and safety concerns related to undertaking such a study. With regard to a study that focuses on the retrospective accounts of LGBTQ adults who were placed in these settings as youth, similar ethical issues arise related to confidentiality and the safety of the participants.

Although a theoretical approach examines this population from a remote and abstract position, and cannot come to a conclusion about a correlation between maltreatment from caregivers, and negative health outcomes in their clients, a theoretical approach has its advantages as well. Since the inception of research into the lives of LGBTQ youth, there have

been calls to reassess and reexamine the way that this population is researched and understood. In the past few years, academia has proposed that we are moving into a new era for LGBTQ youth, and that our former understandings of this population no longer apply to the way that we conceptualize their health and identity development. Therefore, integrating postmodern thought into a discussion of this phenomenon may serve to elucidate ways in which this population would be best served by a multiplicity of theoretical approaches. In other words, the knowledge that we (through research) have constructed about LGBTQ youth impacts their lives on many levels. This constructed knowledge impacts our clinical work with this population, the way that research is designed and focused, and how we advocate for, or create policy change to support these youth. It is clear that there is a dearth of literature related to the experiences of LGBTQ youth in out-of-home care settings, but before we delve into examining this topic further, it could be beneficial to take a closer look at current criticisms of how constructed knowledge about LGBTQ youth impacts research. To look at this phenomenon from multiple theoretical positions brings a new depth to the issue and takes a proactive approach to criticism.

Moreover, queer theory brings a unique way of thinking to this issue. Queer theory has been critiqued for its abstract and intangible nature, and is therefore often regarded as inapplicable to the lived experience of individuals (Wilchins, 2004). I argue that aspects of this theoretical approach can be utilized to formulate interventions at the micro and macro level. This approach provides a formulation of how queer theory—founded on postmodernism and social constructionism—can be applied in clinical work and policy change to support this population.

Summary

In this chapter, I introduced several key concepts that will be discussed in this study, including sexual orientation, sexual identity, gender identity, and gender expression. I briefly defined these concepts from a perspective that emphasizes a classic Western understanding of psychology. In the context of presenting the central tenets of postmodernism, social constructionism, and queer theory, I expanded on the above concepts in order to elucidate how these theories create room to introduce *subjectivity* into our rigid definitions of sexual orientation, sexual identity, gender identity, and gender expression. Additionally, I provided an introduction to the ways in which queer theory utilizes the heterosexual/homosexual binary as a means for comprehensive social analysis and critique, as well as a catalyst for advocacy and social change. This introduction serves as a prelude to an in-depth presentation of postmodernism, social constructionism, and queer theory in Chapter Four. Lastly, I provided some basic information about child welfare policy and the structure of public and privately owned out-of-home care settings in the United States as a preface to Chapter Five, which discusses these topics in greater detail. The following chapter delves into what is currently known about the experiences of LGBTQ youth who enter out-of-home care settings, with an emphasis on experiences of discrimination, neglect, and abuse.

CHAPTER THREE
LGBTQ YOUTH IN OUT-OF-HOME CARE SETTINGS

Introduction

The extent of what we currently know both from empirical research and popular knowledge about the experiences of LGBTQ youth in out-of-home care settings is deeply interwoven with, and informed by, decades of research and writing on the topic of same-sex desire and expression. Research examining the lives of lesbian, gay and bisexual (LGB) youth emerged in the 1970s and 1980s from “the consulting rooms, emergency rooms, and [the] school counselor’s office” (Cohler & Hammack, 2007, p. 51). The first generation of research into the lives of these youth was driven by necessity; lesbian, gay, and bisexual youth were presenting in need of intervention from social services. Consequently, early research on LGB youth emphasized the numerous risks experienced by this population.

These early studies drew on convenience samples—primarily of young gay men—and found that the participants reported significant experiences of serious social, psychological and medical issues. Roesler and Deisher’s study on the experiences of homosexual-identified young men revealed that 48% of the participants had visited a psychiatrist, and 31% had made a suicide attempt (1972). In 1987, Remafedi found similar results when he interviewed homosexual and bisexual identified young men. Nearly half of the participants reported a history of sexually transmitted diseases, running away from home, and conflict with the law. The majority of the participants reported substance abuse, school problems related to sexuality and/or emotional

difficulties warranting mental health treatment. Significantly, 34% of the participants reported attempting suicide; half of the participants who reported attempting suicide stated that the attempt was directly related to issues of sexual identity (Remafedi, 1987).

The results of early research had powerful implications for what came next in terms of practice and policy. Before funding could be allocated in order to create clinical services, design interventions, and move towards changing policy, this population needed to be established as “a subset of adolescents worthy of attention” (D’Augelli & Grossman, 2006, p. 36). Early clinical descriptions and troubling results of empirical studies “provoke[d] the attention of both researchers and service providers,” thereby legitimizing the study of LGBTQ youth (D’Augelli & Grossman, 2006, p. 36)

One of the findings that emerged from the first decade of research into the lives of LGBTQ youth, was that—compared to heterosexual youth—this population experiences high rates of victimization. A study conducted by Saewyc, Skay, Pettingell, Reis, Bearinger, Resnick, Murphy, and Combs in 2006, used seven population-based surveys of high school age students to compare self-reported experiences of sexual and physical abuse, across the variables of sexual orientation and gender. The results indicate that lesbian, gay, and bisexual respondents were significantly more likely to report sexual and physical abuse than their same-age, heterosexual counterparts; lesbian and bisexual female respondents reported the highest prevalence of sexual abuse (Saewyc et. al., 2006). A small number of population-based studies have specifically documented a higher prevalence of physical abuse by family members among LGB youth compared to their heterosexual peers (Corliss, Cochran & Mays, 2002; Saewyc, Bearinger, Blum & Resnick, 1999; Saewyc, Skay, Bearinger, Blum & Resnick, 1998). Moreover, LGBTQ youth have also been shown to be at risk in educational settings. Population based studies have

documented higher rates of harassment and victimization among LGB youth at school (DuRant, et al. 1998; Robin et al, 2002, Russell, Franz, & Driscoll, 2001).

While some researchers called for awareness of the *promise* rather than the *problem* of gay youth (Savin-Williams, 1989), the “narrative of gay youth development that emerged was a relatively ahistorical one which emphasized the negative consequences of gay identity for psychological development.” (Cohler & Hammack, 2007, p. 52). Although researchers had the intent of normalizing what was known at the time about gay, lesbian, and bisexual development, current perspectives on identity development—strongly informed by feminist and queer theory—embrace a more fluid and dynamic approach to understanding LGBTQ development.

During the past two decades, the field of research on the experiences of LGBTQ youth has evolved and expanded. The inclusion of transgender and queer identities as an important aspect of this research is one marker of major political and social change that has contributed to this evolution. As societal perspectives on LGBTQ issues have shifted, so have the discourses surrounding LGBTQ youth. It has been argued that—as a consequence of major cultural changes—we live in a “postgay era” (Savin-Williams, 2005). In his book evocatively entitled *The New Gay Teenager*, Savin-Williams pronounced the lives of most LGBTQ youth to be “banal” (2005).

The fact is, the lives of most same-sex attracted teenagers are not exceptional either in their pathology or in their resiliency. Rather, they are ordinary. Gay adolescents have the same developmental concerns, assets, and liabilities as heterosexual adolescents. This unnoteworthy banality might well be their greatest asset. It suggests that they are in the forefront of what can be called a “postgay” era, in which same-sex attracted individuals can pursue diverse personal and political goals, whether they be a desire to blend into mainstream society or a fight to radically restructure modern discourse about sexuality (p. 222).

In other words, societal attitudes that “emphasized the centrality of sexual identity in the lives of same-sex attracted youth have waned in significance...As same-sex desire becomes more culturally normative, the need for a distinct social identity as a sexual minority becomes less salient for youth (Hammack, Thompson & Pilecki, 2009). While this perspective emphasizes the importance of moving away from a “universal” model for understanding LGBTQ youth, there is also a subtle message that a binary of normalcy and deviancy still exists. In what “culture” has same-sex desire become more normative? In such a “culture,” how do we understand the experiences of LGBTQ youth who are exceptional—either in their pathology or their resiliency? Notably, the majority of research on LGBTQ youth is still focused on examining the risks that these youth face as they navigate identity development in the context of multiple layers of oppression at an individual, institutional, and societal level. Moreover, this research continues to establish compelling results about the relationship between LGBTQ identity and risk.

In 2009, a study was published that could have major implications for the way that we conceptualize the lives of LGBTQ youth who enter out-of-home care settings. Ryan, Huebner, Diaz, and Sanchez (2009) found that among lesbian, gay and bisexual white and Latino young adults, high rates of family rejection were predictive of negative health outcomes including suicide attempts, depression, illegal drug use and unprotected sexual intercourse. The participants who experienced the highest rates of family rejection were 8.4 times more likely to report having attempted suicide (Ryan et. al, 2009). These results beg the question: Are we truly living in a postgay era? Postgay for whom? Who is excluded from a discourse that centers itself around the unexceptional lives of “most” LGBTQ teenagers? Moreover, given that this study found a predictive link between family rejection and negative health outcomes in LGBTQ youth,

what does this mean for LGBTQ youth who experience repeated and significant experiences of rejection from caregivers in out-of-home care settings?

While many facets of the lives of LGBTQ youth have been explored in research and writing, there is a notable absence of discussion about the lives of what is arguably the most vulnerable category of this population: those youth who enter out-of-home care placements including both public and private residential treatment programs, group homes and foster care settings. Those youth who enter the child welfare system often do so because of issues related to neglect or abuse in their families of origin (Mallon, 1998; Mallon, 2002). These youth often enter out-of-home care settings with significant presenting issues, and come from families “experiencing persistent poverty, racism, homelessness, unemployment, substance abuse, domestic and community violence, neglect, and chronic mental illness (Mallon, Aledort & Ferrera, 2002, p. 408). Regardless of sexual and/or gender identity, it has been argued that a number of obstacles to effective child welfare systems exist for every child—and especially every adolescent—who enters the system (Sullivan, 1994). Sullivan identifies such obstacles as lack of integration of up-to-date research into policies and practice, “intrinsic inequalities in the interpretation of child welfare statutes,” and shortages of appropriately screened and educated direct care staff, including foster parents, and adoptive parents (Sullivan, 1994, p. 295). As LGBTQ youth navigate the child welfare system, they must cope with a complex system that is not designed to meet their needs. According to a report published by the Child Welfare League of America in 2006,

With few exceptions, policies and professional standards governing services to youth in out-of-home care settings have failed to consider young people’s sexual orientation or gender identity. The lack of leadership and professional guidance related to these key developmental issues left a vacuum that was often filled by harmful and discriminatory practices based on personal biases and misinformation

rather than informed, evidence-based policies and guidelines (Wilber, Ryan & Marksamer, 2006, p. 1)

In the context of what previous research has brought to light about the lives of LGBTQ youth, it is somewhat intuitive that navigating the child welfare system from a position of oppression and stigmatization can be a formidable task.

This chapter begins by providing some basic information and statistics about the number of LGBTQ youth who enter out-of-care placements and the variables that contribute to this phenomenon. During this discussion, a distinction is made between public and private out-of-home care settings, the meaning of such a distinction for LGBTQ youth who enter these settings, and the research that has explored these respective areas. I then begin to address what the current literature has revealed about experiences of discrimination, neglect and abuse of LGBTQ youth in public out-of-home care settings. This discussion focuses on seven dimensions of these experiences: Multiple Placements, Diagnosis, Disclosure, Access, Harassment, Violence, and Permanency Planning. Then, the discussion focuses on the topic of private residential treatment programs, the lack of research into this area, and the implications for LGBTQ youth. Finally, a note about the crucial role of caregivers and perspectives on “fictive kinship” will be provided as a segue into a latter chapter that will discuss the potential impact of rejecting responses from caregivers in out-of-home care settings, as well as positive experiences in alternative settings.

LGBTQ Youth in Out-of-Home Care Settings

Although research, policy, and practice has begun to take a closer look at this phenomenon, large-scale studies on the topic of LGBTQ youth who enter out-of-home care settings have not been completed. Therefore, there are numerous unanswered questions about this phenomenon. Moreover, there are a number of barriers to obtaining accurate quantitative data about

demographics of LGBTQ youth who enter out-of-home care settings, such as the role of stigma in inhibiting the disclosure of sexual and/or gender identity. The bulk of this research has relied upon in-depth interviews of LGBTQ youth and adults, either retrospectively or at the time of their placement. The most prolific author of research that explores the lives of LGBTQ youth in the child welfare system is Gerald Mallon. As a result of the limited availability of research on this topic, this study will draw heavily from the results of his various publications. This research has generated some compelling anecdotes about the experiences of specific individuals in out-of-home care settings. Although the participants in these studies provided mixed reactions (both positive and negative) to their experiences in out-of-home care settings, the majority of the participants in these studies reported experiences of discrimination, neglect, and harassment. Many of the participants also reported physical and sexual assault from both peers and staff members within out-of-home care settings. As with all small (and predominantly qualitative studies), the question that arises is, can these results be extrapolated to the majority of LGBTQ youth who enter out-of-home care settings in the United States? How extensive is this problem? Do the stories of these youth represent isolated incidents or systemic problems, what one professional child care worker described as “the perfect example of institutional abuse” (Mallon, 1998, p. 116). The focus of this chapter will be on reviewing what the current literature has identified as a pattern of discrimination, harassment, neglect, and abuse based on sexual identity, gender identity, and/or gender expression among LGBTQ youth in out-of-home care settings. While the positive experiences of LGBTQ youth in out-of-home care settings are also important to explore, these experiences will be discussed in the final chapter of this study, as part of an exploration of alternative settings and potential pathways for change at micro and macro levels.

Public vs. Private Settings

Prior to beginning this discussion, it is essential to differentiate between privately owned, independent programs and publicly run federally funded programs. As outlined in the previous chapter, the term “out-of-home care setting” is deceptively simple and refers to a vast range of both private and public programs. During a review and discussion of the literature, an important distinction will be made between these two settings. An in-depth discussion of this distinction will be provided in Chapter Five, which will focus on the respective policies that govern both public and private out-of-home care settings. For the purposes of this discussion, the most important aspect of the distinction between these two settings is that privately owned and operated out-of-home care settings encompass a wide variety of programs, including but not limited to substance abuse treatment programs, therapeutic boarding schools, wilderness therapy programs, boot camps, behavioral modification programs, and “conversion therapy” or “reparative therapy” programs. Private residential treatment programs are not federally regulated; parents or guardians maintain custody while voluntarily placing youth in these settings, which may or may not be regulated by the state. These programs are located within the United States, but are also operated abroad while still remaining under U.S. ownership by private U.S. citizens and subject to U.S. laws and policies (GAO, 2007).

At this time, I have not been able to locate any research that specifically addresses the experiences of LGBTQ youth in private, out-of-home care settings. However, in 2007 the Government Accountability Office testified before the House of Representatives about the results of an investigation into allegations of abuse and death of “troubled youth” at private residential treatment programs during the past seventeen years (GAO, 2007). Although this

study did not focus specifically on the experiences of LGBTQ youth, it presented compelling evidence about widespread neglect and abuse of youth in private, out-of-home care settings. The results of this study will be presented in more detail later in this chapter.

The majority of research into the experiences of LGBTQ youth in out-of-home care settings has focused on those youth who enter the child welfare system, thereby under the custody of the state. The specific policies and regulations that pertain to youth who enter state custody will be discussed in Chapter Five, as well as the evolution of child welfare services, with specific attention to how changes in policy and services impact LGBTQ youth. Whereas private residential treatment programs are not subject to federal regulation, child welfare services are governed by specific policies at the state and federal level. However, the responsibility of overseeing child welfare services primarily falls to state government and policies can vary significantly from state to state. Based on his study of youth who enter residential care, Rindfleisch (1993) concluded: “Once in placement, children and youths are presumed to be in an environment superior to that from which they were removed. So they are not thought to need protection beyond that provided by state licensing activities” (p. 265). Unfortunately, a review of the literature will illustrate the ways in which existing policies do not meet the needs of LGBTQ youth, as well as the necessity of greater regulation and oversight.

Scope of the Phenomenon: Frequency of Placement in Public Settings

The number of LGBTQ youth who are currently placed in out-of-home care settings within child welfare services is unknown. There are several factors which contribute to the difficulty of obtaining an accurate estimate of the number of LGBTQ youth who enter public out-of-home care settings. First, as a result of homophobia at the individual, institutional, and societal level,

LGBTQ youth may not readily disclose their sexual and/or gender identity to caregivers or researchers. Second, the issue of how researchers determine the “identity” of participants is one of the most prominent areas of critique in terms of research into the lives of LGBTQ youth. This is the same issue that arises when any attempt to quantify or assess the number of LGBTQ individuals is made. For example, some youth may experience same-sex desire, and engage in sexual behavior with peers of the same-sex, but not identify as LGBTQ. Other youth may experience same-sex desire and identify as LGBTQ, but not engage in any sexual behavior with same-sex peers. Regardless of sexual behavior, some youth may simply choose not to identify as lesbian, gay, bisexual, transgender, or queer based on the inadequacy of these labels to express their identity. Sociocultural variables and the intersection of race with sexual orientation play an important role in this phenomenon. In other words, aside from the stigma that may contribute to the continued invisibility of LGBTQ youth in out-of-home care settings, other factors may contribute to inaccurate estimates of the number of LGBTQ youth who enter these settings. In his study of LGBTQ youth placed in out-of-home care settings, Mallon (1998) noted that “[f]or every young person I met in the four years that I conducted this study, there were thousands of others who are invisible in child welfare agencies in the United States and Canada” (p. 3). This assertion speaks to the tremendous invisibility of LGBTQ youth both within and outside of the child welfare systems and private out-of-home care settings.

Despite these dilemmas, several studies have attempted to estimate the number of LGBTQ youth who enter child welfare services. One report estimated that there were between 12,000 and 24,000 LGBTQ youth residing in out-of-home care settings (Sullivan, Somer, & Moff, 2001). Based on a study of the unmet needs of LGBTQ adolescents in foster care, Sullivan, Somer and Moff (2001) suggested that this population was overrepresented within out-of-home care

settings. Their hypothesis is supported by Gibson's (1989) study which found that 26% of gay adolescents were forced to leave their homes after disclosing their sexual identity to their families of origin. Likewise, in 1990 a study was published which found that compared to their heterosexual counterparts, homeless gay male youth were at an increased risk for homelessness, and that many of the participants were forced to leave their homes after disclosure of sexual identity (Kruks, 1990).

Notwithstanding obstacles to obtaining accurate estimates of the number of LGBTQ youth who enter both public and private settings, as well as LGBTQ youth who are homeless, further research into these areas would most likely provide some much needed perspective on this issue. Although there are some inherent difficulties in doing this research and the data gathered would likely represent an underestimate of the population, identifying LGBTQ youth as a significant population within out-of-home care settings and among homeless youth is the first step towards creating change at the micro and macro levels.

Contributing Variables

The variables that contribute to the placement of LGBTQ youth in the child welfare system are not well understood or explored. Some research has suggested that rejection from the family of origin, and risk behaviors including substance abuse and risky sexual behavior contribute to the placement of LGBTQ youth in both public and private out-of-home care settings (Mallon, 1998; Mallon, 1999). The following sections will outline what previous research has uncovered about the variables that may contribute to the placement of LGBTQ youth in public out-of-home care settings, specifically rejection from the family of origin. The following sections will also explore variables that may uniquely contribute to the placement of LGBTQ youth in private

residential treatment programs including risk behaviors and involvement in “reparative therapy” or “conversion therapy” programs.

Rejection from Family of Origin

Based on current research, it is unclear whether rejection from family of origin plays a significant role in the number of LGBTQ youth who are currently in out-of-home care placements within the child welfare system. According to some studies, LGBTQ youth are overrepresented within the child welfare system, and researchers have speculated that this is due to rejection from family of origin.

In his 1998 study, Mallon interviewed fifty-four self-identified gays and lesbians between the ages of 17 and 21. These youth were interviewed between 1993 and 1995 and at the time of the interviews, many of them were placed in out-of-home care settings. These youth came from diverse ethnic and cultural backgrounds, and were placed in New York City, Los Angeles, or Toronto. The youth were predominantly from working-class families. Mallon also interviewed child care professionals in New York City, Los Angeles, and Toronto to corroborate the reports of the youth.

As part of this study, Mallon interviewed the participants about their family of origin’s reaction to disclosure about sexual identity. Reactions from parents or caregivers varied, but some youth reported that significant experiences of rejection were ultimately related to placement within child welfare services. As illustrated by this anecdote from a male participant in Mallon’ study, the unintentional disclosure of his sexual identity led to a verbal confrontation with his mother, followed by physical assault, and the subsequent expulsion from his home.

When my mother found out that I was gay (she overheard a conversation that I was having with my boyfriend on the telephone) she just flew into this wild rage.

She started screaming that she wasn't having THAT in her house and then started to throw things at me. I was so shocked. I started to scream back at her and then she slapped me across the face, screaming like a wild-woman that I should leave the house immediately. I left because I had to, but I was completely unprepared for her to act that way (1998, p. 50)

This anecdote was not unique; Mallon (1998) found that many of his participants described interactions with family members that began with verbal taunts or confrontations, and escalated into physical interactions (p. 86).

