Working with LGBTQIA+ youth in the child welfare system

Perspectives from youth and professionals

Editors
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The Audre Project Collective is a group of people (care-experienced young people, students, professionals and researchers) across the spectrum of sexual orientation and gender identity/expression brought together by our moral commitment to reducing social inequality. As researchers, practitioners and activists, we acknowledge that we have an important role in advancing social equity through conducting and disseminating ethically and methodologically rigorous research. We are reflective on the role that child protection systems and policies can have in perpetuating inequality for children and families. We try to further develop the scientific understanding of disparities in the child protection system caused by the policies and practices that might treat children and young people differently depending on their race, ethnicity, gender identity, sexual orientation, ability, religion, socioeconomic status and other social categories. Above all, we aspire to conduct meaningful and LGBTQIA+ inclusive research that contributes to improving the lives of young people in care.

This group of authors acknowledge that we still have a lot to learn about sexual orientation and gender diversity and expression and we always welcome your feedback: audre@rug.nl

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Content

Foreword

What a delight it is for me to be able to write the Foreword for this wonderful book – Working with *LGBTQIA+ Youth in the Child Welfare System Perspectives from Youth and Professionals*.

Almost thirty years ago, I published the first peer-reviewed article on gay youth in child welfare systems titled: Gay and No Place to Go (Mallon, 1992) in the peer-reviewed journal *Child Welfare*. As a young academic, being the first to research and write about a topical area was exciting—but it was a lonely place, too. To be the only researcher writing about a topic considered then by some to be controversial and taboo was risky. Creating scholarship about "gay" issues (at that time, scholarship related to people identifying as lesbian, bisexual, or transgender remained largely unwritten about) was uncharted—and in some cases dangerous—new territory. Some well-intentioned but misguided colleagues warned me in those early days: "Don't write about this 'gay' stuff. You will never get an academic job; you will never get grants; you will never get published." And although I chose not to listen to those voices and was encouraged by others to follow my passion, I must admit that there were times when engaging in this scholarship was a very lonely, sometimes painful, experience.

After almost three decades of researching about, writing about, and working with children, youth, and families who are LGBTQ+ and who have been touched by child welfare systems, no one can imagine the great joy and immense pleasure I had in reading this excellent book by Mónica López López and her colleagues Rodrigo González Álvarez, Mijntje ten Brummelaar, Kevin R.O. van Mierlo, and Leo Wieldraaijer-Vincent.

My connection to this publication began more than 13 years ago when in September 2008, I met with Mónica López López and her colleague Jorge Fernández del Valle while they were visiting in New York to discuss LGBTQ youth in child welfare systems. There were very few scholars and researchers investigating this area in those days, and I was, of course, excited to meet with anyone who shared my passion and interests. At our first meeting, little did I know that my connection with Mónica would grow into a rich and meaningful collaboration.

In February of 2014, Mónica wrote – "In September I would like to start, with a master students group, a small scale study on cultural competent practice with LGBT youth in care. I wanted to let you know about all of this because, if you are interested, at a certain point of the process, I would like to invite you formally to come onboard." And come onboard, I did. The result has been the development of friendships and professional collaborations that have been among the most satisfying in my career.

What this team of scholars and practitioners - Mónica López López, Rodrigo González Álvarez, Mijntje ten Brummelaar, Kevin R.O. van Mierlo, and Leo Wieldraaijer-Vincent has done is to construct a compelling book that provides the reader with the lived perspectives from both LGBTQIA+ youth in child welfare systems and professionals that are charged with caring for them. Utilizing qualitative methods to gather these data, the gripping narratives that emerge from the in-depth interviews conducted by this research team provide a roadmap for how child welfare systems, in this case in the Netherlands, have supported or failed to care for LGBTQIA+ young people adequately.

Read this book – the stories of the LGBTQIA+ young people highlighted within these pages will break your heart. However, if you are a child welfare professional, it might also compel you to make the changes necessary for caring more competently for them.

Gary Mallon

Acknowledgements

The inspiration for doing the research presented in this book came from our dear colleague Gary Mallon, the first scholar to systematically research and explore the experiences of gay and lesbian youth in child welfare systems in the USA and Canada during the 1990s. Thank you for forging the path for us and for being our guiding light on this research journey!