One day my father heard me talking on the telephone to a guy who I had met. When I got off the phone he just went crazy on me, he started slapping me and saying that he didn't raise me to be no faggot. He told me to get the hell out of his house and literally threw me out the front door. I was devastated. I didn't know where to go; I had no place to go. I walked the streets for a long time and then I called a friend who let me stay at his house. My friend told me about a shelter for young people and I went there. They helped me to get into a group home and that's where I am now. I've tried to call my parents, I would really like to talk to them, but they won't take my calls." (1998, p.50)

A common theme among the anecdotes of youth was arriving home to find their personal items packed into "black plastic garbage bags" and abruptly being instructed to leave the house (Mallon, 1998, p. 51, p. 90). Indeed, Mallon (1998) identified that many youth used "garbage metaphors" to describe their treatment by their families of origin (p. 90).

My relationship with my family was not the greatest. I guess the best way to describe my relationship with my family was, they were the dump truck and I was where they dumped all their garbage... They had suspicions that I was gay, they told me I had effeminate ways, which I don't really think are effeminate, I'm sensitive and I have a very big heart and a lot of people look at that as effeminate. (Mallon, 1998, p. 90)

In some cases, youth choose to disclose their sexual identity to their families of origin, in other cases, their sexual identities are prematurely discovered. What remains unknown is whether or not there is a statistically significant relationship between family rejection related to sexual identity, gender identity, and/or gender expression and placement in out-of-home care

settings for LGBTQ youth. While family rejection related to disclosure of sexual identity may be directly related to placement for some youth (as illustrated by the above anecdotes), for the majority of youth, their placements may be caused by variables other than sexual identity or prior to self-identification or identification to others. However, regardless of whether or not this relationship is statistically significant, it is clear that family rejection related to disclosure is sometimes related to youth being placed in child welfare services.

Scope of the Phenomenon: Frequency of Placement in Private Settings

A relatively new phenomenon is that of the private out-of-home care setting designed for “at-risk” youth. In the 1950s and 1960s, the demand for private and alternative rehabilitation settings for at-risk youth began to increase (Hill, 2007). However, the past two decades have seen a dramatic increase in the number of private residential treatment programs in the United States (GAO, 2007). It is difficult to pinpoint the origin of privately owned and operated residential treatment programs for youth, although various types of programs under the umbrella term of “residential treatment programs” can be traced back to their respective historical origins. For example, therapeutic wilderness programs as they exist today originated in the Outward Bound model established in the early 1900s by Kurt Hahn (Hill, 2007).

Only one major study thus far has investigated the experiences of youth who enter private, residential treatment programs. Currently, there is no research which has specifically examined the experiences of LGBTQ youth in private residential treatment programs. Given the lack of research into this phenomenon, the range and scope of discrimination, neglect, and abuse related to sexual identity, gender identity, and/or gender expression in private out-of-home care settings is unknown.

Risk Behaviors

Population and community based studies have documented—when compared to their heterosexual counterparts—LGBTQ youth are at an increased risk for substance abuse (Garafalo, Wolf, Kessel, Palfrey & DuRant, 1998; DuRant, Krowchuk & Sinai, 1998; Rosario, Hunter & Gwadza, 1997). Although this area has not been researched, residential treatment programs are primarily designed to “treat” or “modify” problematic behaviors such as the ones listed above. They are specifically marketed to parents who are struggling to deal with “troubled youth” (GAO, 2007). Given what previous research has shown about the preponderance of such behaviors among LGBTQ youth, further research into the demographics of those youth who enter private out-of-home care settings could reveal that LGBTQ youth are overrepresented within private out-of-home care settings.

“Reparative Therapy” and “Conversion Therapy”

The number of U.S. owned private residential treatments programs which currently provide “reparative therapy” or “conversion therapy” to youth is unknown and there is very little research on the subject. Reparative therapy is not currently sanctioned by any professional organization including the American Psychological Association, yet many of these programs still exist; some U.S. owned conversion therapy programs exist overseas, adding additional obstacles to regulation and oversight. An in-depth discussion of this topic is beyond the scope of this study. However, the role of reparative therapy in privately run residential treatment programs is important to acknowledge and warrants further attention. A relevant issue to explore is how state and federal government define discrimination, neglect, and abuse related to sexual identity,

gender identity, and/or gender expression. The limits of private programs to provide unsanctioned treatment is a serious and complicated issue which intersects with arguments for religious freedom; however this discussion is beyond the scope of this study.

There is a lack of quantitative data pertaining to the experiences of LGBTQ youth in both public and private settings. Accordingly, there is a lack of research into the variables that play a role in LGBTQ youth being placed in out-of-home care settings. Research has shown that family rejection in response to disclosure of sexual and/or gender identity plays a role in some youth's entry into out-of-home care settings, but whether or not these results can be generalized to LGBTQ youth as a population is unclear. Likewise, although studies have shown that maltreatment in out-of-home care settings as well as from the family of origin has contributed to some LGBTQ youth becoming homeless, it is unclear if this is a widespread issue, or if these stories represent isolated incidents (Mallon, 1998).

The remainder of this chapter describes what research has revealed about those youth who enter out-of-home care placements through child welfare services. This discussion will not differentiate between findings based on specific types of settings (i.e. foster homes versus group homes), but will present overall findings about these settings. Before proceeding, it is important to note that organizing the findings in the literature based on whether they fall into discrete categories such as "harassment" or "discrimination" is challenging, because there is so much intersection in the stories shared by these youth and in the data from the research. However, for the purposes of clarity, this discussion will be roughly organized into the following dimensions which the literature suggests are uniquely problematic for LGBTQ youth: Multiple Placements, Diagnosis, Disclosure, Access, Harassment, Violence, and Permanency Planning.

While research has shown that verbal and physical harassment from peers in out-of-home care settings is significant, this review will focus on what the literature has shown about staff responses to sexual identity, gender identity, and/or gender expression. Although peer relationships are inarguably important in the lives of youth, the roles and expectations of caregivers are unique and play a crucial role in the development of youth.

Problematic Dimensions of Placement and Treatment in the Child Welfare System

Multiple Placements

As previously discussed, some youths report that disclosure (either intentional or unintentional) of sexual and/or gender identity to their family of origin resulted in being displaced from their home and entering child welfare services (Mallon, 1998). Once a youth enters the child welfare system, the role of disclosure may continue to have a profound impact on his or her experience. In these settings, a youth may choose to disclose his or her sexual identity and/or gender identity, s/he may be forced to disclose, or be “outed” by staff or peers, or s/he may be assumed to be LGBTQ identified regardless of disclosure (Mallon, 1998). This topic will be discussed in depth in a later part of this chapter, but another phenomenon revealed by the research is that sexual and/or gender identity appears to be related to multiple placements within child welfare services (Mallon, 1998; Mallon, Aledort, & Ferrera, 2002). Some of the evidence suggests that disclosure of sexual identity is related to termination or disruption of a placement (Mallon, 1998).

Unlike other adolescents in out-of-home care who move from setting to setting because of behavioral problems, those interviewed for this study reported that it was their sexual orientation itself that led to multiple and unstable placements. They reported experiencing unstable placements for various reasons: they were not accepted by staff because staff had difficulties dealing with their sexual orientation, they felt unsafe because of their sexual orientation and either

“AWOLed” from the placement for their own safety or requested replacement; they were perceived as a management problem by staff because they were open about their sexual orientation; and they were not accepted by their peers because of their sexual orientation (Mallon, 1998, p. 54)

In a study conducted in 2002 of forty-five LGBTQ youth placed at two gay-affirming child welfare agencies (one in NY and one in LA), the researchers found that the average number of placements was 6.35 per youth (Mallon, Aledort & Ferrera, 2002). The researchers associated this finding with placements that did not provide a supportive or affirming environment for LGBTQ youth, either actively (i.e., harassment, assault) or passively (i.e., neglect, lack of access to resources) (Mallon, Aledort & Ferrera, 2002). Youth in this study experienced significant instability in their placements; 80% of the participants reported being placed in multiple settings, some youth had as many as forty different foster care placements (Mallon, Aledort & Ferrera, 2002). Youth in this study spent an average of 4.2 years in foster care, well beyond the 15 to 22 months suggested by the Adoption and Safe Families Act (Mallon, Aledort & Ferrera, 2002). Incredibly, Mallon, Aledort and Ferrera (2002) found that youth in this study had been in care for a range of one to fourteen years. This finding is especially concerning; previous research suggests that the longer those children remain in care, the less likely they will be to reunite with family of origin (Hess & Proch, 1993).

In Mallon’s (2001) publication focusing on the unique needs of lesbian and gay youth in out-of-home care settings, he reports that LGBTQ youth routinely change placements and/or run away from placements (2001). Mallon (2001) identifies four major reasons for this phenomenon: staff members do not accept the youth’s orientation, youth feel unsafe because of their sexual orientation, youth’s sexual orientation is seen as a management problem, and youth are not accepted by peers because of their sexual orientation. The following excerpt from an interview

illustrates one young woman's experience feeling discriminated against within various out-of-home care placements, and her subsequent decision to leave these placements.

As soon as I get discriminated against, I leave. I mean, when I was on a psychiatric ward, they were trying to give me aversion therapy and I mean they were supposed to help me with my depression, not by telling me that I'm wrong. Where I am now, they're fine, but in other places, definitely there were problems. I mean, when I was in Lakewood, they were giving me my own room because I was gay to keep the other kids away from me. It's the kids and the staff that treat you differently" (Mallon, 1998, p. 56).

This young woman's account of her experience in a psychiatric ward also speaks to the "diagnosis" dimension of LGBTQ youth's experience in out-of-home care settings. She identifies that the presenting issue she was grappling with was her depression, whereas it appears that her clinician saw her sexual identity as the presenting issue that required treatment. Her account also conveys a sense of isolation. Her statement about being given her own room "to keep the other kids away from me" is not unusual among the reports provided in this study (Mallon, 1998, p. 56). From this account, some of the scenarios that contribute to a youth's decision to leave a placement are clear. In the following anecdote, another young woman describes her experience entering a new placement and the staff's forced disclosure of her sexual identity.

[They said] "You're a lesbian." I'm like, "Wow, Okay." [And the staff said], "We cannot have that on campus because we feel you're going to...mess around with the girls and change them around and that's not good. You know, turn them out." They made my sexual preference a big issue. And it's like, "I don't care," anywhere you go there are gays, lesbians, transgenders, all over the place. They could at least tell me they have a place for me to go. Like put me in another placement. Even if it's for gays and lesbians...No, they just left me there and decided "Oh, well her attitude is bad"... "Oh, you got a problem with it? We can easily move you" (Freundlich and Avery, 2004, p.47).

In this excerpt, the young woman exhibits her sense of her identity as a lesbian as an identity that one could find "anywhere...all over the place." In contrast, the staff equates her sexual

identity with hypersexuality (“you’re going to...mess around with the girls”). Moreover they use the idea of a contagion when they describe her ability to “change them around...turn them out.” In this situation, the young woman reports that the staff initially denied her a placement based on her sexual identity, then subsequently threatened her with the possibility of termination. In the next anecdote, a young gay male youth describes learning from staff that disclosure of his sexual identity would lead to termination.

If you were gay, you got kicked out of the other [placements]—I mean, you got terminated and kicked out. In one home a kid called me a fag, I got into a fight and the staff thought I might have been and they warned me that they would have to terminate me if I was. It made me closeted even more. I closeted myself well enough so they didn’t know, but they made homophobic comments and stuff: “Stupid faggots,” “he is so gay.” It made me think it was totally wrong; it scared me and put me back further—after all that who would want to come out? (Mallon, 1998, p. 69).

He vividly describes hiding, making his sexual identity invisible to the staff in order to maintain his position in the placement, while simultaneously witnessing the staff’s homophobia. In addition to being transferred to multiple placements, Mallon has found that LGBTQ youth are outright rejected from some placements because staff members do not feel comfortable with the youth’s sexual identity (2001). In this account, a young lesbian-identified woman recounts her rejection from a desired placement based on her openness about her sexual identity.

The reason why I wasn’t accepted into the agency was because I was very open about my sexuality, and they were homophobic. I was not going to hide anymore and they couldn’t deal with me. After a while, I got the message, I mean when it’s obvious that you’re not welcome, you eventually leave. (Mallon, 1998, p. 66)

The accounts of these youth may seem unbelievable. It may be difficult to accept that less than two decades ago, LGBTQ youth were denied placements in public, out-of-home care settings based on their sexual and/or gender identity. Although both NY and LA have laws in

place against discrimination, several child welfare professionals who participated in this study acknowledged that they denied LGBTQ youth based on safety issues.

We have not accepted any openly gay or lesbian youngsters. I think our policy has been that we have decided not to accept openly gay youngsters...the response we have gotten from the other kids was so negative that it was hard to assume that they were safe...so we decided not to take those who made outright declarations.” (Mallon, 1998, p. 88)

As evidenced by these stories, some LGBTQ youth experience significant obstacles as they attempt to enter and remain in placements. For these youth the termination of placements, transitions to new settings, and denial of needed placements was directly related to their identity as lesbian and gay youth.

Diagnosis

At the beginning of his 1999 publication which examined affirming approaches to working with gay and lesbian youth in the child welfare settings, Mallon recounts his experience with a nine year old African American boy (Lonnie) who was placed by his adoptive family in a residential treatment center for two months in order to “change his negative behavior” (Mallon, 1999, p. 4). Mallon describes being asked to consult on the case; when he reviewed Lonnie’s history, he found a history of physical and sexual abuse at previous foster homes, including one incident that caused a permanent loss of sight in one eye. Yet, Lonnie’s primary diagnosis was Gender Identity Disorder. As Mallon (1999) wrote, “It was clear to me...that this child’s primary Axis I diagnosis, irrespective of his sexual orientation, which at this point I was unable to determine, should have been Post Traumatic Stress Disorder, due to his physical abuse, not Gender identity Disorder. Lonnie appeared to be very comfortable in his identity as a male child, and gave no indication that he desired to be a girl” (p. 4). Why was Lonnie brought to the

residential treatment center and diagnosed with Gender identity Disorder? His adoptive parents stated that they wanted to determine if he had a “chromosomal abnormality” and that he had been “acting like a girl” (Mallon, 1999, p. 6). Unfortunately, similar anecdotes about diagnosis and clinical formulation were not uncommon throughout Mallon’s 1998 study. The following excerpt describes one young lesbian-identified woman’s experience meeting with a psychiatrist who was not working from an affirming clinical stance.

Once they even sent me to this doctor who asked me questions about my sexuality, asked if I wanted a sex change, if I wanted to be a man, if I had a longing desire to have testicles and a penis, blah, blah, blah, blah. Then there are the staff who ask you all this personal stuff and it’s really just for their own personal reasons. When I finally connected with one staff member, they would no longer allow me to work with her because they thought I was attracted to her. The whole experience was a nightmare (Mallon, 1998, p. 72).

In this excerpt, the young woman describes the psychiatrist’s conflation of her identity as a lesbian with a desire to have a “sex change.” Amid what appears to be a series of disconnections with clinical and direct care staff, she recounts finally feeling a connection with another female staff member, and subsequently being denied the opportunity to interact with her because of an alleged attraction. This anecdote illustrates the ways in which dominant narratives about same-sex desire as deviance, hypersexuality, and pathology can contribute to the profound isolation of LGBTQ youth in out-of-home care settings.

Disclosure

Stories about the impact of disclosure were common throughout Mallon's (1998, 1999) text; youth described a variety of experiences pertaining to disclosure. In some cases such as the one below, the youth in question is not given a choice about when, how or to whom he or she will disclose; rather, his or her sexual and/or gender identity is seen as public property and shared freely with staff, and sometimes peers. In the following excerpt, a professional child care worker recounts his experience with the transfer of an LGBTQ youth into a new out-of-home care setting:

In some cases, the CWA has told us before the kid arrives that he is gay and then we tell the group home staff. We tell them to make sure that this child is welcomed. We also remind them that this is confidential and not to be shared with the other residents, but when the kid arrives, all the kids already know. It's the staff, they start saying "Wait til you meet our new resident, wait til you see who's coming." Then there's the big welcome, my guess is that they are brought into the child care office by the worker who is on duty and told "We've heard a little bit about your behavior and we don't allow that kind of behavior, and if you try it, you'll get hurt, and if you try it, I can't guarantee your safety here." That's a hell of a welcome, wouldn't you say?" (Mallon, 1998, p. 65)

This excerpt speaks to the official and unofficial ways that information is transmitted within some out-of-home care settings. Although a youth's sexual identity may be regarded as "confidential" by some clinicians or management, information (intentionally and unintentionally) often filters through the various levels of care, sometimes reaching the other youth, either through innuendo or direct disclosure. In the following excerpt, a young lesbian-identified woman describes her entry into various placements, characterized by intense and immediate reactions to her sexual identity.

When I arrived at St. Mary's the people there were really freaked out and accused me of being a rapist and some other shit and the people at Children's Haven didn't like it either. I mean, in one placement as soon as I walked in the door, I wasn't even shown to my room, I was brought into the staff office and told by

staff “You know we don’t go in for any of that mess around here—so you’d better watch yourself and don’t be bringing none of that lesbian shit around here.” In this other place, I mean every time I walked by the staff office, I was told, “Keep your business to yourself,” every time I walked by. (Mallon, 1998, p.65)

At other times, youth are passively discouraged or directly forbidden to discuss or acknowledge their sexual identity to staff or their peers. For example, one youth describes the impact of witnessing staff consistently making homophobic remarks in his presence, while also refusing to openly acknowledge his sexual identity. As the following anecdotes reflect, youth sometimes respond by becoming more hidden, or by challenging the status quo.

I had to hide, I knew that they wouldn’t accept it. They were totally against gays in that group home; they told me I was not allowed to talk about being a lesbian. They told me not to talk the way that I do. They’d say not to act like a so-called man. You can’t come out and say what you are. Like you have to hide it. Even though I was out everywhere else, I wanted to hide because there were staff and residents who made it difficult. (Mallon, 1998, p. 67)

I wasn’t allowed to talk about homosexuality at all. They never let me address it in group meetings. I was told, “Don’t talk about it, it’s not an issue, it’s not to be discussed here.” But it was a big part of my life. It was all discussed behind closed doors. These were people who I had spent two years with and I was not allowed to bring it up...At one point in a house meeting all of the other kids started saying “So she’s gay, why can’t we talk about that? What’s the big deal?” But it was the staff, they couldn’t deal with it. The staff couldn’t fucking deal with it at all. (Mallon, 1998, p. 70)

They never talked with me openly about it, they said “It’s not right,” that I “shouldn’t do it.” They say “you’re good looking and all; you can have anybody you want to.” They were always laughing and putting gay people down, saying that they were sick and all, it was hard enough to have heard that from my family, but now I had to deal with that in the group home too, it was too much. (Mallon, 1998, p. 71)

In other settings, youth may be given mixed messages about disclosure. In the following excerpt, a young gay man describes being told by staff that his identity is “all right,” but also receives a strong message that they are concerned about his sexual behavior.

When they interviewed me, they asked me if I was gay, and I said “Yes, I am.” They told me it was all right, I could tell that it wasn’t when they warned me about having sex with the other residents. They seemed to be preoccupied with that. When I went to the group home and they asked me if I was gay, I just said “No.” I told them I had a girlfriend. I just wasn’t sure if they could deal with it or not, so I lied. (Mallon, 1998, p. 66)

As this young man describes, the outcome of this experience was that the next time the same question was asked he “lied.” As these accounts illustrate, the act of disclosure can leave LGBTQ youth vulnerable. After numerous experiences in out-of-home care settings with subtle (and not so subtle) homophobic responses to disclosure of sexual identity, youth may choose to become increasingly invisible to staff. This phenomenon contributes to the perception among professional child care workers that LGBTQ youth do not exist and therefore their unique service needs do not need to be addressed.

Discrimination

All of the experiences described by youth thus far could be placed under the heading of “discrimination.” However, a review of the literature demonstrates that there are three dimensions of the experiences of LGBTQ youth in out-of-home care settings that are particularly reflective of discrimination: provision of services, access to resources, and lack of staff education and training about working with LGBTQ youth. Based on his 1998 study, Mallon concluded that LGBTQ youth receive fewer services than their heterosexual peers. In this first anecdote from a professional child care worker, we can see how discrimination directly affects provision of services.

Gay and lesbian kids didn't feel welcomed and were seen as troublemakers, in fact I had a kid for two days in one place, and I had a worker call me up and say "I can't have this kid here because the other kids want to beat him up." I said: "has this kid done anything inappropriate?" And they said "no." And I said: "It sounds like your other kids are planning to do something inappropriate and are expressing it, and maybe that's what you should be addressing." So the kid...he comes into the agency and is immediately seen as the disruptive force. (Mallon, 1998, p. 89)

As this example illustrates, LGBTQ youth are seen by some staff members as "the disruptive force" (Mallon, 1998, p. 89). Rather than addressing the behavioral issues of the heterosexual youth which are directed towards the gay-identified youth, the staff member in this example attempted to transfer this youth to a different placement; his sexual identity is seen as sufficient grounds for threats from his peers, as well as for denial of services.

Regarding access to resources, several of the youth in Mallon's 1998 study shared stories about not receiving the same privileges as heterosexual youth, particularly after disclosing their sexual identity to staff (Mallon, 1998). Youth reported that lack of access to resources took the form of opportunities for desired activities such as playing basketball, or in equal shares of clothing allowances (Mallon, 1998). Moreover, as in the following excerpt, youth reported not receiving education about issues related to the health needs of LGBTQ youth, as well as the lack of visible signs of support and affirmation in their respective placements.

There was never any recognition that gay or lesbian people existed. I mean, I was out and they still tried to deny that I existed. They never included information about gay or lesbian sexuality when they spoke about human sexuality; they never spoke about HIV/AIDS education that included discussions about gay or lesbian people. We were just always left out... They never had any kind of gay or lesbian affirming posters or anything—I mean, I'm not talking about having a poster of two guys kissing or anything. I just mean something which acknowledged that gay people existed. Whenever I suggested it, they all just put on this big face and said "No Way!" I guess it wasn't a very accepting place." (Mallon, 1998, p. 82)

Other youth simply spoke to the staff's lack of education and training about sexual identity, gender identity, and gender expression. Youth described staff perceiving sexual orientation as a choice, as well as stereotyping youth based on their appearance.

I don't think they understand, they say things like, "Why do you want to be gay? Why do you want to sleep with another man? What makes you so happy to be with another man?" And you tell them that it's the way you were born and they say "That's bullshit, you can't be born gay." And I say "Yes you can!" And they say "How can you be born gay?" and there's no way for me to prove it to them, so sometimes that can be difficult. (Mallon, 1998, p. 72)

All of these staff just look for the fem boy or the butch girl. I think that all they know about gay and lesbian people is what they see on TV. They have no information at all. (Mallon, 1998, p. 73)

Youth also identified that the religion of staff members sometime played a role in discrimination within out-of-home care settings (Mallon, 1998). For example, in the following excerpt a gay-identified young man describes coping with a staff member's attempts to proselytize to him as a result of his sexual identity.

The only negative was this one guy, who was this religious guy, he was like a priest and like at first he was talking to me in conference about God and stuff and I told the director and he got in trouble because he wasn't supposed to do that. At times, he would leave Bibles on my bed and readings about homosexuality and stuff, he got in trouble for that." (Mallon, 1998, p. 75)

In this situation, the youth identified that the behavior of this staff member was successfully addressed by management within the out-of-home care setting. In other cases, management may not intervene. When does discriminatory behavior from staff in out-of-home care settings cross over into harassment and abuse? In the following anecdote, a lesbian-identified young woman relates her experience with a female staff member that arguably borders on emotional abuse.

I'd sit down on the couch and they'd sit beside me and then they'd realize who they were sitting beside and move. This one woman, I had a bitch of a time with. I worked so damn hard to get her to understand that I'm okay, I'm not going to give her cooties or nothing, I'm not going to make a pass at her, she was very homophobic, she didn't know how to deal with it. I mean, do you know what it is

like to live in a place like that? Do you know how it feels? I mean I couldn't live at home with my own family because of who I am and then to be treated like that by people who are supposed to be professional and trained to deal with kids. I just don't think it's fair. It's not right. (Mallon, 1998, p. 82)

Harassment

Unfortunately, verbal harassment from both peers and staff in out-of-home care settings is not uncommon. Mallon (1998) found that 93% of the youth who were interviewed experienced verbal harassment from other residents (p. 92). A 1994 study of group homes in New York City found that 100% of LGBTQ youth who were interviewed reported verbal harassment, and 70% reported physical violence due to their sexual identity and/or gender identity (New York Task Force, 1994). Out of the youth and the child welfare professionals that Mallon interviewed, 78% of the youths and 88% of the professionals stated that it was not safe for youth to openly identify as gay or lesbian in out-of-home care settings (Mallon, 1998, p. 87). Mallon (1998) states: "Their sense of safety in out-of-home care settings is tenuous and fragile. Violence is used to inflict punishment and enforce compliance or conformity to the norms of the family or the child welfare system (p. 85).

As we will see, violence from staff members can take the form of verbal confrontation, physical assault, and sexual assault. This first section of the discussion will focus on what the literature has revealed about verbal confrontation and harassment. Many of the professional child welfare workers in Mallon's 1998 study openly acknowledged that LGBTQ youth are at a greater risk for harassment ("or worse") compared to their heterosexual peers.

In most agencies, it's just not safe for a gay or lesbian young person to be identified. If the other kids know that they are gay or lesbian...they harass them, or worse. Sometimes when the staff find out, they treat them differently or close their eyes to some of the situations which occur after-hours. It's just not safe for them to be out and because they are not out, then the staff believe that they don't exist (Mallon, 1998, p. 86).

In one home, I remember that a boy placed there was unmercifully harassed by his foster mother. She kept picking on him about dating girls, about the way he held his hands, about the way he spoke, she kept telling him that “You don’t want people to think you’re that way, right?” She was relentless. The harassment escalated to the point that the youngster finally asked to be removed from the family. The foster mother just could not be persuaded that what she was doing was harmful to him—she thought she was guiding him (Mallon, 1998, p. 91).

I was verbally bashed, not physically. People calling me a faggot and all that. I remember feeling really pissed off when this one counselor always called me a faggot (Mallon, 1998, p. 92).

As evidenced by these anecdotes, some LGBTQ youth who enter out-of-home care settings experience verbal harassment and confrontation from both peers and staff related to their sexual identity, gender identity, and/or gender expression. Although harassment from peers is often perceived to be inevitable in out-of-home care settings, many of the youth in Mallon’s (1998) study reported a lack of staff intervention when harassment related to sexual identity, gender identity, and/or gender expression occurred. Mallon (2001) states: “[A]lthough violence and harassment may be an unfortunate component of residential care from time to time for all youth, GLBTQ young people, unlike their heterosexual counterparts, are targeted for attack specifically because of their sexual orientation” (p. 79). In addition to a lack of active intervention from staff in these moments, many youth also reported verbal harassment and homophobic slurs coming directly from staff. Moreover, as these excerpts illustrate, staff often responded to requests from youth to intervene by laying accountability on the LGBTQ youth, implying that the behavioral issues of their peers were incited by the victim’s lack of conformity to the norm, i.e. “that’s what you get for being gay” (Mallon, 1998, p. 92).

Physical and Sexual Violence

The most troubling accounts in Mallon's (1998) study are those of youth who experienced physical and/or sexual assault from peers and/or staff. Many of the child welfare professionals in Mallon's study acknowledged the risks that LGBTQ youth face with regard to physical and sexual assault. As one child welfare professional stated:

Then we send them to places like Mount Laurel to protect them from their families, and what happens? They are beaten up there too! Not just by their peers, by the way, but also by staff who are paid to take care of them. So in a lot of ways these young people are victimized twice, first by their families and then by the child welfare system (Mallon, 1998, p. 104).

As youth recount, they are vulnerable to physical and sexual assault in multiple ways within out-of-home care settings. A common pattern among accounts of physical assault from peers was the lack of staff intervention. As one gay-identified young man recalled,

They found out I was gay from one of the workers, I don't know maybe he was against gay people or whatever, but he told them I was gay and when they came up to me and asked me and the way I said, you know, it offended them, and they kept on bothering me and picking on me. But too many boys were picking on me and calling me "faggot" saying "come over here and suck my dick." I started to cry, but they didn't stop. I told staff and they got them to leave me alone until later that night when no staff was around and they started again. One of them threw a pillow at me and said "You like to suck dick, right?" There were about eight or nine of them and one tried to come after me with a knife saying "you're a disgrace to our race, I hate homos." I kept waiting for the staff to intervene, but they never came in. When they finally came in, they broke it up, but afterward they said "If you hadn't told people that you were gay, this never would have happened." Then they placed me in this room for two days where I was safe but I was so scared. Then they moved me to another agency" (Mallon, 1998, p. 105).

In addition to the lack of staff intervention during physical assaults from peers, LGBTQ youth also reported physical assault, or the threat of physical assault occurring directly from staff:

This one staff member was so homophobic. He and I never got along. We were always getting into these physical confrontations that ended with him restraining me, I guess it never went like it was supposed to because he was always calling

the cops on me and then I'd have to go to the station house, fill out all of this paperwork, and go through these changes. It was really more like an assault, than a restraint, a personal vendetta" (Mallon, 1998, p. 104).

I got beat up a lot because I was gay—the staff actually encouraging it. You got to go through a lot of shit with the group home, inside and out, and with the staff. I eventually got kicked out because the staff was homophobic—one staff said he was gonna stick his cock in my crotch to show me what it was like to be with a real man. Male staff would say things like "All you need is a good fuck." I still have nightmares about it (Mallon, 1998, p. 110).

With regard to sexual assault, many of the LGBTQ youth in Mallon's (1998) study reported an atmosphere in out-of-home care settings characterized by sexual favors amongst peers; typically these sexual favors were influenced by power dynamics and hierarchies within the setting. According to one professional child welfare worker, openly LGBTQ youth were also vulnerable to false allegations being made about sexual behavior. According to this staff member, these allegations were often made either by homophobic youth, and/or by closeted youth who pursued sexual contact and were rejected:

With gay kids, the worst is always assumed...all you have to do is say "a gay kid made a pass at me." The staff always believes it. I had this scenario happen time and time again, they always wanted to discharge the gay youngster based on the accusation, usually from either the most homophobic youngster or a kid who initiated the contact with the gay kid and was rejected" (Mallon, 1998, p. 103).

I remember in one of my first jobs, where we had this kid who was sleeping with the other kids, it was an all-male facility and there was this one kid who everybody used to fuck because he was seen as the gay kid and didn't mind taking it. Workers knew about it, they felt it was okay because if they let this go on, then "We don't have to worry about this with anyone else." Until I got there, they thought this kid didn't mind. But this kid minded it completely, he was being completely abused, but he felt, well, if he let them do it, then they won't mind me being the only gay kid on campus. It was probably the worst situation I ever ran into (Mallon, 1998, p. 105).

Out of the 54 participants in his study, four youth reported being raped by caregivers (three female, lesbian-identified young women, and one gay-identified young man).

I had a man counselor and he knew about me, you know, about seeing women and all, and one day when everybody else was out on a trip he said I had an appointment with him and said I had to stay behind. And we was talking and talking and talking, and so he asked me if I had ever been with a man and I was like, no, and then he started putting his hands all over me and you know, tried to molest me. When I resisted, he started beating me up, but someone came in and stopped him. But he had already beat me up, I had knots all over my head. He just kept telling me that I was not supposed to be with women, I was supposed to be with men and that this is not the life you is supposed to live. We had to take him to court and everything, he lost his job. Then when I went to another group home, they tried to do that again, and then after that I decided that I would not go to no more group homes” (Mallon, 1998, p. 108).

The first place I was sent to, I was eight, it was in maples. I was raped there by this counselor. He told me that if I told anybody, that they would just keep me there or put me in another group home. I was there for five months and then ran away, I was tired of being raped. I was repeatedly raped. Then I went to a foster home, and it was real strict, I left there and went to another group home and there somebody tried to set me on fire. I was sleeping and they put lighter fluid on my bed and threw a match at me, I got burned on the leg. The staff didn’t do nothing, they knew about it, they just moved my bed, but that’s staff, you know? I didn’t feel safe there, you kinda had to sleep with one eye open. I finally left, I was tired of that shit” (Mallon, 1998, p. 109).

In his study, Mallon (1998) had the opportunity to interview one of the workers who was familiar with the youth who provided the last anecdote. This staff member corroborated the youth’s account, and described the aftermath of the incident.

What I really remember is that there was a kid in the group home who was complaining about harassment and nothing was being done about it and his requests for assistance were being ignored and then the kids in the group home set his bed on fire while he was still in it. He was badly scarred. They set his bed on fire with lighter fluid. That was one of the first things that brought us all together...we said, this is terrible, but this is not an isolated incident, this is a systematic problem and that incident was a catalyst that helped us start a shelter (Mallon, 1998, p. 109 – 110).

Mallon’s is not the only publication which has brought attention to the incidence of physical and sexual assault of LGBTQ youth in out-of-home care settings. In 1999, a Federal class-action

lawsuit was filed against the state of New York which alleged that there is widespread abuse of lesbian, gay and bisexual youths who are displaced into New York City's child welfare system; this lawsuit was the first of its kind in the country (Bernstein, 1999). The following excerpt is from an article published in The New York Times in 1999:

The six plaintiffs named in the lawsuit, *Joel A. v. Giuliani*, describe experiences of homophobic abuse—from unrelenting harassment to broken bones to rape—by peers, foster parents and staff members of child welfare agencies. Their appeals for protection were typically met with indifference, blame or isolation, according to the suit, which was filed in the United States District Court in Manhattan by the Urban Justice Center, a nonprofit advocacy organization for the homeless, and lawyers at Paul, Weiss, Rifkind, Wharton & Garrison, working for free (Bernstein, 1999).

Another plaintiff, Eric R. described nine years of foster placements in Long Island where he was “constantly humiliated because of his feminine demeanor and grew increasingly depressed and fearful about disclosing his sexual orientation” (Bernstein, 1999). After being sexually abused in a foster home, Eric R. attempted suicide at the age of fifteen. The suit alleges that “the defendant’s failure to protect members of the class from bias-related aggression results in extreme physical, psychological, emotional and developmental injury” (Bernstein, 1999).

Permanency Planning

What does the future hold for LGBTQ youth who enter the child welfare system? Research into this area is particularly limited (Freundlich & Avery, 2002). One study has found that LGBTQ youth who enter out-of-home care settings are often not reunited with their families of origin (Sullivan, 1994). According to another study, these youth often do not have permanent connections with their communities or families of origin (Mallon, Aledort & Ferrera, 2002). A poignant anecdote provided by a lesbian-identified 19 year-old woman in a group home speaks to her profound sense of disconnection from family and community:

I have been in foster care for over nine years. I have had 10 different placements. At first, the social workers arranged for my mother to come visit me and for me to visit her, but as time went on, those visits were fewer and fewer. My mother had real problems with me being a lesbian, but no one ever talked to her about that. I haven't seen or heard from my mother in over five years. Sometimes I think maybe that she is looking for me and can't find me. But then I remember that she knows the address of the agency and she could have contacted them if she wanted to. I have two younger sisters, and I have lost them too. It's hard to lose your whole family. Even all these years later, and even though I am now 19 years old and getting ready to go out on my own, it still hurts (Mallon, 2002, p.422).

Private Residential Settings

In October of 2007, the United States Government Accountability Office (GAO) testified before the committee on Education and Labor within the House of Representatives on the topic of abuse and death in residential treatment programs (therapeutic wilderness programs, boot camps, and boarding schools) for at-risk youth. The GAO completed this study in order to “determine whether allegations of abuse and death at residential treatment programs are widespread” (GAO, 2007). Overall, the GAO uncovered “thousands of allegations of abuse, some of which involved death at residential treatment programs between the years 1990 and 2007” (GAO, 2007). In 2005, 33 states reported 1,619 staff members who were involved in incidents of abuse (GAO, 2007).

There are two important factors that have a profound effect on this issue. First, it is difficult to assess the extent of abuse, injury and death in residential treatment programs because the federal government does not collect national data on these incidents. Second, each state has different rules and regulations that pertain to the operation of residential treatment programs; some states do not require any licensing or accreditation (GAO, 2007). Moreover, while some states regulate and monitor publicly funded programs, private programs within the same state are often not required to be licensed or accredited (GAO, 2007).

The GAO focused their investigation on ten closed cases that illustrated “long standing issues” at private residential treatment programs between 1990 and 2004. The results of this investigation indicate that untrained staff, lack of adequate nourishment, and reckless or negligent operating practices played a significant part in the majority of deaths that occurred in residential treatment programs (GAO, 2007). While the results of this investigation were both shocking and disturbing, the GAO acknowledged that their results could not be applied indiscriminately to all residential treatment programs and that they did not attempt to assess the efficacy of the programs in this study (GAO, 2007).

In one case outlined by the GAO, the victim (Aaron) was a 14 year-old male with a history of clinical depression and multiple suicide attempts. In 2001, Aaron was enrolled in a therapeutic school licensed by the state of West Virginia. During the “survival training” phase of the program, Aaron cut his arm four times from wrist to elbow using a knife that had been issued to him as part of the program. Immediately afterward, Aaron asked an instructor to take the knife away from him; the instructor responded by asking Aaron to “promise not to hurt himself again” and returned the knife to his possession. The following day, the instructor consulted the founder and “head therapist” (an individual without any formal clinical training) about the incident. The founder advised the instructor that Aaron was being “manipulative” and that the best approach was to simply “ignore him.” That evening, Aaron committed suicide by hanging himself with a cord not far from his tent. Unbelievably, at the time of this report, this program was still open and operating under new management (GAO, 2007).

What are the implications of this investigation for LGBTQ youth who enter out-of-home care settings? Although this report did not specifically address the experiences of LGBTQ youth, this investigation illustrates the ways in which the current policies that are designed to support and

protect at-risk or “troubled” youth do not meet the needs of this population. When the additional risks experienced by LGBTQ youth are factored into this equation, the potential vulnerability of this population is starkly illuminated.

Conclusion

Although there is a lack of large-scale quantitative research into the experiences of LGBTQ youth who enter private and public out-of-home care settings, the stories drawn from small, qualitative studies and interviews provide a compelling—and disturbing—glimpse into the lives of these individuals. The existing research illustrates the ways in which LGBTQ youth who enter out-of-home care settings are vulnerable to discrimination, neglect, harassment, and violence at multiple layers within the system. What remains unknown is whether or not these stories are indicative of a systemic issue within the child welfare system, or if they are reflective of isolated incidents. While many obstacles stand in the way of conducting research into the lives of these youth, a review of the literature clearly indicates a necessity for further examination into the lives of LGBTQ youth who enter out-of-home care settings.

Turning back to the results of Ryan, Huebner, Diaz and Sanchez’s (2009) study which revealed a predictive relationship between family rejection and negative health outcomes (including suicidality) in LGB youth, the potential short-term and long-term impact of repeated instances of caregiver rejection, discrimination, harassment and violence directed towards LGBTQ youth in out-of-home care settings becomes devastatingly clear. As Mallon (2002) found, the youth in his study “in many cases estranged from their own families of origin, still sought out adult role models, mentors, and fictive kin” (p. 423). The concept of “fictive kinship” can play an important role in the lives of LGBTQ youth who are alienated or displaced from

desired family support, thereby seeking out intentional relationships and networks that resemble family and provide a sense of “kinship” (Weston, 1991). The youth in Mallon’s (1998) study spoke to this desire:

There are so many people who feel left out because they feel that the counselors don’t like them because they are gay and they felt like they are not loved, and I hear a lot of people tell me that they need a lot of help. I am gay and sometimes I don’t feel loved, I sometimes feel that the straight kids get more love than we do, I felt that in the group home (p. 71).

Some of the youth in Mallon’s (1998, 1999, 2002) studies established relationships with caregivers that were characterized by support and affirmation. For example, a youth in Mallon’s (2002) study made the following statement about a staff member in his group home:

I don’t know where I would be without John. He is always there for me. I can call him when I need to talk, he helped me get a job, and is always working with me to help me become independent. I know that this is his job, but I know that what he does for me is more than what most people do at their jobs. When I leave in six months, I know that we will continue to be connected. I guess you could say we have a bond (p. 423).

What does the future hold for those youth who cannot form these connections and experience multiple instances of caregiver rejection as they move from one out-of-home care placement to the next? The impact of supportive and affirming relationships on LGBTQ youth in out-of-home care settings is not well researched or understood, but can intuitively be expected to play an important role in the outcomes of those youth who are displaced from their families of origin. In Chapter Six, the role of affirming relationships in the lives of LGBTQ youth who enter out-of-home care settings will be explored further in the context of a discussion focused on alternative settings specifically designed to provide support to this vulnerable population.

CHAPTER FOUR

POSTMODERNISM, SOCIAL CONSTRUCTIONISM, AND QUEER THEORY

Children make the best theorists, since they have not yet been educated into accepting our routine social practices as “natural,” and so insist on posing to those practices the most embarrassingly general and fundamental questions, regarding them with a wondering estrangement which we adults have long forgotten. Since they do not yet grasp our social practices as inevitable, they do not see why we might do things differently.

*Terry Eagleton
The Significance of Theory*

I came to theory because I was hurting—the pain within me was so intense that I could not go on living. I came to theory desperate, wanting to comprehend—to grasp what was happening around and within me. Most importantly, I wanted to make the hurt go away. I saw in theory then, a location for healing.

Bell Hooks, “Theory as Liberatory Practice” from Feminist Theory: A Reader (1994)

How can theory enter a therapeutic space—or any space—and create a “location for healing?” (Hooks, 1994). This question is central to the profession of social work. In considering the potential of various theoretical frameworks to create change, to facilitate insight and growth, and to heal, certain theories can fit relatively neatly into the therapeutic space, intuitively leading to interventions and clinical formulations. How can queer theory “ever the post-postmodern concept...as elusive to nail down as mercury” (Dilley, 1999, p. 457) enter these spaces to create a location for healing and liberation?

Riki Wilchins (2004), a prominent queer theorist, acknowledges that postmodernism and queer theory can feel “impossibly abstract” but argues that “as queer theory retreated further into the academic arcana, it became of increasingly less use to the people who needed it, including the psychosexual minorities and activists trying to change society (p. 1). Although queer

theory—with its structural framework rooted in postmodernism and social constructionism—evolved out the need for a language and a voice that could challenge dominant paradigms, it is often viewed as a theory that is strictly academic in nature. Wilchins (2004) argues for the importance of grounding queer theory in practice and activism. She evocatively states that unless we bring queer theory and gender theory “out of the ivory towers and into the streets, we may be witnessing the birth of a major philosophic movement that succeeds in politicizing practically everything but produces practically nothing in the way of organized, systemic social change” (Wilchins, 2004, p. 106). Queer theory was created to give a voice to those who live in the margins, but do queer theorists have a view from the ivory towers of most marginalized LGBTQ youth? In the latter half of this chapter we will explore the most recent writing and research on LGBTQ youth that has evolved out of perspectives rooted in queer theory in order to critically examine whether or not these conceptualizations can be applied to LGBTQ youth who enter out-of-home care settings.