The stories of young people presented in this book give a small hint of what it means for a LGBTQIA+ young person to grow up in out-of-home care. We are tremendously grateful to all the young people who had the courage to share their stories with us.

We would like to express our appreciation to all the practitioners (foster families, professional foster carers, group care workers, scientists, medical staff, directors of care organizations, and social workers) who have taken the time to share their experiences with us. We really value your perspectives and insights on everyday practice. We would also like to thank the organizations for opening their doors to the Audre research team.

The research presented in this book is the result of the collaboration and participation of many people and organizations. We would like to thank everyone who brought the project to the attention of young people and professionals. Our gratitude goes to: COC, Zonder Stempel, Colourground, TNN, Jong & Out, Movisie, Transvisie, Lnbi, de Box Groningen, the Hangout Den Haag, Stepwork, Respect2Love, Stichting Alexander, STUK, Jongwijs, Defence for Children, NVO, NIP, Pleegouder Forum Nederland, NVP, and all the LGBTQIA+ organizations, care organizations, and individuals who have spread our message via social media. We would like to thank Cornerstones Jeugdzorg and Yorneo for being part of our Steering Committee.

A special thanks to the members of our steering committee: Hans Grietens, Laura Baams, Martijn Wiegersma, Lucia Berro Pizzarossa, Michelle Emmen, Hidde Ozinga, and Diana van Bergen; and the Audre Alliance members: Charly

Ros, Emi Howard, Nicholas Śledziński, Natalia Pierzchawka and Samar Orwa. We could not have done this without you! Big thanks to Olave Nduwanje, Travis Alabanza, Luis Parra, Shanice Karangwa, Jan Bridget, Hanneke Felten, and Aniek ter Veldhuis, who have played important roles during various moments in the realization of this project.

Furthermore, we would like to thank Fonds Wetenschappelijk Onderzoek Seksualiteit (FWOS; Fund for Scientific Research on Sexuality) for making the Audre project possible, and Sustainable Society at the University of Groningen for the funding provided to edit this book.

We hope that this book helps to understand and take into account the needs and wishes of LGBTQIA+ young people who have experiences in out-of-home care; and ultimately promote systemic changes that benefit LGBTQIA+ young people's lives.

Dedication

To all those seen and unseen, named and unknown, loved and dismissed; to those who are othered. We see you – you, who strive and will overcome the odds.

Kintsugi: Broken Acts of Self-love

I have made jewels out of my past, while pride
breaks gold to stitch each shard to the broken other.
Balancing on others I dropped me and shattered.
More sharp scattered, calcified scars.
More loss to be added to my oyster.
Then, through pain, I pulled pearls out. Puked out
the salt, the guts, but never the memories from then.
Until the voids filled with clay. Sediments
of Summer days, slipping in my shoes.
But, I still hate the thought of them: hate
the hurt that these scattered scars held in.
Was this hate in them; all this hate and pain, now me?
Clay has washed into the cracks like rivers,
to remember that through repair it's only gold that glitters.

02.04.2019, Toronto.
Kevin R.O. van Mierlo

Audre Lorde and the voices of LGBTQIA+ youth in care

Audre Lorde (1934-1992) is the name of a prominent Black lesbian, mother, poet, and warrior, an icon for intersectional feminists all around the world. Lorde was born in New York City to Caribbean immigrant parents, with whom she experienced a thorny and distant relationship. As a child, she struggled with her complicated family life, in addition to the prevailing racism, sexism, classism, and homophobia of the American society of that time. From an early age, she encountered pain and other challenging emotions, and from an early age as well, she had to explore ways of dealing with them.

> *"Pain is important: how we evade it, how we succumb to it, how we deal with it, how we transcend it."*
>
> *"Our feelings are our most genuine paths to knowledge."*

Audre Lorde greeted her emotions in the same way she faced life: with a combative, kind, understanding, and revolutionary stand. For years, Audre Lorde was a passionate civil rights activist, crafting fiery poetry and prose that voiced her deepest feelings and reflections, about herself, our society, and of her vision of a more just world for everyone.

Audre Lorde spoke about fear, loneliness, oppression, and death. She spoke about care, love, and freedom. She spoke up, loudly and distinctly. Audre's words could be sweet caresses of support. However, her words could also be incisive swords aiming at denouncing and dismantling the oppressor's system.