In order to challenge the perception of queer theory as esoteric and intangible, Wilchins (2004) integrates her own experiences as a transgender woman into her text, thereby illuminating the ways in which this theoretical framework “captured and explained things I’d felt or expected all my life, but which I’d never put into words” (p. 1). For many people—especially those individuals who live in-between and on the edges of sex, sexuality, and gender—language can be cumbersome and unwieldy. Queer theory, “the philosophy of the dispossessed,” can be a place of healing and liberation for those “bodies and genders that are unspeakable, marginalized, or simply erased” (Wilchins, 2004, p. 44). The goal of this discussion is to bring clarity and transparency to some of the main tenets of postmodern social constructionism and queer theory, in order to challenge the notion of these theories as inherently esoteric, and to reclaim this

knowledge for those individuals who are (quite literally) dispossessed: LGBTQ youth who enter out-of-home care settings.

Postmodernism

As postmodernism serves as the backdrop for social constructionism and queer theory, it is essential to clarify what is meant by this ubiquitous term. In order to gain a better understanding of what *postmodernism* means, it is useful to first define and discuss what is meant by modernism. The concept of *modernism* is so ingrained into our Western society that it is rarely defined; modernism does not typically require explanation, because it is accepted as fact.

Wilchins (2004) writes:

One of the main overarching stories (meta-narratives) that we tell ourselves as a society is that we are a culture defined by truth and guided by knowledge and science...This story is what we mean by modernism. With its unquestioning faith in knowledge and progress—and knowledge as progress—it is so fundamental to how we think that it appears to be independent of us, as if it just appeared without pedigree or origin (p. 33).

Modernism is built into so many facets of our lives that it takes on an invisible quality. We presume that dilemmas, ambiguities, and unanswered questions can be answered; problems can be solved through the power of knowledge; ambiguities can be classified into discrete categories, dilemmas can be addressed through technology, the unfathomable mind can be diagnosed. According to Wilchins (2004), many facets of our lives are permeated by “scientific vigor,” with unfortunate effects (p. 33). She writes: “This scientific vigor has only served to politicize the more profound transgressors, solidifying their status as social pariahs while producing little in the way of useful knowledge” (p. 34). And what do we make of these “profound transgressors?” How do we understand those individuals who continue to defy categorization and definition? While modernists would argue that knowledge can be used to find an answer to these dilemmas

and ambiguities, Wilchins (2004) argues that “[t]he problem such individuals pose is not a consequence of insufficient knowledge, to be solved with more and better science. Instead, we need a new approach, a postmodern one” (p. 34).

Vivien Burr (2003) presents *pluralism* as an alternative to modernism. She writes:

Postmodernism rejects the idea that the world can be understood in terms of grand theories or metanarratives, and emphasizes instead the co-existence of a multiplicity and variety of situation-dependent ways of life. This is sometimes referred to as pluralism. It argues that we in the West are now living in a postmodern world, a world that can no longer be understood by appeal to one overarching system of knowledge, for example a religion (p. 12).

Postmodernism evolved out of social and historical crises. Wilchins (2004) suggests that the foundation of postmodernism as well as queer theory can be found in a speech given at Johns Hopkins University in 1965 by the French philosopher Jacques Derrida, “launch[ing] a fundamental critique of traditional Western thought that still reverberates today” (p. 35). If we place Derrida’s speech (later published in 1967) in a historical and cultural context, the impetus for this criticism becomes quite clear. One of the key messages within Derrida’s (1967) speech was a condemnation of the ways in which the dominant social order addressed difference (i.e. divergence from the norm), or what is termed *alterity* by postmodernists (Wilchins, 2003, p. 43). Wilchins (2004) states, “Derrida’s attacks on language, reason, and meaning were the result of deep anger at Western ways of thinking that tended to suffocate alterity and difference” (p. 43). Derrida’s (1967) speech stood in direct opposition to the notion that a “voice of universal rationality” can and does exist (Wilchins, 2003, p. 43).

Derrida’s (1967) speech was not merely an esoteric intellectual or academic endeavor. Wilchins (2004) points out that Derrida and other French philosophers who played a crucial role in the origins of postmodernism had witnessed “some of the worst moral crimes of the 20th century—from the technical rationality of the Nazi death camps, to the use of scientific progress

to exterminate the entire civilian populations of Hiroshima and Nagasaki” (p. 43). Violence in the name of science, totalitarian regimes, and unquestioned obedience to the dominant social order prompted these philosophers to become “deeply suspicious of what social progress on the infinite upward spiral really meant when it came to the human spirit” (Wilchins, 2003, p. 43).

In this evocative speech, Derrida called for the “decentering of knowledge” (1967, p.354), in other words, creating a little elbow room for alterity, and introduced “intellectual spaciousness into the system...enabl[ing] the excluded and erased to reemerge” (Wilchins, 2003, p. 43 - 44). The practice which Derrida (1967) introduced in order to realize this decentering was termed “deconstruction” (p. 357). *Deconstruction* is a tool for taking a critical look at what society perceives to be true and incontestable. According to Wilchins (2004), “Deconstruction reveals that a given Truth is not transcendent, that it is dependent upon other small-t truths, and that it is culturally constructed. Deconstruction thus is as much a political tool as a philosophical method. It is about power. And it is an antidote to universal Truths” (p. 44).

In this last passage Wilchins (2004) presents deconstruction as a tool for revealing the inherently “constructed” nature of both “small-t” and capital-t “Truths” (i.e. common beliefs held by many individuals and meta-narratives that shape and guide the structure of our society) (p. 44). What does it mean to say that something is culturally or socially constructed? This question brings us to the theoretical orientation of social constructionism, which evolved out of the postmodern movement.

Social Constructionism

Burr (2003) traces the origins of social constructionism to a paper presented in 1973 by Gergen, a well known social psychologist. Gergen's (1973) work was published during what Armistead (1974) identified as the crisis in social psychology. During this crisis, a number of social psychologists stepped forward to challenge the unchecked positivism that characterized that time period, and called for alternatives to oppressive uses of psychology (Brown, 1973; Armistead, 1974). Gergen's (1973) paper spoke to the historical and cultural specificity of all knowledge, including psychology; he argued for academic inquiry that encompassed the social, economic, and political realms as the preface to developing a comprehensive understanding of psychology and our society. Burr (2003) notes that the origin of social constructionism cannot be pinpointed to one school of thought. Rather, social constructionism arose from "and is influenced by a variety of disciplines and intellectual traditions" (p. 15). However, an important distinction to make is that social constructionism is a term that has been relegated to the field of psychology, whereas postmodernism as an intellectual movement can be and is drawn on by those in the fields of literature, music, art, and architecture (Burr, 2003).

Despite its specific application within the fields of psychology and sociology, social constructionism refers to a theoretical orientation that is vast in scope, and is therefore difficult to define. Burr (2003) suggests that a social constructionist approach includes one of the following foundational concepts: the necessity of taking a "critical stance towards taken for granted knowledge," acknowledging "historical and cultural specificity," examining the ways in which "knowledge is sustained by social processes," and recognizing the interconnectedness of knowledge and social action (p. 2-5).

The necessity of taking a “critical stance toward taken for granted knowledge” is the first—and arguably the most central—assumption within social constructionism (Burr, 2003, p. 2). According to Burr (2003), the nature of this position “invites us to be critical of the idea that our observations of the world unproblematically yield its nature to us, to challenge the view that conventional knowledge is based upon objective, unbiased knowledge of the world” (p. 3). Therefore, the first tenet of social constructionism stands in direct “opposition to what is referred to as positivism and empiricism in traditional science—the assumption that the nature of the world can be revealed by observation, and that what exists is what we perceive to exist” (Burr, 2003, p. 3).

Based on Burr’s (2003) four assumptions (“a critical stance toward taken for granted knowledge, historical and cultural specificity, knowledge is sustained by social processes, and knowledge and social action go together”), it becomes clear that social constructionism is quite different from traditional psychology, as well as our Western medical model (p. 2-5). Burr (2003) also cites additional features of social constructionism that stand in striking opposition to the way we are typically taught to understand ourselves and the world. These features of social constructionism include “anti-essentialism” and “a focus on interaction and social practices” (p. 5-9).

In order to understand *anti-essentialism*, it is helpful to first define the meaning of an essentialist perspective. An *essentialist perspective* is based on the idea of an individual possessing a “pre-given content” or inner essence that can be revealed and defined over time (Burr, 2003, p. 6). Psychoanalysis is based on an essentialist perspective, as is much of biology and psychology. Social constructionists are not arguing that “nurture” has a greater impact than “nature.” Rather, they are presenting the radical idea that because our world is the product of

social processes, “it follows that there cannot be any given, determined nature to the world or people” (Burr, 2003, p. 5). This concept is abstract and not fully embraced by all social constructionists or queer theorists, some of whom subscribe to the school of strategic essentialism. The concept of anti-essentialism will be discussed further as we move towards an overview of Queer Theory.

The remaining feature of social constructionism that Burr (2003) describes as standing in opposition to traditional psychology is the “emphasis on interaction and social practices” (Burr, p. 5-9). Traditional psychology—rooted in psychodynamic theory—searches for explanations of social phenomenon inside of the individual, i.e. locating the source of a “problem” or symptom within the client. According to Burr (2003), “Social constructionism regards as the proper focus of our enquiry the social practices engaged in by people and their interactions with each other” (p. 9).

Although social constructionism is rooted in critique and deconstruction (and has been accused of being excessively abstract and intangible) the tenets of this theory are not confined to the realm of academia. Various theoretical orientations have emerged out of postmodernism and social constructionism; narrative therapy, feminist therapy, and intersubjective relational therapy are examples of postmodern therapeutic modalities that have garnered a great deal of attention and use during the past several decades. As we move into an overview of queer theory, the focus of this discussion will be on making the radical—and sometimes abstract—tenets of this theory accessible and applicable to clinical social work practice at a micro and macro level.

In order to begin exploring the meaning and applicability of these major ideas, the thread of social constructionism will be followed throughout the remainder of this discussion. As we move into an exploration of queer theory, we will pay close attention to the ways in which this

theoretical framework utilizes the central tenets of social constructionism to deconstruct dominant discourses about sex, gender, and sexual identity. The concept of “deconstructing dominant discourses” as they apply to what appear to be the incontestable categories of sex, gender, and sexuality is at the heart of this thesis topic. The experiences of discrimination, neglect, and abuse that LGBTQ youth report in out-of-home care settings are inextricably interwoven with dominant discourses about what it means to be an *LGBTQ youth who resides in an out-of-home care setting* (with an emphasis on the multiplicity of this identity). The goal of this discussion is to provide an overview of the theoretical framework that can be utilized to inject “intellectual spaciousness” into the system of knowledge that we as a society have created in order to make LGBTQ youth knowable and identifiable (Wilchins, 2004, p. 43).

Micro Social Constructionism vs. Macro Social Constructionism

As discussed at the beginning of this chapter, queer theory is rooted in a structural framework of postmodernism and social constructionism. Before moving into a discussion of queer theory, it is important to acknowledge that social constructionism can be broadly bifurcated into two major schools of thought: “micro social constructionism” and “macro social constructionism,” which have been respectively termed “weak” and “strong” social constructionism, as well as “light” and “dark” social constructionism by different authors (Burr, 2003, p. 21). Burr (2003) argues that micro and macro social constructionism are not mutually exclusive, but that an important distinction exists between these two frameworks that is relevant to a discussion of queer theory. While micro social constructionists (for example, discourse psychologists) are focused on critically examining interpersonal processes and the “constructive force of interaction,” macro social constructionists are primarily concerned with the role of power in

social interactions (Burr, 2003, p. 22). This distinction is directly related to how members of each school of thought understand, define, and give power to the concept of ‘discourse’ introduced by Foucault (1972). Within micro social constructionism the term ‘discourse’ specifically refers to the way that language is used interpersonally; whereas, from a macro or ‘deconstructionist’ position, discourse is viewed as powerful and influential on many levels. Given that macro social constructionism is focused on the concept of power, many of the ideas within this theoretical framework have been utilized by activists to create change by expanding society’s awareness of issues related to race and ethnicity, women’s rights, disability, and illness. During the past several decades, queer theory has evolved (and continues to evolve) out of the necessity for a language that could speak to the needs of those who continue to live in the margins of sex, gender, and sexual identity. Foucault’s work (1972, 1976, 1979) profoundly influenced both macro social constructionism and queer theory; his work—particularly *The History of Sexuality* (1972) and his concept of ‘discourse’—has been identified by some as the foundation of—and inspiration for—queer theory (Wilchins, 2004).

Discourse

As we move into a discussion on the subject of discourse and queer theory, it is important to acknowledge the breadth and scope of this subject. A comprehensive presentation of queer theory is beyond the scope of this study. Therefore, the concepts within queer theory which are most applicable to gaining a better understanding of the ways in which dominant discourses or “master narratives” impact the lives of LGBTQ youth will comprise the focus of this discussion.

Foucault (1972) wrote that discourses are the ‘practices which form the objects of which they speak’ (p. 49). This may seem like an abstract and circular idea, but in some ways it is intuitive.

In other words, rather than using language to objectively describe a world that has already been shaped and formed and has an abiding internal essence (i.e. essentialism), the way that we use language (through text as well as social interaction) subjectively shapes and informs the structure of our world. Burr (2003) succinctly defines discourse in the following manner:

A discourse refers to a set of meanings, metaphors, representations, images, stories, statements, and so on that in some way together produce a particular version of events. It refers to a particular picture that is painted of an event, person, or class of persons, a particular way of representing it in a certain light. If we accept the view that...a multitude of alternative versions of events are available through language, this means that, surrounding any one object, event, person, etc. there may be a variety of different discourses, each with a different story to tell about the object in question, a different way of representing it to the world (p. 64).

Wilchins (2004) summarizes the concept of discourse as “a set of meaning-making practices...rules for producing knowledge that determine what kinds of intelligible statements can be circulated within a given economy of thought” (p. 59). Her concept of “economy of thought” speaks to the limits that are set in place by discourse. For example, with regard to sexual identity, the binary of heterosexuality and homosexuality creates a certain ‘economy of thought’ where other sexual identities such as bisexuality or pansexuality are effectively disappeared. Although—as Burr (2003) noted—a multitude of discourses may be present at any given time, it is intuitive that certain discourses are going to take up more space than others. But how do certain discourses gain power and dominance? Burr (2003) writes that “the particular, common-sense view of the world prevailing in a culture at any one time, is intimately bound up with power” (p. 68). She goes on to reflect,

What it is possible for one person to do to another, under what rights and obligations, is given by the version of events currently taken as knowledge. Therefore, the power to act in particular ways, to claim resources, to control or be controlled depends upon the knowledge currently prevailing in our society. We

can exercise power by drawing upon discourses, which allows our actions to be represented in an acceptable light (p. 68).

Dominant discourse in our society is heavily informed by modernism and essentialism; therefore, we are a society that exists within a binary of *truth* and *falsehood*. The binary of *truth* and *falsehood* within our society is one of many binaries (male/female, black/white, heterosexual/homosexual) that—by virtue of its invisibility—can be said to have achieved dominance. Burr (2003) cautions us to be aware that Foucault did not see “power as some form of possession, which some people have and others don’t, but as an effect of discourse” (p. 68). She writes, “To define the world or a person in such a way that allows you to do the things you want is to exercise power. When we define or represent something in a particular way, we are producing a particular form of knowledge, which brings power with it.” (p. 68). This is an unnerving and unfamiliar kind of power. We are accustomed to power that exacts control from “the top down;” Wilchins (2004) points out that “this kind of discursive power operates from the bottom up. It is not central but diffuse and capillary. It is not held by authorities and institutions; rather it is held by no one, but exercised by practically everyone.” (p. 63). Reflecting back on social constructionism, we can begin to see how small social processes and interactions construct knowledge as well as sustain dominant discourse. Imagine a social worker diagnosing a child with Gender Identity Disorder, or a father chastising his son to “act like a man.”

Wilchins (2004) writes, “We have centuries of experience and political theory to deal with repressive power, but we have practically none to deal with productive power...we may need new forms of policies to challenge discursive power...you can’t just pass laws against this kind of power” (p. 63). How do we challenge dominant discourse? According to queer theorists, we can challenge discursive power by challenging categories: “While the group may or may not win

the power and legitimacy they seek, the categories of discourse are implicitly accepted by those on both sides of the fight” (Wilchins, 2004, p. 63). It is a “lose the battle, win the war” kind of logic; out of the conflict a little more elbow room for alterity is created and a new discourse is acknowledged.

Invisible Discipline and “The Panopticon”

What does Wilchins (2004) mean when she refers to the “productive,” as opposed to repressive, power of discourse (p. 63)? To understand the ways in which discourse can exert its power through production, we can look to the ways in which same-sex desire and behavior is understood, in the context of historical and cultural specificity. For example, Wilchins (2004) notes that in ancient Greece same-sex desire and sexual activity between men was seen as normative. In the mid 1800s, various cultural and historical influences produced “the homosexual... [as] a species,” as opposed to the “sodomite... a temporary aberration” (Foucault, 1972, p. *). The change that occurred was shifting the emphasis from behavior to identity; “Where homosexual acts had been what one sometimes did, the homosexual person was something permanent, what one was. For the first time it was possible, even necessary, to identify *as* a homosexual.” (Wilchins, 2004, p. 55). This distinction was reiterated by the presence of homosexuality as a diagnosis within the Diagnostic and Statistical Manual of Mental Health Disorders (DSM). This diagnosis remained in the DSM until 1973, but was replaced with “ego-dystonic homosexuality” in 1980; since that time, this diagnosis has also been removed by the American Psychiatric Association. In this way, the dominant discourse about ‘homosexuality as pathology’ (largely derived from interpretations of Freud’s early work) produced the subject of the “homosexual” as well as social practices such as diagnosis and treatment with “reparative”

and “conversion” treatments. Likewise, we can look to the example of intersex infants to understand how the power of dominant discourses lies in production.

Does the power of discourse always act *upon* someone, or is there another route for this power to produce and construct knowledge? Foucault (1972) used the metaphor of Bentham’s Panopticon to epitomize the ways in which discourse has the power to exert social control (Burr, 2003, p. 71). The Panopticon was a uniquely structured prison which was designed around a central watchtower. From a position at the top of the watchtower, each prison cell was visible at any given time such that “in their cells, no prisoner could be certain that they were not being observed, and so they gradually began to police their own behavior” (Burr, 2003, p. 71). Foucault (1979) argued that the outcome of dominant discourse was to essentially recreate the structure of The Panopticon within our society, thereby creating citizens who were compliant and self-regulating. In other words, “Society had learned to arrange itself in such a way that difference would not need to be punished but could actually be prevented—and not by authorities but by individuals themselves, not just intermittently when in public but continuously in private as well” (Wilchins, 2004, p. 69). In addition to critiquing power and discourse, Foucault is also speaking to the idea of “the internalized object” that can be found within psychodynamic theory. When viewed in the context of sexuality and gender, the metaphor of The Panopticon reiterates the power of discourse to produce and encourage the internalization of the “bad object,” i.e. homophobia. Likewise, “gender conformity is made possible through a sense of permanent visibility, a strong consciousness of shame before others, a rock-solid belief in what our bodies mean and that meaning’s utter transparency” (Wilchins, 2004, p. 69). The power of the disciplinary society is omnipresent; it has produced “docile bodies—perfect,

uniform citizens who have internalized a sense of personal visibility, self-consciousness, and social norms” (Wilchins, 2004, p. 68).

Turning back to two main tenets of social constructionism—“knowledge is sustained by social processes” and the interconnectedness of knowledge and social action—we can now take a second look at the power of discourse from a queered perspective (Burr, 2003, p. 4). This overview and discussion of queer theory endeavored to illustrate several ways that dominant discourse shapes the production of knowledge about the subjective realms of gender and sexual identity. The connection between discourse and social action is not always as self-evident. However, Burr (2003) cautions that “[d]iscourses are not simply abstract ideas, ways of talking about and representing things that...float like balloons far above the real world (p. 75). Subsequently, Burr (2003) emphasizes the tangible impact of discourse by arguing that “[d]iscourses are intimately connected to institutional and social practices that have a profound effect on how we live our lives, on what we can do and on what can be done to us” (p. 75). Indeed, the way in which knowledge is constructed about the world calls for specific actions; there are ramifications for each fabricated reality that emerges out of social discourse. The interconnectedness of discourse with social action can be seen by taking a critical look at the concept of sex. The proposal to deconstruct sex may seem abstract or implausible; how can we propose that language shapes bodies? Aren’t they already shaped? As Butler (1990) notes, “physical features appear to be in some sense there on the far side of language, unmarked by a social system” (p. 114). Problematically, once a discourse has attained a dominant position within a culture, it essentially becomes invisible. The majority of individuals in our society will never be in the position to recognize the impact of sex as a social construction. At times, the position and power of dominant discourses are illuminated by those individuals who are

exceptional, who live outside of the binaries that shape our modernist society. Wilchins (2004) speaks to the ways in which dominant discourses are made visible by looking outside and among the interstices of these binaries.

To clearly see discursive power at work, we need bodies at society's margins. Margins are margins because that's where the discourse begins to fray, where whatever paradigm we're in starts to lose its explanatory power and all those inconvenient exceptions begin to cause problems (p. 71).

There are two ways of responding to this phenomenon of "bodies at the margins;" "We can see it as evidence of their unimportance. Or we can see their marginalization as important evidence of the model's imperfection and begin to admit how the operations of language, knowledge, and truth have shaped our consciousness."(Wilchins, 2004, p. 72).