> *"Tell them about how you're never really a whole person if you remain silent, because there's always that one little piece inside you that wants to be spoken out, and if you keep ignoring it, it gets madder and madder and hotter and hotter, and if you don't speak it out one day it will just up and punch you in the mouth from the inside."*

The Audre project takes her name and life as an inspiration. She taught us that social justice is a continuous revolution, a transformation of silence into action. She reminded us that "there is nothing as a single-issue struggle because we do not live single-issue lives." And that no one of us will be free until we are all free.

> *"I am not free while any woman is unfree, even when her shackles are very different from my own."*

Audre Lorde had lofty ambitions and righteous ways.

> *"I want to live the rest of my life, however long or short, with as much sweetness as I can decently manage, loving all the people I love, and doing as much as I can of the work I still have to do. I am going to write fire until it comes out of my ears, my eyes, my nose holes--everywhere. Until it's every breath I breathe. I'm going to go out like a fucking meteor!"*

The Audre Project Collective holds her work dear. We know that "without community, there is no liberation."

Glossary of terms

Words are basic elements to construct our social world. In order to understand the immensely complex world of sexuality and how society has systematically privileged certain forms of sexuality over others, a first step is to name and describe it. The terms and definitions in this glossary are borrowed from the University of California Davis, LGBTQIA Resource Center Glossary [1]. This glossary is by no means exhaustive nor permanent. As our comprehension of human sexuality gets refined, new terms and different definitions are constantly emerging. It is our responsibility to keep up to date with the newest ways of naming and seeing the world.

Bisexual:	A person whose primary sexual and affectional orientation is toward people of the same and other genders, or towards people regardless of their gender. Some people may use bisexual and pansexual interchangeably.
Cisgender:	A gender identity, or performance in a gender role, that society deems to match the person's assigned sex at birth. The prefix cis- means "on this side of" or "not across." A term used to highlight the privilege of people who are not transgender.
Cissexism/Genderism:	The pervasive system of discrimination and exclusion founded on the belief that there are, and should be, only two genders and that one's gender, or most aspects

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[1] LGBTQIA Resource Center Glossary. (2021). UC Davis, https://lgbtqia.ucdavis.edu/educated/glossary "Language is dynamic and ever changing, especially the words we use to describe ourselves; this glossary was finalized in August 2021, and terminology may have shifted."

	of it, are inevitably tied to assigned sex. This system oppresses people whose gender and/or gender expression falls outside of cis-normative constructs. Within cissexism, cisgender people are the dominant group and trans/gender non-conforming people are the oppressed group.
Coming Out:	Coming out is the process of voluntarily sharing one's sexual orientation and/or gender identity with others. This process is unique for each individual and there is no right or wrong way to come out. The term "coming out" has also been broadened to include other pieces of potentially stigmatized personal information. Terms also used that correlate with this action are: "**Being out**," which means not concealing one's sexual orientation or gender identity, and "**Outing,**" a term used for making public the sexual orientation or gender identity of another who would prefer to keep this information private.
Gay:	A sexual and affectional orientation toward people of the same gender. It can also mean "glad" or "merry."
Gender Expression:	How one expresses oneself, in terms of dress and/or behaviors. Society, and people that make up society, characterize these expressions as "masculine," "feminine," or "androgynous." Individuals may embody their gender in a multitude of ways and have terms beyond these to name their gender expression(s).
Gender Identity:	A sense of one's self as trans, genderqueer, woman, man, or some other identity, which may or may not correspond with the sex and gender one is assigned at birth.

Heteronormativity: Attitudes and behaviors that incorrectly assume gender is binary, ignoring genders besides women and men, and that people should and will align with conventional expectations of society regarding gender identity, gender expression, and sexual and romantic attraction. For example, someone assigned female at birth is expected to 1) have a body that is considered "female" by the dominant culture, 2) identify as a girl or woman, 3) act feminine and fulfill the roles associated with girls and/or women, and 4) be romantically and sexually attracted to men.

Heterosexism: The assumption that all people are or should be heterosexual. Heterosexism excludes the needs, concerns, and life experiences of lesbian, gay, bisexual and queer people while it gives advantages to heterosexual people. It is often a subtle form of oppression, which reinforces realities of silence and erasure.

Heterosexuality: A sexual orientation in which a person feels physically and emotionally attracted to people of a gender other than their own.

Homosexuality: An outdated term to describe a sexual orientation in which a person feels physically and emotionally attracted to people of the same gender. Historically, it was a term used to pathologize gay and lesbian people.

Intersex: An umbrella term to describe a wide range of natural body variations that do not fit neatly into conventional definitions of male or female. Intersex variations may include, but are not limited to, variations in chromosome compositions, hormone concentrations, and external and internal characteristics. Many visibly

	intersex people are mutilated in infancy and early childhood by doctors to make the individual's sex characteristics conform to society's idea of what "normal" bodies should look like. Intersex people are relatively common, although society's denial of their existence has allowed very little room for intersex issues to be discussed publicly. "Hermaphrodite" is an outdated and inaccurate term that has been used to describe intersex people in the past.
Lesbian:	Usually, a woman whose primary sexual and affectional orientation is toward people of the same gender.
LGBT:	Abbreviation for Lesbian, Gay, Bisexual, and Transgender. An umbrella term that is often used to refer to the community as a whole. Our center uses LGBTQIA to intentionally include and raise awareness of Queer, Intersex and Asexual communities as well as myriad other communities under our umbrella.
Non binary/ Nonbinary/ Non-binary:	A gender identity and experience that embraces a full universe of expressions and ways of being that resonate for an individual, moving beyond the male/female gender binary. It may be an active resistance to binary gender expectations and/or an intentional creation of new unbounded ideas of self within the world. For some people who identify as non binary, there may be overlap with other concepts and identities like gender expansive and gender non-conforming.
Queer:	One definition of queer is abnormal or strange. Historically, queer has been used as an epithet/slur against people whose gender, gender expression and/or sexuality do not conform to dominant expectations. Some

	people have reclaimed the word queer and self-identify in opposition to assimilation (adapted from “Queering the Field”). For some, this reclamation is a celebration of not fitting into social norms. Not all people who identify as LGBTQIA use “queer” to describe themselves. The term is often considered hateful when used by those who do not identify as LGBTQIA.
Sexual Orientation:	Sexual orientation is an enduring emotional, romantic, sexual, or affectional attraction or non-attraction to other people. Sexual orientation can be fluid and people use a variety of labels to describe their sexual orientation.
SOGIE:	An acronym that stands for Sexual Orientation, Gender Identity and Expression. Is used by some in a similar way to the umbrella acronym: LGBTQIA.
SOGIESC:[2]	An acronym that stands for Sexual Orientation, Gender Identity and Expression, and Sex Characteristics. This acronym aims to be more inclusive than its earlier version SOGIE, by including the many forms sexual characteristics can display in our bodies.
Transgender:	An adjective used most often as an umbrella term and frequently abbreviated to “trans.” Identifying as transgender, or trans, means that one’s internal knowledge of gender is different from conventional or cultural expectations based on the sex that person was assigned at birth. While transgender may refer to a woman who was assigned male at birth or a man who was assigned

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[2] This term is of most recent use and was not found in the University of California Davis, LGBTQIA Resource Center Glossary

	female at birth, transgender is an umbrella term that can also describe someone who identifies as a gender other than woman or man, such as non binary, genderqueer, genderfluid, agender or multiple genders, or some other gender identity.
Transition:	Transitioning is the process of taking steps to live as one’s true gender identity. Transitioning is different for each individual and may or may not involve medical interventions like taking hormones or having surgery. Some people may not choose to transition in certain ways for a variety of reasons. The extent of someone’s transition does not make that person’s gender identity any less or more valid.

Chapter 1

LGBTQIA+ youth in the child welfare system

The Audre Project Collective

1. Introduction

The Convention on the Rights of the Child (CRC) was adopted 33 years ago by the General Assembly of the United Nations (UN Committee on the Rights of the Child, 1989). All governments around the world, except for the United States of America, have ratified the Convention and therefore are obliged to protect and promote the rights of every child. Children should be treated with dignity and respect, receive protection against all forms of violence and discrimination, have the right to life and development, should be heard in decisions that affect them, and their interests should always be a primary consideration. Despite the progress made, there are still too many challenges on the children's rights agenda.