Wilchins (2004) uses the example of intersex infants and "intersex genital mutilation" (IGM) to illustrate both the problematic areas of the binary that we use to understand "sex" as well as the social practices that are connected to this construction. She cites the example of Cheryl Chase—the founder of the Intersex Society of North America—as one example of an individual who lives in the margins of sex and gender. Cheryl was initially assigned as 'male' when she was born, and was named "Charlie." However, she presented with an unusually small penis as well as ovaries that contained testicular as well as ovarian tissue. Wilchins (2004) points out here that "medicine gives us no no-binary options...if a boy has an ovary, is it still an ovary?" (p. 73). When Charlie was a year and a half old, her doctors reassigned her as 'female' and removed a substantial part of her penis, creating a clitoris, and—she would eventually learn—also removing the majority of the sensation in this fabricated organ. This decision was—in large part—based on the unspoken goal of constructing "normal" heterosexuality; Charlie's penis was not large enough to perform the act of penetration, therefore the surgical intervention was deemed to be

necessary. “[M]edical theories of Sex, like so much of theory, are concerned with the resolution and management of difference.” (Wilchins, 2004, p. 78). In the case of Cheryl, the anxiety of her family and her doctors was alleviated by reconstructing the source of subjectivity and ambiguity; in the words of Foucault (1977), “Knowledge is not made for understanding; it is made for cutting” (p. 154). Subsequently, “All evidence of Charlie’s existence was hidden. Boy’s toys and clothes were thrown out and replaced with girl’s clothes and toys. Out blue, in pink.” (Wilchins, 2004, p.73). In the case of Cheryl, the productive nature of power, consummated through discourse, is self-evident. “Language and meaning [were used] to interpret her genitals as defective, to produce her body as intersexed, and to require that she be understood through a lens of normal male and normal female” (Wilchins, 2004, p. 77).

Dominant Discourse, “Master Narratives”

As illustrated by the previous discussion, a central idea within queer theory is the value of deconstructing dominant, essentialist ideas about “truth.” It follows that one of the major trends within this field is critique of empirical literature that claims to make certain phenomena “knowable” through science. In other words, “Queer theory inverts the notion of outsider giving voice to the insider as well as the notion of insider information being untouched by outsider information” (Dilley, 1999, p. 460). Therefore—as a fundamental idea within queer theory—an important piece of this study is to ask: “How do we *know* what we *know* about LGBTQ youth?” In other words, how is our knowledge of LGBTQ youth constructed, and how do these constructions affect the lives of LGBTQ youth who enter out-of-home care placements?

Recent literature has suggested that youth with same-sex desire navigate two master narratives of sexual identity during the course of their development: a narrative of “struggle and

success” and a narrative of “emancipation” (Cohler & Hammack, 2007; Hammack, Thompson & Pilecki, 2009). Prior to delving into a discussion about the role of master narratives in the lives of LGBTQ youth, it is necessary to make some clarifications about the nomenclature utilized in this research. The authors (Hammack, Thompson & Pilecki, 2009) make an important distinction between the process of “narrative engagement” and the presence of “master narratives” (p. 867, 869). The process of *narrative engagement* refers to the construction of a “personal narrative that integrates desire and behavior into a meaningful and workable configuration...[through which] the individual makes meaning of his or her desire and ‘performs’ an identity through the enactment of autobiography” (Hammack, Thompson & Pilecki, 2009, p. 868). Narrative engagement is closely related to the traditional concept of “narrative” as it is utilized in the fields of psychology and clinical social work. Alternatively, use of the phrase *master narrative* or *meta-narrative* is akin to speaking of a “dominant discourse” as it has been conceptualized by Foucault (1972). Hammack, Thompson and Pilecki (2009) clarify their use of the term as it applies to the topic of LGBTQ youth.

In the realm of sexual identity development, we suggest that individuals develop a configuration of identity that integrates their lived experience in general, but also a configuration that integrates and reconciles conflicting *discourses* or *master narratives* of sexual identity (p. 869).

The concepts of *narrative engagement* and *master narratives* are not mutually exclusive, Rather, they intersect at the crux of identity development; the master narratives at a given time, or in a given place, inform the process of narrative engagement by impacting the ways in which individuals “make meaning” of their desire and behavior.

The remainder of this discussion will be focused on the topic of the ways in which LGBTQ youth are impacted by dominant discourses or master narratives about same-sex desire, and

specifically what it means to be a youth in an out-of-home care setting who experiences same-sex desire. For the purposes of clarity, I will use the phrases *narrative* and *master narrative* throughout the remainder of this discussion, with the understanding that these concepts are being discussed from a postmodern perspective and therefore are analogous to the concept of dominant discourse.

The role of master narratives in the identity development of LGBTQ youth has drawn a great deal of scrutiny from queer theorists who have taken a unique—and perhaps surprising—stance on this issue. For example, when Talburt (2004) speaks of the “fraught knowledges that contribute to the construction of queer youth,” she is not critiquing the construction of LGBTQ youth as deviant, immoral, or pathological; she is critiquing liberal, antihomophobic narratives of LGBTQ youth as “at risk” (p. 17). Indeed, there is a powerful push from many theorists and researchers to move past the “victim trope,” the argument being that this powerful narrative “actively undermine(s)...queer youth agency by universalizing understandings of the queer youth as a subject who needs to be saved” (Marshall, 2010, p. 65).

Cohler and Hammack (2007) redefined the *at risk narrative* as the “struggle and success narrative” (p. 47). The authors (Cohler & Hammock, 2007) suggest that this narrative emerged out of the first wave of research into the lives of LGBTQ youth.

The first narrative which we will term the narrative of struggle and success depicts gay youth as the victims of harassment and internalized homophobia, accompanied by serious mental health problems such as anxiety, depression, and suicidal ideation. But this narrative also suggests success in spite of struggle, revealing the process of gay identity development, realized through social practice in the larger gay and lesbian culture, as a triumphant model of resilience in a heterosexist world (p. 49).

Does the *struggle and success* narrative meet the needs of LGBTQ youth who are placed in out-of-home care settings? Although the struggle and success narrative acknowledges the many

risks that LGBTQ youth can potentially face, there are certain drawbacks to relying upon this master narrative as a framework for understanding the experiences of LGBTQ youth. It has been argued that this narrative emerged out of methodologically flawed research that sampled at-risk populations (Savin-Williams, 2005). Other writers have focused on the impact of this narrative on LGBTQ youth, arguing that it encourages LGBTQ youth to frame their experiences within the “victim trope” thereby limiting their opportunities for the future (Marshall, 2010). In other words, it has been suggested that discourse produces behavior which conforms to the master narrative of “struggle” (i.e. risky behavior). Bohan, Russell and Montgomery (2003) suggest that the at-risk narrative “may have prescriptive as well as descriptive power...[T]he visibility granted...stories of suffering may persuade LGBT teens that an enactment of this suffering, suicidal script constitutes an effective route to the attention and validation we all seek” (p. 28). Writers have created provocative labels for the “at-risk” narrative. Rofes (2004) refers to this narrative as the “Martyr-Target-Victim syndrome” (p. 26), and suggests that this narrative could have a number of consequences including the construction of “a population of queer youth who see themselves within the victim framework.” Rofes (2004) also suggests that the Martyr-Target-Victim syndrome could “discourage the coming out of young people who...do not want to contend with victimization,” and may “distract attention from more important issues about sexuality and gender” (p. 57). An additional danger of the struggle and success narrative lies in its potential interpretations. From a postmodern or social constructionist position it is clear that the *struggle* element of this narrative is not driven by an essential quality within the youth, but is produced through the effects of homophobia, discrimination, and victimization. However, it is not unusual for this quality of *struggle* or *risk* to be conflated with the youth’s sexual identity, or

gender identity itself. In other words, the youth is perceived to be *at-risk* because of his or her sexual identity, as opposed to being *at-risk* as a result of social and institutional homophobia.

The “emancipation” narrative evolved out of the work of numerous queer theorists as well as others (Savin-Williams, 2005). Cohler and Hammack (2007) suggest that the *emancipation* narrative reflects dramatic changes in cultural discourse as it pertains to same-sex desire.

The second narrative, the narrative of emancipation, reveals the increasing fluidity in self-labeling among youth with same-sex desire, depathologizes the experience of sexual identity development among these youth, emphasizes the manner in which sexual minority youth cope with minority stress...and extends the concept of normality...to the study of sexual minority youth (p. 49).

In other words, societal attitudes that “emphasized the centrality of sexual identity in the lives of same-sex attracted youth have waned in significance...As same-sex desire becomes more culturally normative, the need for a distinct social identity as a sexual minority becomes less salient for youth” (Hammack, Thompson & Pilecki, 2009). While this perspective emphasizes the importance of moving away from a “universal” model for understanding LGBTQ youth, there is also a subtle message that a binary of normalcy and deviancy still exists. How do we understand LGBTQ youth to whom these master narratives do not apply? In other words, how do we make LGBTQ youth intelligible who fall into the margins at the edges of these master narratives?

The key point that the authors (Cohler & Hammack, 2007) make is that each master narrative is rooted in context—social, geographical, and historical. Accordingly, “discursive shifts in the construction of same-sex desire” based on the larger social context have a tremendous impact on the power and prominence of the role that the ‘master narrative’ has during the course of an individual’s identity development (Hammack, Thompson & Pilecki, 2009, p. 868). This research proposes that as a result of major cultural changes (such as the legalization of gay marriage in

certain states, the increased visibility of LGBTQ individuals in the media, use of the internet to connect with LGBTQ communities, and gay-straight alliances at high-schools), today's LGBTQ youth "now have immediate access to cultural resources and sources of support that were lacking in previous generations" (Hammack, Thompson, Pilecki, 2009, p. 867). While Hammack, Thompson and Pilecki (2009) acknowledge that heterosexism, homophobia, and victimization still have an impact on the lives of many LGBTQ youth, they argue that "the context for identity development has shifted dramatically for a new cohort of youth with same-sex desire" (p. 867).

The notion of an inescapable connection between same-sex sexuality and psychological distress has been called into question in recent scholarship and accounts in the popular media that suggest an adolescence increasingly smooth for youth with same-sex desire. A new generation of youth, with the support of a new cultural discourse on sexual identity diversity, appears to enjoy same-sex relationships without recourse to concern that their same-sex desire makes them "abnormal" (p. 48).

Inarguably, dramatic shifts in societal and cultural discourse about same-sex desire have brought about *certain* changes in the lives of *certain* LGBTQ individuals. However, changes such as the legalization of gay marriage in certain states do not impact all LGBTQ individuals equally across all the dimensions of social location; changes in cultural discourses are deeply interwoven with privilege (specifically white privilege, male privilege, and socioeconomic privilege).

Reflecting back on Savin-Williams' (2005) publication, *The New Gay Teenager* from a queered position, with an emphasis on the role that dominant discourse plays in identity development, the position of privilege in the *emancipation narrative* can begin to emerge.

Savin-Williams (2005), writes:

The fact is, the lives of most same-sex attracted teenagers are not exceptional either in their pathology or in their resiliency. Rather, they are ordinary. Gay adolescents have the same developmental concerns, assets, and liabilities as

heterosexual adolescents. This unnoteworthy banality might well be their greatest asset. It suggests that they are in the forefront of what can be called a “postgay” era, in which same-sex attracted individuals can pursue diverse personal and political goals, whether they be a desire to blend into mainstream society or a fight to radically restructure modern discourse about sexuality (p. 222).

Cohler and Hammack (2007) identified examples of both *struggle and success* and *emancipation* narratives in their interviews with LGBTQ students at the University of Santa Cruz. They begin their discussion of the *emancipation* narrative with the example of “Matthew,” who “notes that many of his friends are uninterested in labels or categories referring to sexual identities.” His generation, he maintains, is beyond terms like “gay” or even the reclaimed “queer” label (Cohler & Hammack, 2007, p. 47).

Who I have sex with doesn’t say much about who I am as a person. I’m just a normal guy who finds other guys attractive. I’m on the track team, majoring in classics and want to go to law school and make a difference in the world. That’s more about who I am than who I might hook-up with.”(p. 47).

The connection between privilege and the emancipation narrative is quite clear. In a world where Matthew has a strong sense of personal agency and privilege—where he sees possibilities including law school—he has a certain freedom to decide the salience of his sexual identity. Cohler and Hammack (2007) learn from Matthew that “[h]e doesn’t worry very much about the question of his identity, doesn’t see much of a point in a campus organization for guys like him, and is just a “normal” college student” (p. 47). Aside from Matthew’s sexual identity, where else is he socially located? What is his race and ethnicity? What is his socioeconomic status? It seems likely that there are other powerful discourses operating here which have a tremendous impact on the dominant discourse or master narrative that Matthew draws from to inform his identity development. It is, for example, probable that (at the very least) his privilege as a male college student has a profound effect on his identity development regarding his sexuality.

Within a framework that acknowledges what research has found thus far about the experiences of LGBTQ youth who enter out-of-home care settings, Savin-Williams' (2005) declaration that "the lives of most same-sex attracted teenagers are not exceptional either in their pathology or in their resiliency" becomes problematic. The LGBTQ youth who enter out-of-home care settings are marginalized at many levels; many of them are marginalized by their families of origin, by the child welfare system, and by their caregivers within these settings. Wilchins' (2004) assertion that "[t]o clearly see discursive power at work, we need bodies at society's margins...[because] that's where the discourse begins to fray...and all those inconvenient exceptions begins to cause problems" speaks to the experiences of LGBTQ youth in out-of-home care settings in an unforeseen way. These youth illustrate how the master narratives that we (as a society) use to understand LGBTQ youth do not necessarily apply to this population. While some queer theorists argue for pluralism—the two narratives of *at-risk* and *emancipation* existing side-by-side—others seem fixated on conceptually doing away with the *at-risk* narrative. Based on the limited research that has been done to explore the lives of LGBTQ youth in out-of-home care settings, I would argue that the dominant discourse which still informs the identity development of many LGBTQ youth who enter out-of-home care is still *homosexuality as pathology*. In many ways, LGBTQ youth who enter out-of-home care settings may be marginalized further by a dominant discourse that emphasizes either *struggle and success* or *emancipation*.

Reflecting back on the metaphor of The Panopticon that Foucault used to illustrate the power of a disciplinary society, we can examine these narratives from a position focused on discourse. Rather than a single watchtower, the authors introduce the concept of a multiplicity of dominant narratives that have a profound effect on the identity development of LGBTQ youth.

We suggest that these two narratives reflect particular historical moments in the cultural construction of homosexuality over the post-war period and into the present time, although we recognize that each of these competing narratives continues to be available as master narratives of gay identity in the contemporary world. Our aim is to make explicit the implications of narrative multiplicity for the identity of youth with same-sex desire and, in the process, re-envision a conception of normality in adolescent development (Cohler & Hammack (2007), p. 49).

Context is indeed salient. But I am struck by the fact that even within a conversation about the importance of context, only two master narratives are discussed that pertain to LGBTQ youth identity development. Is there room for a third master narrative that acknowledges the still powerful construction of *homosexuality as pathology* which has a profound effect on many LGBTQ youth who enter out-of-home care settings? Although multiplicity is emblematic of postmodernism, we still live in a modernist society that privileges the power of a singular dominant discourse. Cohler & Hammack (2007) write,

In a battle between any two narratives, one necessarily attempts to unseat the other by claiming its exact opposite. The reality often lies somewhere in the moderate middle ground that creates the epistemological space for a multiplicity of narrative possibilities, as multiplicity is perhaps the hallmark of a postmodern, globalized historical context (p. 50).

From a position that creates space for the experiences of all LGBTQ youth—including those who experience marginalization related to multiple dimensions of social location (race and ethnicity, socioeconomic status, and placement in out-of-home care settings) —the *emancipation* narrative appears premature. If the master narrative of *emancipation* is embraced, what will be the consequences for those youth who remain in the margins?

In order to understand the potential impact of the *emancipation* narrative on the lives of LGBTQ youth who enter out-of-home care settings, it is important to reiterate the impact of the *pathology* narrative that appears to pervade the lives of these youth. The thread of the dominant

discourse which constructs *homosexuality as pathology* can be traced back through the stories of those youth who described their experiences in out-of-home care settings in painful detail.

These stories often began with the depiction of a sudden rupture with the youth's family of origin related to intentional or unintentional disclosure of sexual identity. These ruptures speak to the construction of same-sex desire as a pathology that "spoils the identity" (Goffman, 1963, p. 5). Mallon (1998), states that once a youth's identity has been "spoiled," there are limited options available for remedying what is perceived as the "deviant trait" (p. 9). Typically, when pathology is discovered, attempts are made to "fix" or "correct" the root of the illness. The existence of "reparative therapy" and "conversion therapy" programs speaks to the perception of same-sex desire and/or LGBTQ identity as a mental illness which requires treatment. Mallon (2001) described a young man who presented with symptoms of PTSD, yet his sexual identity was perceived as his most salient treatment issue ("They wanted to determine if he had a chromosomal abnormality [because] he had been acting like a girl." Mallon, 1999, p. 6).

Same-sex desire and identity is regarded as both pathology *and* deviance, therefore violence is perceived by some as an appropriate and effective response. One young woman described being threatened with sexual assault by male staff members ("All you need is a good fuck"), essentially in order to *correct* her identity as a lesbian (Mallon, 1998, p. 110). Other youth described the boundaries between restraints and assaults becoming blurred when sexual identity entered the equation ("It was really more like an assault, than a restraint, a personal vendetta") (Mallon, 1998, p. 104). Emotional, physical, and sexual assault from peers was sometimes perceived by staff to be a normative and expected response to LGBTQ identity ("There was this one kid who everybody used to fuck because he was seen as the gay kid and didn't mind taking it") (Mallon, 1998, p. 105). In many cases, same-sex desire and identity was seen as the causal

factor for violence (“If you hadn’t told people that you were gay, this never would have happened”) (Mallon, 1998, p. 105).

Although pathology is sometimes perceived as treatable, it is most often perceived as *contagious* and *malignant*, i.e. capable of spreading and infecting others. Youth often reported being isolated from other youth and placed in single rooms, a practice which is reminiscent of being quarantined (“to keep the other kids away from me”) (Mallon, 1998, p. 56). Freundlich and Avery (2004) described the ways in which same-sex desire and identity was perceived by staff to be a contagion (“You’re going to...mess around with the girls and change them around. You know, turn them out”) (p. 47). The youth in Mallon’s study (1998) described staff who maintained a safe distance from them in the milieu (“I’d sit down on the couch and they’d sit beside me and then they’d realize who they were sitting beside and move”) (p. 82). Youth also reported being denied placements and being transferred to new placements upon disclosure of sexual and/or gender identity; these scenarios evoke acts of segregation and purification. If the pathology is not perceived to be treatable, preventative measures are taken (“We decided not to take those [youth] who made outright declarations.”) (Mallon, 1998, p. 88). In other cases, the pathology is simply removed (“I had a kid for two days in one place, and I had a worker call me up and say ‘I can’t have this kid here because the other kids want to beat him up’”) (Mallon, 1998, p. 89).

Dramatic social changes have allowed some youth who experience privilege in other dimensions of their social location to express same-sex desire—without fear of repercussions—while also forgoing LGBTQ group identity. While the experiences of these youth may reflect aspects of the *emancipation* narrative, the experiences of LGBTQ youth who enter out-of-home care settings illustrate the power and presence of *homosexuality as pathology* as a dominant

discourse at an individual, social, and institutional level. In order to create change for these youth, it will be necessary to critically examine this phenomenon from a systems perspective. Although research appears to indicate that a significant disparity exists in the provision of services to LGBTQ youth compared to heterosexual youth, the variables that contribute to this phenomenon are obscured by the complexity of the systems that are involved. An equally complex realm of inquiry lies in the examination of social welfare and child welfare policies that regulate public and private out-of-home care settings. In the following chapter, I will introduce salient developments in the history of child welfare policy as a preface to discussing specific policy issues that affect LGBTQ youth.

CHAPTER FIVE

LGBTQ YOUTH AND CHILD WELFARE POLICY

Currently, there are numerous policies which affect the placement of LGBTQ children and adolescents in out-of-home care settings on multiple levels. While LGBTQ youth are undoubtedly marginalized within the child welfare system, there are also complex and deeply ingrained issues which affect all youth who are displaced into this system. In considering the ways in which LGBTQ youth face serious—and at times dangerous—obstacles as they try to navigate out-of-home care settings, it is important to examine the policies and laws which provide a framework for the child welfare system.

This discussion will briefly review several significant points in the history of child welfare policy including the Social Security Act, the Child Abuse and Protection Act, Permanency Planning, and The Adoption and Safe Planning Act. Background information on the history of child welfare policy will be provided in order to illustrate a pattern of policy related issues, specifically a lack of standardized care and sufficient oversight that could improve the safety and welfare of youth who enter the child welfare system. This chapter will conclude with a discussion on current policy issues that impact LGBTQ youth who enter out-of-home care settings.

Key Components of Child Welfare

The Social Security Act

Child welfare policy in the United States has a complex, and at times troubling history. There have been numerous phases during the evolution of child welfare policy, yet cases involving inadequate care, neglect, abuse and fatalities within this system continue to be a serious social issue. It is notable that research has shown the child fatality rate in the United States to be more than double that of Canada and the United Kingdom (Waldfogel, 1998). To this day, our government—both federal and state—is struggling to adequately address the problem of child abuse and neglect. As a result of the Social Security Act of 1935, major changes in the administration and funding of child welfare services occurred; responsibility transitioned from the private sector to the public, governmental sector (Karger, 2010).

The issue of who is responsible for the oversight and funding of child welfare is an issue that is still relevant in today's political and social climate. Moreover, since the enactment of the Social Security Act, federal and state governments have divided the responsibility for family and child welfare services. Through this act, states began to “develop services for children independently of one another and within the relatively loose specifications of the act. In the absence of a centralized authority that would ensure standardized care throughout the United States, child welfare services varied greatly from state to state and even within states” (Karger, 2010, p. 388).

The Child Abuse and Protection Act

In 1974, amid increasing reports of child abuse throughout the 1960s and the emergence of the “battered child syndrome,” a new era of child welfare policy was ushered in when child welfare advocates “built a compelling case for a national standard for child protective services” (Karger, 2010, p. 388). The Child Abuse and Protection Act was established in 1974. This act called for the creation of the National Center for Child Abuse and Neglect within the department of Health and Human Services. Moreover, this act put forth a model statute for state child protective programs which established the following state requirements: “a standard definition of child abuse and neglect, methods for reporting and investigating abuse and neglect, immunity for those reporting suspected injuries inflicted on children, prevention and public education efforts to reduce incidents of child abuse and neglect” (Karger, 2006, p. 388).

Permanency Planning

Notably, a significant change in child welfare policy occurred in the 1980s. In 1980, the Adoption Assistance and Child Welfare Act was established. The backbone of this act was the concept of permanency planning. *Permanency planning* evolved out of the family preservation movement of the late 1970s—a movement with roots in social and fiscal conservatism. Family preservation called for “the systematic process of carrying out, within a brief time-limited period, a set of goal-directed activities designed to help children lives in families that offer continuity of relationships with nurturing parents or caretakers and the opportunity to establish lifelong relationships” (Maluccio & Fein, 1983, p. 197).

Initially, the advent of permanency planning was greeted with enthusiasm by child welfare professionals. This new approach appeared to have multiple benefits. First, placing a child in long-term foster care or with an adopted family is a financially demanding and time consuming

process. Implementing the family preservation approach reduced the work load involved with finding and maintaining an out-of-home placement for a child that has been abused or neglected. Furthermore, by prioritizing family preservation over the rights of the child, child welfare agencies began bridge with conservative politicians (Karger, 2006).

At the same time, the credibility of child welfare agencies was in question. Prior to the family preservation movement, a critical examination of foster care revealed a troubling phenomenon. Instead of serving as a temporary fix for a serious situation, foster-care had become a long-term solution. Indeed, 70 percent of children in foster care remained there for over one year (Karger, 2006). Moreover, “in many instances, child welfare agencies lost track of foster care children altogether...the District of Colombia’s Department of Human Services was rocked by a foster care scandal when it was reported that the department literally had no idea of the location of one out of every four children it had placed in foster care” (Karger, 2010, p. 395). Partially in response to these shocking findings, the family preservation movement gained popularity.

However, many child welfare advocates voiced their concern about the proposed changes in child welfare policy. According to Ronald Rooney (1982), a social worker who specializes in child welfare policy, “If the promise of permanency planning is to be realized, those who allocate funds must provide money for a continuum of services that are delivered from the point of entry into foster care and include programs designed to prevent the removal of children from their homes” (p. 157).

In 1980, permanency planning became an essential feature of the Adoption Assistance and Child Welfare Act. According to this act, states were required to make “reasonable efforts” to preserve and reunify the families of children who were placed in foster care (Legislative Chronology, 1997). Problematically, this act did not clarify what it meant to make a “reasonable

effort” to preserve the family. Under this new legislation, social workers quickly removed children from foster care and placed them back in their families—sometimes, with tragic results.

According to Karger (2010):

Inadequate resources sometimes created a vicious circle: When biological parents received few support services, they were less able to care for their children, thereby contributing to need for child protective services. In the absence of intensive support services, permanency planning for many children meant a revolving-door placement in foster care, reunification with the parent(s), and then a return to foster care (p. 396).

In 1993, despite the rising fatality rates of abused and neglected children, the Family Support and Preservation act was passed. Through this act, policy makers prioritized permanency planning; in part, to diminish the demands that child welfare policy had placed on a strained and disorganized foster care system (Karger, 2010).

Unfortunately, while the Child Welfare Act integrated permanency planning with the intention of moving abused and neglected children through foster care efficiently, for the most part, the act backfired. The stipulation that states make “reasonable efforts” to reunite children with their families contributed to a significant increase in the amount of time that children spent in foster care (Karger, 2010). Since 1983, the number of children in foster care nearly doubled, partially as a result of states going to extraordinary efforts to reunite families (Karger, 2010).

The Adoption and Safe Planning Act

In 1997, President Clinton passed the Adoption and Safe Planning Act, largely in response to the unintended effects of the 1980 Adoption Assistance and Child Welfare Act. In support of his decision, Clinton made the following statement: “We know that foster parents provide safe and caring families for children...but the children should not be trapped in them forever, especially

when there are open arms waiting to welcome them into permanent homes” (Legislative Chronology, 1997). In December of 1996, Clinton set a goal of “doubling the number of foster care children who were adopted or otherwise permanently placed in homes by 2002” (Legislative Chronology, 1997). The Adoption and Safe Families Act was designed to support the realization of this goal and renewed the emphasis on “protecting children’s safety and less to trying to reunite them with troubled families. This act also gave states financial incentive to find permanent adoptive parents for children in foster care (Legislative Chronology, 1997).

LGBTQ Youth and Child Welfare Policy

When considering the issue of how to create policy changes that will provide protection and support for LGBTQ youth who have been displaced into out-of-home care settings, several complicated issues emerge. First, although recent policy changes have attempted to provide a degree of federal oversight and intervention in support of state interventions that will promote the placement of youth with permanent families as opposed to long-term foster care placements, it is clear that a great deal of work remains to be done. Mallon (2002) made the following observation:

Despite the emphasis on permanency and other child welfare reforms of the U.S. Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272), and the more recent Adoption and Safe Families Act of 1997 (ASFA), a dramatic increase has continued in the number of children requiring out-of-home care. According to the most recent statistics from data submitted from states over a six-month period from October 1, 1999, to March 31, 2000, there were 588,000 children residing in foster care nationwide. (p. 408).

As a result of the Social Security Act, states are primarily left to their own devices when it comes to the interpretation and implementation of child welfare policies. Although youth who enter the child welfare system are entitled to clearly established civil rights under the U.S.

constitution, the polarized political climate in our country means that the ways in which states choose to interpret and implement policies related to the child welfare system will be strongly informed by sociocultural variables and state politics. Moreover, despite policy intervention at the federal level, research indicates that widespread issues within the child welfare system have not been sufficiently addressed. In the context of research which indicates that family rejection of LGB youth is predictive of negative health outcomes (Ryan et al., 2009), it is profoundly disturbing to consider the current state of the child welfare system amid allegations of widespread neglect and abuse of LGBTQ youth who are displaced into this system.

It is valuable to consider two states which, to some extent, represent opposite ends of the child welfare policy spectrum. These states are California and Utah. On January 1, 2004 the California Foster Care Non-Discrimination Act went into effect. This act is the first of its kind in the United States to expressly include protections for lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth and adults involved with the foster care system. The California Foster Care Non-discrimination Act prohibits discrimination within the California foster care system on the basis of actual or perceived race, ethnic group identification, ancestry, national origin, color, religion, sex, sexual orientation, gender identity, mental or physical disability, or HIV status. Furthermore, this act mandates initial and ongoing training for all group home administrators, foster parents, and department licensing personnel. According to the National Center for Lesbian Rights, this act specifically calls for the following provisions:

All foster children and all adults engaged in the provision of care and services to foster children have a right to fair and equal access to all available services, placement, care, treatment and benefits. All foster children and all adults engaged in the provision of care and services to foster children have a right not to be subjected to discrimination or harassment on the basis of actual or perceived sexual orientation or gender identity. All group home administrators, foster parents, and department licensing personnel must receive initial and

ongoing training on the right of a foster child to have fair and equal access to all available services and to not be subjected to harassment or discrimination based on their actual or perceived sexual orientation or gender identity. All community college districts that provide orientation and training to relative caregivers must make available to relative and extended family caregivers orientation and training courses that cover the right of a foster child to have fair and equal access to all available services, placement, care, treatment, and benefits and the right of foster youth not to be subjected to discrimination or harassment on the basis of actual or perceived sexual orientation or gender identity. (www.nclr.org)

By comparison, the National Center for Youth Law brought sued the State of Utah (David C. v. Huntsman) in 1993 on behalf of all foster children and children reported as abused or neglected in the state of Utah. According to the National Center for Youth Law, “the complaint addressed nearly all aspects of the state’s child welfare services and foster care system, including: abuse and neglect investigations; child protective services; quality and safety of out-of-home placement; health care and mental health care for foster children; caseloads and staff training; and case planning, case review, and permanency planning” (www.youthlaw.org).

In May of 2007, after fourteen years of federal court oversight and a massive overhaul of the state’s child welfare system, both parties agreed to terminate the lawsuit. Utah’s foster care system is now cited as the national model. However, Utah does not have any laws in place that specifically provide protection for LGBT youth who are displaced into the child welfare system. Given what is known about the experiences of LGBTQ youth in out-of-home care settings, the notoriety of Utah’s child welfare system, as well as the political and cultural climate in this state, further research into the experiences of LGBTQ youth who receive social services in this state could be both disturbing and revealing. A more detailed description follows.

Moreover, Utah is one of only a few states that have imposed restrictions based on the parent’s sexual orientation in order to deny custody, adoption, visitation, and foster care. Both Utah and Arkansas have passed policies that prohibit lesbians, gay men, and those adults who

live with them from serving as foster parents (<http://www.acluutah.org/dcfsfacts.htm>). Florida is the only state which passed a law that explicitly bars lesbians and gay men from ever adopting children.

Notably, five years after court oversight of Utah's child welfare system was implemented, the ACLU reported that there was an even greater shortage of "qualified" foster and adoptive parents in this state. In 1995, there were approximately three children waiting for each qualified home in the state of Utah. By 1998, there were more than four children waiting for each qualified home (<http://www.acluutah.org/dcfsfacts.htm>). According to the National Center for Youth Law, the child welfare system in Utah currently has approximately 2,300 children and adolescents in foster care. This agency also reports that there are over 20,000 complaints of child neglect and abuse made in the state of Utah annually. It is striking that a state which has notoriously struggled to provide children and adolescents with a wide range of safe and consistent services (including out-of-home care placements), has one of the least inclusive approaches to identifying "qualified" foster and adoptive parents. Moreover, in the light of research which shows a predictive link between family rejection and negative health outcomes of LGB young adults (Ryan et al., 2009), it is interesting to consider how revising child welfare policies in this state to include gay and lesbian foster and adoptive parents could potentially improve the health outcomes of LGBTQ children. At the very least, establishing a policy that specifically prohibits discrimination on the basis of sexual orientation and gender identity could provide innumerable long-term benefits to this population.

In a report that examined the unmet needs of lesbian, gay, bisexual, and transgender adolescents in foster care, Sullivan, Somer and Moff (2001) provided recommendations for child welfare policy reform on a national scale. Sullivan, Somer and Moff (2001) also conducted a

state-by-state review of child welfare policy and presented their findings along with specific recommendations for policy change according to gaps in regulation and oversight. Although their findings varied from state to state, this report focused its attention on the necessity of non-discrimination policies that protect both youth and staff on the basis of sexual orientation; policies that mandate the provision of diversity training and education to foster-parents and foster-care staff; and policies that specifically address the needs of LGBTQ youth who enter congregate care settings such as group homes (Sullivan, Somer & Moff, 2001). In many ways, this report took a comprehensive approach to addressing the needs of LGBTQ youth who receive child welfare services. However, while Sullivan, Somer and Moff (2001) emphasize non-discrimination policies based on sexual orientation, they neglect to outline the demand for non-discrimination policies based on gender identity. The provision of adequate services and support to transgender youth who enter child welfare services is a complex issue which will require an overhaul of the current system. Nonetheless, the existing literature on this subject indicates the necessity of such an evolution.

The revision of policies that currently regulate privately owned and operated out-of-home care settings is a separate and distinct issue, but one that is severely complicated by the lack of federal oversight. In 2008, the United States Government Accountability Office (GAO) testified for a second time before the House of Representatives on the subject of privately operated residential treatment programs for at-risk youth. In the summary of this report, the GAO (2008) disclosed the following findings:

Youth maltreatment and death occurred in government and private residential facilities across the nation, according to the states that we surveyed; however, data limitations hinder efforts to quantify the full extent of the problem. State reported data collected from Health and Human Services in 2005 showed 1,503 incidents of maltreatment by facility staff in 34 states, including physical abuse, neglect or deprivation of necessities, and sexual abuse. Moreover, 28 states responding to

our survey reported at least one death in residential facilities in 2006, with accidents and suicides among the most common types of fatalities. These reported data, however, did not capture information from all facilities. Many states lack authority under state law to collect data on exclusively private facilities, and data that states did report were often incomplete. As a result, the number of adverse incidents was likely more numerous and widespread than reported” (p. 3).

It is quite remarkable—and profoundly disturbing—to fully recognize the lack of governmental regulation of agencies that are responsible for the health and welfare of marginalized and vulnerable youth. The GAO (2008) noted that certain states “exempted some types of government and private facilities from licensing requirement altogether, primarily juvenile justice facilities, and private schools and academies” (p. 3). Needless to say, without federal regulation, the policies that are implemented by state agencies will—in all likelihood—be discernibly influenced by local culture and politics. Given what is currently known about the experiences of LGBTQ youth who enter federally regulated child welfare agencies, the current gaps in state and federal oversight may have significant repercussions on the health and safety of this population in private settings. The GAO (2008) concluded that the “current federal-state oversight structure is inadequate to protect youth from maltreatment” (p. 17). Although this report does not specifically address the experiences or needs of LGBTQ youth who enter private out-of-home care settings, it can be deduced that this population most likely experiences additional risks specific to discrimination and abuse based on sexual and/or gender identity.

Policy reviews highlight two major issues that are salient to the topic of LGBTQ youth in out-of-home care settings. The first issue that requires attention is the development of comprehensive policies that will meet the service needs of LGBTQ youth who enter public and private out-of-home care settings. The second issue which is arguably much more complex is the implementation and enforcement of such policies. For example, although California has

established a foster care non-discrimination act, the implementation and efficacy of this act has not been examined. Given the complexity of the child welfare system, an essential step in this process is to thoroughly assess whether or not these policies are supported and enforced by agencies. Furthermore, it is imperative to identify any obstacles that prevent or impede the implementation of these policies.

With regard to the role of the social worker in addressing the policy needs of LGBTQ youth who enter out-of-home care settings, there are several pathways for creating change. First—as illustrated by the dearth of literature on this topic—further research and writing is needed which establishes or reiterates the risks that LGBTQ youth face when they enter out-of-home care settings. Social workers can bring a unique perspective to future research; our history of involvement with social justice issues and training in both micro and macro work can engender a comprehensive approach to intervention. Second, social workers who hold positions in out-of-home care settings can bring awareness of issues that affect LGBTQ youth to their colleagues through modeling positive and affirming practice with clients, as well as through formal and informal training and education. Moreover, social workers in out-of-home care settings can advocate for the formation of diversity committees within the agency that are specifically designed to provide training, assess needs, establish policies, and navigate obstacles with regard to the treatment needs of LGBTQ youth. Social workers in out-of-home care settings who are LGBTQ identified may also consider the implications of being “out” within the agency. In appropriate settings, openly LGBTQ identified staff may play an important role in establishing a safe and supportive environment for LGBTQ youth.

Furthermore, in the context of micro, mezzo, and macro interventions, social workers can draw on radical theoretical frameworks to create space for alterity to emerge, decenter

conventional knowledge, and affirm the experiences of clients who find themselves in the peripheries of dominant discourse. Queer theory is a powerful tool for engaging in social analysis and critique. In the following chapter, I will synthesize the key elements of this study, and present what is known about alternative settings that are specifically designed to support LGBTQ youth. Finally, I will propose strategies for utilizing queer theory to deconstruct the discourse of *pathology*, *risk*, and *emancipation*. This critique is presented in order to expose how knowledge about LGBTQ youth in out-of-home care settings is constructed, and inherently informed by cultural mores. Furthermore, this discussion reveals the ways in which dominant discourse shapes the systems that continue to oppress and discriminate against these youth. Micro and macro interventions that integrate a queered perspective will be discussed in order to highlight the ways in which this theoretical framework can be applied to clinical social work at multiple levels of practice.

CHAPTER SIX

DISCUSSION

I think it is somewhat arbitrary to try to dissociate the effective practice of freedom by people, the practice of social relations, and the spatial distributions in which they find themselves. If they are separated they become impossible to understand. Each can only be understood through the other. (Foucault, 1984, p. 247)

And of course I am afraid, because the transformation of silence into language and action is an act of self-revelation, and that always seems to be fraught with danger. (Lorde, 1984, p. 42)

The final chapter of this study is dedicated to the integration and synthesis of the most salient issues in the lives of LGBTQ youth who enter out-of-home care placements. The first part of this discussion is focused on a brief review of literature related to the positive experiences of LGBTQ youth in out-of-home care settings. The focus of this review will be the themes that emerged from the stories of these youth, with the goal of extrapolating a potential framework for changes at the micro and macro levels of social work practice. This discussion will also briefly reiterate what is known about correlation of negative health outcomes with childhood maltreatment (such as neglect and abuse), as well as the important role of kinship in the lives of LGBTQ youth. This review is provided in order to illustrate the capacity of caregivers to create a sense of family for LGBTQ youth, as well as the capacity to enact significant harm.

The second part of this discussion introduces the Child Welfare League of America's recommendations for best practice with LGBTQ youth in public out-of-home care settings. The goal of this discussion is to critically examine these best practices, in order to determine whether or not they appear to meet the needs of LGBTQ youth in out-of-home care settings.

Unfortunately—as a result of the lack of research into the realm of private out-of-home care settings—this discussion will focus on the topic of out-of-home care settings within child welfare services. However, the topics of practice and policy change in both private and public out-of-home care settings will be revisited in the final section of this chapter.

The third part of this discussion focuses on eight unique out-of-home care settings within child welfare services that are specifically and/or exclusively designed to meet the needs of LGBTQ youth. Although very few of these programs exist and empirical studies have not been done which examine the experiences of youth who are placed in these settings, these programs appear to represent an invaluable intervention for many LGBTQ youth who enter child welfare services.

Finally, this discussion chapter concludes with recommendations for evolution in practice and policy to address what the literature has revealed about the experiences of LGBTQ youth who enter out-of-home care settings. The impact of dominant discourse on the experiences of LGBTQ youth in out-of-home care settings plays a central role in this discussion.

Positive Experiences, Potential for Change

In Mallon's 1998 study of fifty-four self-identified gay and lesbian youth who were placed in public out-of-home care settings, he found that only five youth reported "highly positive" experiences in these settings (p. 56). Mallon (1998) identified three themes that appeared in the recollections of these participants: "Staff who were understanding and responsive to their needs; peers who were like them, or who were able to deal with personal differences; and visible signs and symbols that demonstrated acceptance and supplied indications that the milieu was a safe environment" (p. 56). Phrases such as "a good fit" and a place where "you could be yourself"

were often used to describe those settings where LGBTQ youth reported finding support and affirmation from caregivers and peers (Mallon, 1998, p. 79). Some youth expressed initially feeling cautious or skeptical about it being “okay to be gay” at their new placement (Mallon, 1998, p. 80). Although one youth described receiving reassurance from his peers about the supportive staff, his prior placements appeared to leave him with a powerful sense of anxiety about disclosure.

When I first came here, they told me it was okay to be gay, but I didn't believe them. At first, I thought it was gonna be like all of the other places, so I tried to hide, but it wasn't necessary, it was really okay to be gay here. I felt great, I could be who I am for the first time and not worry about people finding out my secret (p. 80).

A sense of freedom and openness pervaded many of these stories; several of the youth described the significance of realizing that they no longer had to “hide” their sexual identity from their caregivers and their peers (Mallon, 1998, p. 80).

You can be more open and be yourself. You don't have to hide; you can be yourself, accept yourself and be who you are. In other places, I could too, but some things I had to keep to myself. Here you can express yourself more and people know what you've been through. You can learn from the role models. They are openly gay, you don't have to guess what their sexual orientation is (p. 80).

Several participants stated that the presence of openly LGBTQ staff members played an important role in the process of finding a good fit within their out-of-home care placement. Participants also reported receiving support from staff members who they suspected were gay- or lesbian-identified but who were not out within the agency. One participant described feeling affirmed by a staff member, while also recognizing that various factors could prevent her from being open about her sexuality within the placement (Mallon, 1998, p. 58).

All the staff were really gay positive, you know, lesbian positive and they were really easy to talk to. In fact, a lot of the staff is gay and it was kind of funny because that's where I really came out, when I was there and I found it so easy.

Everybody in the house knew and nobody cared; we all got along and it was just fun all the time (p. 57).

I always thought that Pam was gay, she never told me or anything, I guess she couldn't because if the other kids found out it would be gossip and all that, but I always thought she was gay and she was really great, she talked to me and showed me that she understood (p. 58).

Other youth emphasized the *responsiveness* of staff members (characterized by respect, empathy, and openness) as the key element of a good fit within an out-of-home care setting (Mallon, 1998, p. 58 – 60).