One of these challenges lies within the child welfare system and the care it provides for youth who are LGBTQIA+.[1] Historically, the child welfare system has not been a safe nor a supportive place for LGBTQIA+ youth (Mallon, 2019; Wor-

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[1] In this book, we use the term LGBTQIA+, which stands for Lesbian, Gay, Transgender, Queer, Intersex, Asexual/Aromantic, and others. We use this umbrella term which also emphasizes the diversity of sexual orientations, gender identities and expressions, such as aromantic, nonbinary, genderfluid, pansexual and others. Furthermore, not all people self-identify as being LGBTQIA+. We are aware that sexuality, sexual orientation and gender identity and expression are shaped by the individual, society and cultural context.

onoff et al., 2006). LGBTQIA+ youth in care experience a "double vulnerability" (De Groot et al., 2018). For them, stressors (e.g., discrimination, stigma, harassment) relating to their minoritized status (minority stress) may add additional burdens on top of the experiences of being placed in care (Carr & Pinkerton, 2015; Cossar et al., 2017; De Groot et al., 2018; McCormick et al., 2017; Wilson et al., 2014; Wilson & Kastanis, 2015). Minority stress theory (Meyer, 2003) posits that the LGB population experiences unique stress processes, such as expectations of rejection, homophobia and concealing, and these social stressors determine negative physical and mental health outcomes. Furthermore, transgender and gender non-conforming people may experience additional layers of oppression due to society's norms and challenges of what "traditional" gender identities are (cis-normativity[2]).

While in care, the placement and service needs of LGBTQIA+ youth are not always adequately addressed (Gallegos et al., 2011; Jacobs & Freundlich, 2006; Mallon, 2019; McCormick et al., 2017; Paul, 2018). Various studies show that LGBTQIA+ youth face multiple challenges, such as being treated less well by the child welfare system, experiencing more placement breakdowns and being more likely to become homeless at some point in their lives (Baams et al., 2019; Carr & Pinkerton, 2015; Cossar et al., 2017; De Groot et al., 2018; Mallon, 2019; McCormick et al., 2017; Wilson et al., 2014; Wilson & Kastanis 2015). Despite these various challenges, relatively few child welfare organisations offer specific programmes, agency-wide policies, procedures or practices for professionals working with LGBTQIA+ youth in the child and youth welfare system (De Groot et al., 2018; Mallon, 2019; McCormick et al., 2017).

In addition, even though exact numbers of LGBTQIA+ youth in the child welfare system are unknown, the available data suggests that, at least in the USA, they are overrepresented in the system (Fish et al., 2019; Irvine & Canfield, 2016; Mallon, 2019; McCormick et al., 2017; Wilson et al., 2014). The study by Fish et al. (2019) suggests that LGBTQ+ youth may be overrepresented in public child welfare systems at nearly 2.5 times the rate of their non-LGBTQ+ peers.

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[2] *Cis-normativity*: Assuming that someone's gender identity corresponds to their sex assigned at birth (cis-gender). *Hetero-normativity:* assuming heterosexuality is the norm and its superior to other sexual orientations.

Despite this overrepresentation, LGBTQIA+ youth remain a rather invisible and isolated group (Paul, 2018). According to Mallon (2019), practitioners often experience difficulties in recognizing the presence of LGBTQIA+ youth in the system due to several reasons (p. 99): a) LGBTQIA+ youth do not always fit into the "non-conforming gender stereotypes" some practioners would expect from an LGBTQIA+ identity; b) youth who identify as LGBTQIA+ are "socialized to hide"; c) some practitioners are "contemptuous" of a LGBTQIA+ identity, and d) there is a "lack of knowledge about LGBTQIA+ youth development."

We know that the openness and willingness of practitioners to discuss sensitive issues with regard to embarrassment, stigma, and homophobic behavior is connected to successful professional support (Mallon et al., 2002; McCormick et al., 2017; Schofield et al., 2019). Child welfare organisations should therefore focus on ensuring a safe and supportive care environment for LGBTQIA+ youth, and support the practitioners working with them.

Even though child welfare organisations are not always equipped to ensure a safe and supportive care environment, research shows that many LGBTQIA+ youth are both resilient and resourceful when it comes to navigating the system (McCormick et al., 2017; Mountz et al., 2018). In line with this, Carr and Pinkerton (2015) stress the importance of focusing on the positive features of an LGBTQIA+ young person's sources of social support and strategies of resilience when developing service responses. Moreover, any attempt to improve the child welfare system should acknowledge the multiple forms of oppression and how they intersect and influence one's experiences while in care (Konstantoni et al., 2014)[3].