I had one lady who said, “I think you are a beautiful person and don't let nobody tell you that you have to be with a man. If you want to be with whomever you want to be with, be what you want to be and don't let nobody stop you from being whatever” (p. 60).

I can talk to people here and sometimes, I don't even have to tell them, they'll know; like, I'll come in smiling and they'll say—“who's the new guy?” It's like they know and it feels good. Like last night I was coming upstairs and a staff supervisor who is female said “Hi!” I was smiling like crazy and she said “Are you all right?” And I said “Yeah, I'm all right” and she said “Be careful now, 'cause love hurts you know,” and I went upstairs. If I was ever to bring that to another group home, the staff would give me an ugly face and say “Don't tell me about that, I don't really want to hear about it.” They didn't want to deal with it (p. 59).

The recollection of the latter youth illustrates the impact of the staff supervisor's unspoken affirmation of this participant's sexuality in the context of his sexual identity. While it is not uncommon for individuals to begrudgingly accept a youth's gay, lesbian, or bisexual identity, it is only within the parameters of a tacit agreement that this youth will not also be sexual, or actually express same-sex desire. In this powerful narrative, the participant recalled being fully witnessed by his caregiver, who affirmed both his identity and his desire in a nonchalant but meaningful manner. Notably, all of the participants who reported highly positive experiences in out-of-home care settings described the important role of staff support and acceptance as a model for peer support and acceptance. In the words of one youth:

I think that young people, adolescents, are more tolerant than adults and I think that they will always actively look for those adult cues. So the attitudes of adolescents will always actively reflect those of the adults who are supervising them. I think when you put gay and lesbian adolescents together with straight adolescents there is always a normal checking-each-other-out phase, and always some conflict comes up whenever you get any adolescents together, but they can also look at the differences and talk about it as long as they have those cues that it is an okay thing to do (Mallon, 1998, p. 60).

Lastly, a handful of youth described the presence of other openly LGBTQ identified youth in the placement as an important aspect of finding a good fit. One youth reflected that his friendships with other gay youth in his group home had a typical amount of conflict, but—when it was necessary—these peers provided important solidarity and support within this setting.

There are about four or five other gay kids in my group home, we had our ups and downs, it was the same. Being gay doesn't change the problems in the world, everybody wants to be top dog and there is only room for one boss, you know? But when it comes time for us to stick together, we do. We had a little group that met and we used to discuss our problems and come together once a week; that was good (Mallon, 1998, p. 62)

Although the vast majority of the participants in Mallon's (1998) study reported negative experiences in public out-of-home care settings, the reports of the five youth who described highly positive experiences are striking in their similarity. The themes within the stories shared by these youth do not reflect expectations for out-of-home care settings that go beyond what should—at the bare minimum—be expected from child welfare services. Overall, these youth described placements characterized by respectful, responsive, and affirming caregivers who modeled positive behavior for youth in the milieu. Essentially, these youth identified that receiving the baseline level of expected—and legally required—level of care constituted a placement that felt like a *good fit*. Some might argue that placements which make efforts to provide training or education about issues related to LGBTQ identity, or have policies put in place that specifically address the needs of LGBTQ youth, are providing exceptional (or

“special”) treatment. This contention reflects the deeply ingrained double standard that exists for LGBTQ youth and heterosexual youth on many levels. As the social and institutional norm, heterosexuality is already built into the system. Efforts to bridge the gap between services for heterosexual and LGBTQ youth are not reflective of *special treatment*; rather they seek to remedy and equalize a significant disparity in the provision of care.

Needless to say—in addition to demonstrating criminal behavior—the neglect and abuse (emotional, physical, and/or sexual) of any youth has been shown to have profoundly negative effects on the health outcomes of this population. The effects of trauma on youth have been well researched. A study of children with previous exposure to a traumatic event (Pynoos, Steinberg & Wraith, 1995) found that exposure was correlated with serious and debilitating Post Traumatic Stress Disorder. Johnson-Reid and Barth (2000) found that any maltreatment (neglect, emotional, physical, and/or sexual abuse) is positively correlated with behaviors that lead to involvement with the juvenile justice system. Specifically, maltreatment during adolescence has been found to be positively correlated with the likelihood of arrest, offending behavior (both general and violent), and substance abuse, even when the variables of socioeconomic status and prior levels of problem behavior were controlled for (Smith & Thornberry, 1995; Wall & Kohl, 2007). As noted before, Ryan et al. (2009) found that among lesbian, gay and bisexual white and Latino young adults, high rates of family rejection were predictive of negative health outcomes including suicidality. The participants who experienced the highest rates of family rejection were 8.4 times more likely to report having attempted suicide (Ryan et. al, 2009). Unfortunately, the power of caregivers to do a great deal of harm—particularly to an already marginalized and vulnerable population of youth—appears to be unmistakable.

Many of the LGBTQ youth who enter out-of-home care settings are estranged or prevented from maintaining contact with their families of origin (Mallon, 1998). The potential for caregivers to provide crucial support and a sense of family for LGBTQ youth during a transitory and stressful time is illustrated in many youth's anecdotes (Mallon, 1998; Mallon, Aledort & Ferrera, 2002). For example, one youth stated: "I don't know where I would be without John. He is always there for me...I know that this is his job, but I know that what he does for me is more than what most people do at their jobs" (Mallon, Aledort & Ferrera, 2002, p. 423). Many LGBTQ youth are placed in residential treatment programs or group homes as opposed to options that emphasize permanency planning (Mallon, 1998). Moreover, Mallon, Aledort and Ferrera (2002) expressed that there is a perception amongst social service workers that adolescents in general do not want to be adopted. Surprisingly, Mallon, Aledort and Ferrera (2002) found that 34% of the LGBTQ youth they surveyed stated that "if they could be adopted, they would like to be adopted" (p. 424). One youth reflected,

I don't think I'm too old to be adopted. I would really like a family. It would be nice and I think I'm pretty adoptable. My social worker never even asked me if I would like to explore adoption. I think they mostly think that it's only little kids that people want to adopt, but I would like my social worker to see if she could find a family for me (p. 424).

This excerpt speaks to the ways in which this young woman's desire for a family is confounded by multiple variables, the assumption that she is not seeking a permanent home, and perhaps the perception that she is not adoptable because of her LGBTQ identity. Weston (1991) eloquently speaks to the conflation of LGBTQ identity with the rejection of the desire for a family.

For years, and in an amazing variety of contexts, claiming a lesbian or gay identity has been portrayed as a rejection of "the family" and a departure from kinship...It is but a short step from positioning lesbians and gay men somewhere beyond "the family"—unencumbered by relations of kinship, responsibility, or

affection— to portraying them as a menace to family and society. A person or group must first be outside and other in order to invade, endanger, and threaten (p. 22 – 23).

Weston (1991) also draws an important parallel between perceiving LGBTQ individuals to be outside of the realm of meaningful relationship and community, and perceiving LGBTQ individuals to be deviant and dangerous, i.e. pathological. Weston (1991) disputes this dominant discourse by arguing that kinship—fictive or otherwise—plays an important role in the lives of LGBTQ individuals. Likewise, Mallon, Aledort and Ferrera (2002) argue that fictive kinship can play a crucial role in the lives of LGBTQ youth who—displaced from desired family support—reach out for relationships and communities that recreate a sense of family.

Best Practices: Previous Proposals and Model Policy

In 2006, the Child Welfare League of America (CWLA) revisited the issue of establishing best practice guidelines for working with LGBT youth in out-of-home care settings. In 2002, Legal Services for Children and the National Center for Lesbian Rights launched the Model Standards Project. Wilber, Ryan and Marksamer (2006) subsequently presented the CWLA’s guidelines based on recommendations from the Model Standards Project. The scope of this project included addressing the needs of LGBTQ youth placed in juvenile justice settings as well as child welfare service organizations. Wilber et al. (2006) identified seven main areas of practice and policy that child welfare agencies should address in order to meet the needs of LGBTQ youth. The first guideline that Wilber et al. (2006) established is as follows: “Agencies should create and maintain an inclusive organizational culture where the inherent worth and dignity of every person is respected and in which every person is treated fairly” (p. 3). The authors write,

An inclusive and respectful environment makes it safe for young people to explore their emerging identities and to accept and value difference in others. Creating and supporting an inclusive culture requires a comprehensive approach where core organizational values are consistently reinforced at all stages of the organization's work. Agencies should strive to change the culture of their organization's work. Agencies should strive to change the culture of their organization—top to bottom (Wilber, Ryan, Marksamer, 2006, p. 3).

Wilber et al. (2006) recommend taking the concrete step of adopting and implementing a policy that “explicitly prohibits harassment and discrimination on the basis of actual or perceived sexual orientation, gender identity and other protected qualities” (p. 3). The authors also identify the provision of initial and ongoing trainings to all staff members, presentation of LGBTQ affirming material such as posters and books, and quick intervention when caregivers or other youth behave in a disrespectful manner (Wilber et al., 2006).

The second major guideline presented by Wilber et al. (2006) states that “[a]gencies should work with LGBT youth in the context of their families and support the development of permanent adult connections” (p. 3). The authors note that if a youth enters child welfare services as a result of sexual and/or gender identity disclosure, the provision of information and resources to the family may facilitate continued connection with the youth's family (Wilber et al., 2006). However, the authors caution that reunification should only happen “as often as it is safely possible” and that in the absence of the family of origin, it is essential to provide avenues for developing other positive, long-term relationships with adults (Wilber et al., 2006, p. 3).

The third major guideline presented by Wilber et al. (2006) espouses the importance of utilizing an affirmative model of identity development in the context of micro and mezzo interactions within the agency. Wilber et al. (2006) state:

LGBT youth need to feel they will be safe and will not be condemned, pathologized, or criminalized if they explore or express their sexual orientation or gender identity. With this support LGBT youth will be better able to integrate positive and healthy self-images and self-understandings and to develop higher

self-esteem. They also are less likely to engage in high risk behaviors. Child welfare and juvenile justice agencies can support LGBT youth in their healthy development by prohibiting practices that pathologize or criminalize same-sex attraction or gender nonconformity and by providing positive social and recreational outlets for LGBT youth (p. 4).

To support the implementation of this guideline, Wilber et al. (2006) suggest that agencies permit LGBTQ youth to disclose their sexual and/or gender identity without being shamed or penalized for doing so. Additionally, they recommend that agencies support youth in their expression of gender identity through choice of clothing and physical appearance. Specifically, Wilber et al. (2006) state that agencies should validate transgender youth by supporting the process of their gender identity development; i.e. “allow transgender youth to dress, behave, and express themselves in accordance with their stated gender identity” (p. 4).

The fourth major guideline presented by Wilber et al. (2006) outlines the importance of agencies protecting the confidentiality of LGBTQ youth. As illustrated by Mallon (1998), it is not uncommon for some agencies to unnecessarily and indiscriminately disclose the sexual identity and/or gender identity of youth to staff, and at times youth. Wilber et al. (2006) state,

Information regarding a youth under the jurisdiction of the juvenile court is confidential. Confidentiality is especially important for LGBT youth for whom disclosure of sexual orientation or gender identity could lead to rejection or even violence by family members or peers. While information about a youth’s sexual orientation or gender identity is often important for developing and implementing a case plan or disposition, inappropriately disclosing a youth’s LGBT identity can subject the youth to retaliation, abuse, and psychological harm. To create an atmosphere of trust where LGBT youth will feel comfortable disclosing their sexual orientation or gender identity to care providers, agencies should create a space where LGBT youth will feel respected and confident that their confidentiality will be upheld (p. 5).

Wilber et al. (2006) recommend training and educating staff within the out-of-home care setting about the scope of confidentiality laws related to the topic of sexual and/or gender identity within these settings.

The fifth major guideline presented by Wilber et al. (2006) calls for agencies to place LGBTQ youth in supportive family settings. This guideline has numerous implications for social workers and other caregivers who work in out-of-home care settings. Wilber et al. (2006) state:

LGBT youth who can't reunify with their families of origin need permanent placements with welcoming nondiscriminatory families. Placement staff should place LGBT youth in the most family-like setting that is appropriate and ensure that potential caregivers understand and practice inclusive, nondiscriminatory care. Accordingly, people who open their homes to LGBT foster youth need training and support. Both initial and ongoing training is important to ensure that placements for LGBT youth are successful and do not result in further rejection and pain for the young person (p. 6).

Wilber et al. (2006) outline three major areas of practice and policy that require attention under this guideline. In order to minimize the possibility of a placement being found to be a poor fit, Wilber et al. (2006) urge agencies to involve the youth in the decision making process, and if possible identify a supportive adult who is already part of the youth's life who could serve as a foster or adoptive parent. Wilber et al. (2006) also caution against automatically placing LGBTQ youth in group homes, even those group homes that are specifically designed to provide services for LGBTQ youth. The goal of this guideline is to facilitate the development of long-term or permanent positive adult relationships in the lives of LGBTQ youth. Lastly, Wilber et al. (2006) reiterate the importance of providing ongoing support and training to caregivers, including foster and adoptive parents.

In the case where a congregate care setting is determined to be a better placement option for an LGBTQ youth, Wilber et al. (2006) outline the importance of the sixth guideline, "Agencies should ensure that LGBT youth in congregate care settings are safe and treated equitably" (p. 7). Wilber et al. (2006) state,

Family settings may not be appropriate for all LGBT youth in out-of-home care. Unfortunately congregate care settings present potential safety risks for LGBT youth. These risks can be lessened or even eliminated when group care facilities

institute policies and practices for housing, classification, and programming that consider the emotional and physical safety of the LGBT youth they serve (p. 7).

Specifically, Wilber et al (2006) reiterate that placing LGBTQ youth in “administrative segregation or otherwise isolat[ing] them to ‘protect’ them from violence or abuse...for any longer than a short period of time and for limited circumstances is unconstitutional” (p. 7) in its violation of equal protection. Moreover, Wilber et al. (2006) explicitly state that placement decision for transgender youth should be made on an individual basis, with priority given to the youth’s own sense of emotional and physical safety. In such cases where it is deemed necessary by the youth and the youth’s caregivers, housing should be based on the youth’s gender identity as opposed to assigned birth sex.

Lastly, Wilber et al. (2006) identify that agencies must provide “quality health and educational services” to LGBTQ youth (p. 8). The authors state,

Child welfare and juvenile justice agencies must ensure that all youth in their care receive appropriate medical, mental health, and educational services that are responsive to their individual needs. Agencies must ensure that health and mental health providers are capable of providing appropriate and inclusive care and services to LGBT youth. At school, LGBT youth are at risk for bullying and harassment based on their sexual orientation or gender identity. Care providers and educators should respond to any violence or abuse that an LGBT youth experiences at school to protect their emotional and physical safety (Wilber et. al., p. 8).

Within this guideline, Wilber et al. (2006) emphasize the importance of investigating general practitioners and mental health providers to ensure that they are capable of providing affirmative treatment for LGBTQ youth, particularly those youth who identify as transgender and may seek out transition-related treatment options.

Although this overview only presents a brief introduction to the guidelines presented by Wilber et al. (2006), the scope and depth of their recommendations speak to the commitment and intentionality of the CWLA’s efforts to address the needs of LGBTQ youth who enter out-of-

home care settings. At this time, it is unknown how many agencies which operate as members of the CWLA are in compliance with the guidelines set forth by Wilber et al. (2006). In particular, the issue of how to provide services for transgender youth who enter out-of-home care settings has generated a great deal of discussion. Agencies cite financial limitations as obstacles to providing the recommended services for transgender youth, such as individual bathrooms and specialized housing. An assessment of CWLA member agencies' compliance with the aforementioned best practices would be an important first step towards determining the efficacy and applicability of these guidelines. Moreover, a thorough assessment could reveal the ways in which agencies require further financial and/or institutional support to implement these best practices.

Alternative Social Service Settings

Within the United States, there are currently eight social service agencies that specifically provide residential services for LGBTQ youth. Numerous drop-in centers for LGBTQ youth exist throughout the country, as well as agencies that identify as *LGBTQ friendly* or *LGBTQ affirming*; however, residential settings that are exclusively dedicated to providing out-of-home care placements for LGBTQ youth who enter child welfare services are unique. The majority of these agencies exist in New York and California; one agency is located in the Midwest (Michigan) and one is located in the South (Georgia). In San Francisco, California “The Ark of Refuge” (a non-profit, social services agency) established the “Ark House” to provide transitional housing for fifteen LGBTQ youth; this agency primarily provides short-term housing for homeless youth. In southern California, the Los Angeles Lesbian and Gay Center and the San Diego Lesbian, Gay, Bisexual, Transgender Community Center both provide housing for 23 to

24 LGBTQ youth who are transitioning from foster care or group homes and/or are homeless. The Los Angeles center provides services for youth age 15 to 24, whereas the San Diego center provides services for youth age 18 to 24. In Michigan, the Ruth Ellis center established a residential component of their agency which provides semi-independent living for LGBTQ youth ages 12 to 17, and up to 18 months of transitional living for LGBTQ youth ages 16 to 21. In Atlanta, Georgia “CHRIS Kids” established the “Rainbow Program” to provide transitional housing for a small number of LGBTQ youth. In Manhattan, New York, the Ali Forney Center provides a range of services to homeless LGBTQ youth. This agency is the largest organization in the United States dedicated to the social service needs of LGBTQ youth; transitional housing and emergency housing are available for a range of 20 to 30 youth at a time. Additionally, a separate agency (Green Chimneys) operates a supervised independent living program for LGBTQ youth in Manhattan. In Massachusetts, The Home for Little Wanderers established Waltham House, a group home outside of Boston that provides services for up to 12 LGBTQ youth ages 14 to 18. Notably, Waltham House was the first agency in New England that was specifically designed to provide services to LGBTQ youth.

In 2005, Colby Berger—the Training Manager at Waltham House—stated, “The lack of safe and supportive services available to GLBT youths is something that governments and service agencies need to address” (p. 24). Undeniably, it is striking that out of thousands of social service agencies in the United States, only eight agencies are explicitly designed to provide services to LGBTQ youth. Moreover, the availability of these agencies to provide resources to LGBTQ youth can be limited by restraints on access to financial, institutional and political support. It has been estimated that there are between 12,000 and 24,000 LGBTQ youth residing in out-of-home care settings (Lambda Legal Defense and Education Fund, 2001). Although it is

impossible to accurately assess how many LGBTQ youth are currently residing in out-of-home care settings, or how many of these youth would benefit from a placement somewhere such as Waltham House, it is quite likely that only a fraction of the youth who could benefit from these specialized services actually receive them. Berger (2005) reflected that when youth arrived at Waltham House, they often shared stories about prior placements that reiterated the systemic problems within child welfare agencies illustrated by Mallon's research (1998, 2002).

We [heard] horrendous stories from the teens in our care about their experiences, often about being bounced from placement to placement within the child welfare system and encountering homophobia from many of the adults charged with their care (p. 25).

From the perspective of a provider, Berger (2005) also described how a lack of education and access to resources amongst case workers and other staff members often confounded the challenge of finding an adequate placement for an LGBTQ youth.

In the past, homeless GLBT youths and those "in the system" have often been paired up with adults who make placement decisions without the knowledge of this population that would allow them to make appropriate recommendations. Many youths were not even identified as such by case workers. And even when youth felt safe enough to come out to their case worker, the latter often didn't have the resources needed to research the various options to ensure a placement in a supportive environment (p. 25).

With support from the Department of Social Services and other local organizations, The Home for Little Wanderers developed a comprehensive training program for social workers in Massachusetts based on the curriculum of the agency's own LGBTQ awareness training. Berger (2005) reported that they provided specialized training on the topic of working with LGBTQ youth to "nearly 2,000 social workers, lawyers, case managers, administrators, policy makers, and family stabilization units" (p. 25).

The training curriculum led participants through a series of interactive exercises on topics such as the power of language and terminology, the connection between identity and behavior, and an analysis of current research findings on LGBTQ

youth. Discussions were conducted about local resources and practical strategies for communicating openly and respectfully with all youth on issues of gender identity and sexual orientation... In response to the training initiative, the Home witnessed a dramatic increase in inquiries about providing further training, offering consultation on clients in therapeutic schools, conducting staff development on GLBT issues in schools, and accepting client referrals to Waltham House, along with numerous requests for more information about starting up programs similar to Waltham House.

The high level of demand from caregivers for additional training related to working with LGBTQ youth, as well as requests for the expansion of services tailored to this population, suggests an equally high level of *need* for these services. Berger (2005) reflected, “At Waltham House, we sometimes claim that we will have been successful when we put ourselves out of business, which will happen when all residential programs and schools are safe for GLBT youth” (p. 25). Is Berger’s vision of success attainable? Until the time when Waltham House achieves its goal, what is the solution for thousands of LGBTQ youth who currently reside in out-of-home care placements? Political, ideological, and financial impasses contribute to a polarization of opinions on this issue. It has been argued that LGBTQ youth who enter child welfare services should be *mainstreamed* with heterosexual youth because out-of-home care settings which exclusively provide services for LGBTQ youth could “set them up to fail in a hostile real world” (Wolfson, 1998, p. 53). Others have eloquently advocated for *targeted* out-of-home care settings that exclusively serve LGBTQ youth, arguing that treatment for the client’s presenting issues cannot begin until confounding variables, such as discrimination and harassment from peers and/or staff, have been successfully addressed.

These young men and women have been mainstreamed their entire lives, and as a result, they have become invisible... Targeted programs give them a safe place to begin learning how to live in a world that is not always supportive of their sexual orientation (Rodriguez as cited in Wolfson, 1998, p. 53)

When GLBT youth find themselves in a safe environment, being gay stops becoming the focus of their issues. They can begin moving forward and dealing

with the other things—the family issues, the self-esteem issues, the childhood abuse. It makes a big difference in their development (DeCrescenzo, as cited in Wolfson, 1998, p. 53).