2. Situation of LGBTQIA+ youth in the child welfare system in the Netherlands

A number of researchers from several disciplines at universities and non-governmental organizations, such as the Netherlands Institute for Social Research

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[3] Crenshaw (1989; 1991) was the first to develop a theory to understand the different layers of oppression one can face based on the intersection between race, class, gender, sexuality, disability, age, and ethnicity.

(SCP), Movisie, Rutgers, and COC have contributed to the knowledge base on LGBTQIA+ young people in the Netherlands (Baams & Bos 2015). They have elaborated on different topics, such as the number of people who are LGBTQIA+, their acceptance by peers and the general population, physical and mental health issues, social relationships, networks and wellbeing (Baams & Bos 2015; Kuyper, 2018).

Although several developments have contributed to the strengthening of the position of the LGBTQIA+ community in the Netherlands, Dutch society has not caught up completely and LGBTQIA+ young people still have to deal with experiences of exclusion and marginalization. An annual review of the human rights situation of LGBTI people published by ILGA-Europe (2020) shows that the Netherlands is currently in 12th position out of 49 European countries with well-regulated LGBTQIA+ rights and policies.

According to Beury and Yoursky (2019), despite important gains towards social and legal equality in Europe, the "progress is under strain, non-existent or backsliding through lack of implementation. In the current era of populist rhetoric across the region, foundational legal issues regarding the role of international law and transnational agreements, as well as the accountability of State institutions are being evoked" (p. 149). With regard to social and legal equality in the Netherlands, ILGA-Europe (2019) recommends the introduction of: a) hate crime laws and policies that explicitly cover all crimes based on sexual orientation, gender identity expression and sex characteristics (SOGIESC); b) adapting the legal framework on legal gender recognition to establish an administrative process based on self-determination; and c) prohibiting medical intervention on intersex minors when the intervention has no medical necessity (until the person can provide informed consent).

Regarding young people, several studies have shown that LGBTQIA+ youth have a marginalized position in Dutch society compared to their peers (Beusekom & Kuyper, 2018; Bos & Sandfort, 2015; Felten et al., 2010; Kuyper, 2015; Pizmony-Levy, 2018; Van Bergen & Lisdonk, 2010). In a study conducted by the Dutch Institute for Social Research (Kuyper, 2015), half of the LGB young people – of whom someone in their environment was aware of their sexual orientation – had negative experiences in the previous year (e.g., intrusive questions, being ridiculed or made fun of, or being talked about behind their back). In line with this, a study conducted by the COC and Columbia University (2018) among 1,065 pupils between the ages of 13 and 20 shows that one-third of the LGBTQIA+ pupils reported feeling unsafe at school due to their sexual orientation. On top of this, over 70% of LGBTQIA+ school pupils reported that they heard fellow pupils make derogatory remarks about their sexual orientation.

When focusing on the Dutch child welfare system, it is unclear how many LGBTQIA+ individuals come into contact with the system due to a lack of systematic registration, which makes it hard to estimate whether they are overrepresented in the child welfare system (De Groot et al., 2018; Emmen et al., 2014). However, it is known that practitioners hardly register – or notice – these young people during their time in care and do not always discuss the young person's feelings, sexual orientation, gender identity, and gender expression (De Groot, et al., 2018; Emmen., 2014; Taouanza & Felten, 2018). A study published in 2014 found that professionals' awareness of and sensitivity to the SOGIE of young people in youth care (e.g., mental health care, youth care, care for youth with mild mental disabilities) is not self-evident and few practitioners act upon these needs (Emmen et al., 2014).

In 2018, De Groot et al. published a report on the experiences of LGBTQIA+ youth who are or have been homeless at some point in their lives. In addition to some common experiences with the care system (e.g., waiting lists, bureaucracy, and transitioning out of care at 18+), the authors found that practitioners working with these homeless youth experience certain discomfort and often do not raise the topic of sexual orientation and gender identity. As a result, they are often not aware of the young person's SOGIE and therefore do not offer LGBTQIA+ affirmative practices.

Both international and national studies underline the importance of a safe and supportive context, in which youth feel accepted and are equipped to express their sexual orientation and gender identity. Research on how to create a safe and supportive context for LGBTQIA+ youth in out-of-home care and how to enhance the skills of carers working with them is therefore of utmost importance.