It has also been argued that it is possible to *mainstream* LGBTQ youth with heterosexual youth, on the condition that agencies provide the necessary training and education to their staff about issues that pertain to working with this population. Mallon reflected that “many mainstream agencies don’t create a safe environment because many of their workers are struggling with their own homophobia. Until they deal with that, how can they help these kids?” (cited in Wolfson, 1998, p. 53). One obstacle to creating effective and supportive programs for LGBTQ youth who enter child welfare services is that (at this time) research that examines the outcomes of LGBTQ youth who reside in *targeted versus mainstreamed* out-of-home care settings has not been published; this is an important area for future research. However, regardless of empirical research, we can intuitively understand the power of feeling safe and supported within a setting that is intended to be a home; as one caregiver simply put it, “great energy comes from being in a safe group” (Norton, as cited in Wolfson, 1998, p. 54).

Notably, as outlined in the best practices published by Wilber et al. (2006), the importance of placing LGBTQ youth in the most supportive and family-like setting possible draws attention to the ways in which not all LGBTQ youth will be best served by a congregate care setting. Although group homes and other congregate care settings that are specifically tailored to the treatment needs of LGBTQ youth may represent a much needed safe haven for many youth, it is also crucial to facilitate the development of positive long-term or permanent relationships with adults. Therefore, it is essential to provide ongoing training, education, and support to foster and adoptive parents related to issues that affect the LGBTQ youth who are in their care.

Integrating Queer Theory: Micro and Macro Interventions

While elaborating upon the experiences of LGBTQ youth who enter out of home care settings, Berger (2005) acknowledged the complexity of this population's needs, reflecting that this complexity is embedded in the intersectionality of identity, and therefore the intersectionality of oppression.

While being gay is the common denominator of this group of youths, their sexual orientation intersects a number of other factors—race, ethnicity, class, access to resources, and prior system involvement—in determining whether GLBT youths find themselves in a safe and loving home or on the street (p. 24).

At the heart of what is known and unknown about the lives of LGBTQ youth who enter out-of-home care settings lies an intersection of identities that complicates the way that we—at an individual, institutional, and societal level—interpellate and *make meaning* of these youth. The LGBTQ youth who enter the child welfare system are not blank slates on which a sexual identity, or gender identity can be written, allowing them to be fully understood and categorized by this designation.

In order to work with LGBTQ youth—especially those youth who enter out-of-home care settings—it is absolutely essential to look in the interstices of the binaries that are used in our modernist society to understand and categorize social location, encompassing sexual identity, gender identity, race and ethnicity, ability, and socioeconomic status. Dominant discourse does not speak to the intersection of identities; it emphasizes the existence of one definitive identity, thereby facilitating the emergence of a binary based on inclusion or exclusion within the parameters of this identity. In this manner, alterity moves into the margins and with it those individuals who fall into the periphery of dominant discourse.

In our modernist, empirically driven society, knowledge about LGBTQ youth has been constructed through research that privileges the position of one dominant identity. When other

identities are introduced, the “discourse begins to fray” (Wilchins, 2004, p. 71). In the words of Patricia Williams (1991),

While being black has been the powerful social attribution in my life, it is only one of a number of governing narratives or presiding fictions by which I am constantly reconfiguring myself in the world. Gender is another, along with ecology, pacifism, my particular brand of colloquial English, and Roxbury, Massachusetts. The complexity of role identification, the politics of sexuality, the inflections of professionalized discourse—all describe and impose boundary in my life, even as they confound one another in unfolding spirals of confrontation, deflection and dream... (p. 256).

We have found ways to statistically *control for* variables such as socioeconomic status, or race and ethnicity, but does such research actually reveal any meaningful truths or contribute to our knowledge about the lives of our clients? Can mathematical maneuvering really speak to what it means to be an LGBTQ youth, once those messy variables of poverty, race and ethnicity, and ability are controlled for? Research rarely delves into the realm of intersection; it is much simpler to tailor exclusion criteria to create a base of participants who fit neatly into one major category of identity.

As clinical social workers, it is our responsibility to be aware of the ways in which the intersectionality of identity may impact our clients, the uncertainties that these junctures introduce into research, and the risks that we pose to our clients by taking a position that privileges rigid categories, boundaries, and definitions. Queer theory problematizes this position, arguing that the answers do not lie in binaries; rather, the unbounded mental space that can emerge when we begin to look in the interstices of those boundaries is where we can begin to create meaningful dialogue that will serve the best interests of our clients.

Why is there a scarcity of literature that addresses the experiences of LGBTQ youth who enter out-of-home care settings? Dispossessed of their families and communities of origin, marginalized further by multiple layers of institutional and societal oppression, their sense of

agency confronted by a tangle of systems and hierarchies, it appears that the lives of these youth are not being looked at because we don't want to see them. These youth represent an area of practice that can be complex, challenging, and disquieting. Most LGBTQ youth who enter out-of-home care settings do not fit precisely into one area of practice, policy, or research; moreover, they demonstrate our analytic and semantic inadequacies. The youth who are most marginalized often illustrate how the system has failed—and continues to fail—those who have the greatest need.

What is the solution to the “problem” of LGBTQ youth who enter out-of-home care settings? Although one of the central tenets of postmodernism espouses the critical examination of the ways in which empirical research makes claims to *truth and validity*, I will draw from a strategically essentialist position and argue that further research which identifies this population as “at risk” is crucial to their health and well being. In order to advocate for policy changes that will support LGBTQ youth who enter out-of-home care settings, large-scale population-based research which demonstrates the ways in which this population is significantly at risk is needed as a backdrop for social change. The value that our society places upon empirical research is the byproduct of a modernist society; nonetheless, we remain within the system, and in order to realistically create supportive spaces for these youth, we must challenge the system from within. In the words of Wilchins (2004), it is time to bring queer theory and gender theory “out of the ivory towers and into the streets” in order to empower those individuals for whom theory was intended to give a voice (p. 106).

Moreover, the issue of public out-of-home care settings versus private out-of-home care settings introduces an additional complexity into this discussion. While there is a modicum of research that addresses the experiences of LGBTQ youth who enter the child welfare system, it is

important to acknowledge that quantitative and/or qualitative research which examines the experiences of LGBTQ youth in private out-of-home care settings does not currently exist. Partially as a result of the lack of governmental oversight that could facilitate further research into this area, and partially because of the ways in which this issue intersects with religious freedom for those private out-of-home care settings that are faith-based organizations, researching the experiences of LGBTQ youth who enter private out-of-home care settings would be a political and convoluted process. Nonetheless, it is clear that further research needs to be done. Regardless of the ways that language and law are used to categorize the institutions in which LGBTQ youth are housed, the impact of dominant discourse on the lives of these youth is incontestable. Therefore, it is important to examine the ways in which specific discourses affect the lives of LGBTQ youth who enter these settings.

The construction of LGBTQ youth who enter these settings as *pathological* is illustrated in disturbing detail by the review of existing literature that pertains to their experiences. To bridge the theoretical gap between queer theory and the real-world experiences of these youth may seem improbable or impossible; rather than a gap, it may appear to be a perilous ideological canyon that crosses multiple social dimensions. How can we—as clinical social workers—selectively draw from queer theory in order to bring the power of postmodernism to the youth who are the most in need of a language that can speak to their experiences?

McPhail (2004) addresses the inherent theoretical tensions that exists between social work practice and queer theory; she states

Thinking outside of the box, that is, outside of the often taken-for-granted classificatory binaries of male/female and heterosexual/homosexual, offers new ways of conceptualizing people and social movements. However, such a radical perspective does not fit well within most current social work conceptualizations of gender and sexuality, thereby creating tension and conflict (p. 4).

The role of binaries within the field of social work goes well beyond the binaries that apply to sexual and gender identity. Social work's focus on the categorization of individuals into groups based on binaries (heterosexual/homosexual, wealthy/poor, able-bodied/disabled, white people/people of color) plays a central role in this field; i.e. "group identity is viewed as both the source of oppression and the potential site of liberation" (McPhail, 2004, p. 5). The professional and ethical objectives of social work practice necessarily direct our work towards the half of this binary which experiences greater marginalization; indeed, the way that we understand our work is deeply interwoven with a traditional conceptualization of binaries. McPhail (2004) writes, "These group identities are used as categories of analysis for theorizing, conducting research, and planning political action, as well as informing social work practice, policy and education" (p. 4). Social advocacy was utilized to fight for the rights of "those deemed oppressed, while the assumptions of the categories themselves remained unchallenged" (McPhail, 2004, p. 5). McPhail (2004) argues that it is both possible and potentially valuable to integrate the disparate fields of social work and queer theory. She reflects that "bringing a poststructuralist/queer theory influence into social work does not necessarily mean abolishing identity categories, but instead a problematization or denaturalization of the categories" (McPhail, 2004, p. 17).

McPhail (2004) offers several strategies for integrating a queered perspective into social work practice. For example, she recommends using "continuums of gender and sexualities rather than discrete categories in diagrams, explanations and models" (McPhail, 2004, p. 17). McPhail (2004) also cautions us to "speak more hesitantly and conditionally when we make generalizations based on categorizations of people while offering disclaimers as we seek to wear identities lightly and speak our partial truths" (p. 17). Additionally, McPhail (2004) identifies the importance of teaching "critical questioning and analysis" to others in the field (p. 17). For

example, we can do so by asking, “Whom do these categories serve? Who do these categories include and whom do they exclude? Who has the power to define the categories? How are the categories policed? How do these categories change over time and over cultures?” (McPhail, 2004, p. 17). McPhail’s (2004) suggestions are simple, concrete, and focus on tangible ways of introducing the tenets of postmodern thought into individual work with clients, as well as colleagues and policy makers. She urges social workers who engage in practice or research to ask questions about “specific aspects of same gender behavior, practice, and feelings over the course of an individual’s life” rather than “simple yes/no questions about sexual orientation” (p. 18). Lastly, McPhail (2004) reiterates the importance of remaining aware of how our deeply ingrained privileging of categories may impact individual work with a client, with particular attention to how dominant discourse may shape and inform countertransference.

When working with persons around issues of gender and sexuality, do not make assumptions about their practices, desires, or attitudes based on a category; ask questions. Encourage the person to develop their own narrative rather than conform to a category that has been constructed, whether dominant or marginalized groups have constructed it (p. 19).

McPhail’s (2004) work eloquently illustrates some of the obstacles that preclude the integration of queer theory into our traditional ways of thinking, as well as the ways in which it is possible to engage others across the ideological gulf that separates real world experience from queer theory. The foundation of creating change for LGBTQ youth who enter out-of-home care settings lies in creating effective training and education for caregivers. The ideas presented by McPhail (2004) could readily be integrated into such trainings in order to generate additional spaciousness around ideas that pertain to sexuality and gender.

By virtue of separate and distinct roles within out-of-home care settings, the goal of such training is necessarily quite different for direct care staff and clinical social workers. When

considering LGBTQ youth who enter out-of-home care settings, the role of the clinical social worker is to develop a clinical formulation and treatment plan while remaining mindful of the ways in which the intersectionality of identity—and therefore the intersectionality of dominant discourse—may impact the presenting issues of the client. It is essential that the potential impact of *homosexuality as pathology* as a dominant discourse is witnessed by the clinician. While it is tempting to believe that clinicians, educators, and other caregivers have gained sufficient insight into the lives of LGBTQ youth to diminish the power and presence of this discourse, the research on this subject indicates otherwise and cannot be ignored. Moreover, the *why* and *how* of this phenomenon remain to be examined. What are the variables that contribute to the ongoing maltreatment of LGBTQ youth who enter out-of-home care settings? How are such inequities carried out within a system that is regulated by both the state and federal governments? What are the obstacles that remain in the way of creating substantial change in the lives of these youth at the micro and macro levels of practice?

In addition to maintaining an awareness of *homosexuality as pathology* as a dominant discourse, it is also important to critically examine the impact of the *struggle and success* narrative on the lives of LGBTQ youth who enter out-of-home care. Although the *struggle and success* narrative appears to be somewhat representative of the experiences of LGBTQ youth in out-of-home care settings, queer theory identifies elements of this discourse that are problematic; in doing so, opportunities for alterity can emerge. A queer critique of this master narrative focuses on the resilience and strength of LGBTQ youth, the importance of acknowledging each youth's agency, the intentional or unintentional conflation of *risk* with *pathology*, the value of revisiting old research, and the binary produced by linear and hierarchical models of identity development. However, the master narrative of *struggle and success* also had the invaluable

effect of identifying LGBTQ youth as a population at risk, thereby contributing to further research, advocacy, and social change to support and empower this population.

Finally, turning to the master narrative of *emancipation*, the question that necessarily emerges is, how does the dominant discourse of emancipation impact the lives of LGBTQ youth who enter out-of-home care settings? While the *emancipation* narrative may accurately describe the experiences of LGBTQ youth who are privileged and protected in other aspects of their social location, presenting this narrative as applicable to the lives of *most* LGBTQ youth appears to be quite premature. Indeed, the *emancipation* narrative may further marginalize LGBTQ youth who enter out-of-home care settings—or whom are otherwise subjected to multiple layers of oppression—by recreating a binary of normal and abnormal LGBTQ youth. In other words, if the dominant discourse identifies the life of the *normal* LGBTQ youth to be “unexceptional in its pathology or its resiliency” (Savin-Williams, 2005, p. 222), those youth whose lives are exceptional in both pathology and/or resiliency will be relegated to *abnormal*, or even *marginal*. Unfortunately, the lives of those youth interviewed by Mallon (1998, 2001), appear to be exceptional—particularly with regard to pathology. While the emancipation narrative emphasizes the experiences of those youth who “choose” not to identify as lesbian or gay, it ignores the experiences of those youth who do not possess the agency to make such a choice; i.e. youth who are prematurely outed by their caregivers, labeled with an identity that does not reflect their sexual orientation or gender, and/or diagnosed inappropriately as a result of sexual and/or gender identity.

In support of the emancipation narrative, Savin-Williams (2005), writes that “many of the supposed ill effects of being gay are leftovers from previous generations, who were affected by the cultural and interpersonal stigma and prejudice of the 1950s, 1960s and 1970s (p. 17). Of

course, many LGBTQ individuals experience a certain amount of privilege by virtue of race, ethnicity and/or socioeconomic status, and are therefore less vulnerable to the homophobia that still pervades many aspects of our personal, social, and professional lives. However, others do not reap the benefits of these protected social locations.

Savin-Williams (2005) states, “I believe that the gay adolescent will eventually disappear. Teens who have same-gendered sex and desires won’t vanish. But they will not need to identify as gay. They may not even need to have a predominantly or even a significantly same-sex orientation” (p. 21). No doubt, in a truly “post-gay era,” the way that our society conceptualizes sexual and gender identity could dramatically change. However, what is known about the lives of LGBTQ youth who enter out-of-home care settings—as well as what is unknown, because it has gone unstudied—illustrates how much further we must go before *all* LGBTQ youth are safe, regardless of race/ethnicity, socioeconomic status, ability, and the intertwining of multiple dimensions of identity. Savin-Williams (2005) proposes that consigning our current understanding of sexual identity to the past could benefit LGBTQ youth. He states, “I hope to see the elimination of same-sex sexuality as a defining characteristic of adolescents in my lifetime. If it can be relegated to an insignificance, the lives of millions of teens will be dramatically improved” (p. 223). Savin-Williams’ proposition does not take into account the power of group identity to advocate for and create large-scale social change. Again, the “insignificance” of sexual and gender identity is deeply connected to privilege. For those LGBTQ individuals who are currently in a position of power and privilege, the value of group identity dramatically shifts and changes. When social change is not necessary for survival, it is no longer crucial to seek out a source of power, support, and solidarity through the formation of group identity.

The choice to live *outside* of LGBTQ identity can be quite emblematic of privilege. It is important to note that manifestations of sexual and gender identity that fall outside of LGBTQ identity—for example “men who have sex with men” (MSM)—can be reflective of important cultural variables. However, these factors do not appear to be the focus of Savin-Williams’ critique of the dominant discourse surrounding LGBTQ youth. It appears that Savin-Williams’ (2005) *emancipation* narrative is primarily based on a desire to eschew an *oppressed* identity in order to attain a privileged identity of *normality*. Without a doubt, an identity characterized by *normality* occupies a place of privilege in our society. Those who are white, those who are straight, and those who are wealthy all live within the bounds of the invisible privilege afforded to them by their normality. To be a person of color, to be a homosexual, to be poor—is to be *other*. To draw on the discourse of normality—and to be able to be treated as normal or ordinary—demonstrates and enacts an incredible amount of power and agency. While LGBTQ individuals who otherwise occupy a place of privilege may be able to exercise this power, the same cannot be said of those who—in various ways—live in the margins of dominant discourse. The LGBTQ youth who enter out-of-home care settings do not appear to have the power to draw upon the dominant discourse of normality. As evidenced by the literature, these youth are often labeled, diagnosed, and outed against their wishes, and in opposition to their sense of self (Mallon, 1998).

What are the potential risks of the emancipation narrative for the most vulnerable youth? Early research that examined the risks faced by LGBTQ youth and identified these youth as a population in need of services was the crucial first step towards further research that ultimately led to education, policy change, and social revolution. The current lack of research on the topic of LGBTQ youth who enter out-of-home care settings speaks compellingly to the invisibility of

these youth within the child welfare system. Research has shown that youth of color, and working-class youth are overrepresented within the child welfare system (Karger, 2006; Billingsley & Giovanni, 1972). Moreover, the treatment of youth of color who enter the child welfare system has historically been characterized by discrimination and neglect (Billingsley & Giovanni, 1972). It seems quite apparent that the intersection of race, socioeconomic status, and LGBTQ identity plays a crucial role in what is known and unknown about the experiences of these youth. Moreover, it also seems quite apparent that the *emancipation* narrative reflects the experiences of youth within specific parameters of a privileged social location.

As a modernist society, we do not value the multiplicity of dominant discourse. In the words of Cohler and Hammack (2007): “In a battle between any two narratives, one necessarily attempts to unseat the other by claiming the exact opposite. The reality often lies somewhere in the moderate middle ground that creates the epistemological space for a multiplicity of narrative possibilities” (p. 50). If the dominant discourse of LGBTQ youth as *emancipated* gains power, how will it ultimately impact social and institutional practices? As illustrated by queer theory, dominant discourse is not an abstract idea, rather it is “intimately connected to institutional and social practices that have a profound effect on how we live our lives, on what we can do and on what can be done to us” (Burr, 2003, p. 75). Perhaps there will be less motivation to research the lives of LGBTQ youth who are perceived to be *emancipated* and living in a *post-gay era*. Conceivably, efforts to create policy change in order to support LGBTQ youth could falter under the weight of a dominant discourse that espouses the “unnoteworthy banality” of the life of “the new gay teenager” (Savin-Williams, 2005, p. 222). If the sexual and gender identity of LGBTQ youth in out-of-home care settings is indeed “relegated to an insignificance,” those youth who

utilize group identity as a source of power and solidarity to oppose discrimination, neglect, and abuse may lose their voices.

McPhail (2006) acknowledges that there are challenges inherent to the task of integrating queer theory into the field of social work. The foundation of social work is based on the oppression model which utilizes essentialist constructions of identity (male/female, heterosexual/homosexual) as the basis for practice, policy, and research. Moreover, as students bound up in a modernist society we bring “fears of ignorance and the desire for certainty” into many aspects of our personal and professional lives (Martin, 1996, p. 126). McPhail (2006) reflects that in addition to the intellectual uncertainty introduced by postmodernism, queer theory threatens the stable definitions of identity that we have applied to our own lives. She states that the integration of queer theory into social work practice, “not only challenge[s] what is believed *out there* about other people, but also challenge[s] how social work students think about and define their own gender, identity, sexuality and desire” (McPhail, 2006, p. 19).

As social workers, our commitment is to work towards achieving social and economic justice for those who are most marginalized and oppressed. Queer theory draws our attention to those individuals who *live* in the margins. But to make meaning of their lives, we must look beyond our essentialist conceptualizations of identity. Questioning and destabilizing the binaries that underlie the way that we structure our world is a threatening prospect. However, the liberatory effects of introducing alterity can deepen our understanding of ourselves and our clients. As McPhail (2004) notes, “binary categorizations limit and regulate the very people they define,” and when we move towards accepting a discourse, as *the dominant discourse* that speaks to the experience of *most* people, we recreate a binary which includes some, and excludes others.

As we work towards achieving social justice for LGBTQ youth who enter out-of-home care settings, it is essential to reflect further on how queer theory can expand our practice and empower our clients. Queer theory cautions us to critically examine the concept of certainty and deconstruct our understanding of truth. This theoretical framework calls on us to turn our attention away from binaries and look towards multiplicity. We are not yet in an era where the impact of homophobia can be dismissed. However, dramatic social changes have allowed alterity to emerge; space has been created for more complex expression and articulation of sexual and gender identity. As our clients evolve, so must our practice, policy and research. The value of creating space for alterity is inherent to this evolution. In this case, alterity is represented by the recognition of the multiplicity—as opposed to the singularity—of dominant discourse in the lives of LGBTQ youth who enter out-of-home care settings. The intersection of identities, and the ways that this intersection confounds traditional approaches to identity development is an essential element of this postmodern stance. To *make meaning* of LGBTQ youth who enter out-of-home care settings, we must acknowledge the power of multiple master narratives to shape and inform the identity development of these marginalized youth.

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