3. Audre project: assessing the experiences and needs of LGBTQIA+ youth growing up in out-of-home care in the Netherlands

The Audre project was launched in October 2017 to gain further insight on how to create tailored services and practices for LGBTQIA+ youth in out-of-home care, and how to enhance the skills of carers working with them. The project had the twofold aim of exploring views of LGBTQIA+ youth who stayed in out-of-home care, as well as the perceptions and experiences of their carers, such as practitioners, foster carers, and other professionals who are responsible for the well-being of young people while they are in the child welfare system. The ultimate goal of this project was to gain further knowledge on how to create a safe and affirmative child protection and welfare system that takes into account the youths' social context and own strategies of resilience.

This book represents our best effort to integrate all the knowledge generated by the studies conducted within the Audre project. It is our purpose to provide the reader with an up-to-date resource to improve their understanding of how to develop a more sensitive practice towards the needs of LGBTQIA+ youth in child protection and welfare systems.

This book presents three distinctive features: 1) it includes the perspectives of multiple stakeholders interviewed: young people and professionals; 2) its chapters are co-authored by academics, young people and professionals with ample experience in the practice field to ensure a broad and comprehensive approach; and 3) it presents a European perspective on how to effectively work with LGBTQIA+ youth in child protection and welfare services; the majority of available texts have been published in the USA, where the child protection systems present notable differences to the ones embedded in European welfare states. In this sense, we consider that this book might be very appealing to a wider European audience beyond the Netherlands.

The intention of this book is to reach students and academic researchers interested in the field of LGBTQIA+ youth; in this book, they will discover the most up-to-date research evidence on the experiences, needs and views of LGBTQIA+ youth in child welfare, will improve their understanding of participatory and ethical research approaches with LGBTQIA+ populations, and will learn about the future research agenda for this field.

Teachers and trainers of students in the fields of social work, psychology, pedagogy, and related disciplines will find this book a useful and accessible tool to improve their academic programs and professional continuing education courses. With this, we hope to fill an important gap in the training of child protection and welfare professionals related to their skills to provide affirmative environments for LGBTQIA+ youth in their institutions and programs.

Professionals, such as child welfare managers, administrators, and foster carers, among others, will find a complete guide to reflect on their practice with LGBTQIA+ youth at a personal, organizational, and policy level. These reflections could lead to improvements in child welfare policy and practice.

This book is structured in six chapters. This chapter has provided a brief introduction on the topic of LGBTQIA+ youth in the child welfare system and what is known from both international and national studies (Chapter 1). Chapter 2 will provide insights into research approaches to study LGBTQIA+ youth populations, and particularly the ethical and methodological approach used in the Audre project. Chapter 3 presents an autoethnographic narrative of the lived experiences of one of the editors of this book, who was first part of the researched demographic, and later joined as part of the research team. Chapter 4 will focus on the needs and experiences of LGBTQIA+ young people in the child welfare system, and Chapter 5 on the experiences of the professionals caring for them. Finally, Chapter 6 summarizes the main lessons learned through the Audre project, and provides a series of recommendations to improve practices with LGBTQIA+ youth in the child welfare system.

Chapter 2

Conducting research with care-experienced LGBTQIA+ youth: Audre project

The Audre Project Collective

LGBTQIA+ populations are marginalized and at a higher risk of experiencing discrimination and harm in different social contexts, including research environments. The risk of harm posed to research participants might be even higher in studies involving LGBTQIA+ youth, due to their devalued position in society. Despite the ethical imperative of protecting research participants from harm, there is a lack of discussion about the ethical standards in research involving this particular group.

This chapter provides an overview of the methodological choices and ethical challenges faced by the team members of the Audre project. A central objective of this research project was to understand the experiences of LGBTQIA+ young people in care, while preventing individual harm and further stigmatization of the communities studied, empowering research participants, helping them to build social resilience, and knitting solidarity networks.

1. What did we do?

Using a qualitative research design and a variety of methods, the project explored the experiences of LGBTQIA+ young people who had lived in out-of-home care facilities by using in-depth semi-structured interviews focusing on their life stories and by conducting in-depth semi-structured interviews with practitioners about their experiences working with LGBTQIA+ youth. During this research process, we tried to maintain a reflexive, flexible, and participatory approach as much as possible (see for instance: Jurrius, 2013; International Collaboration for Participatory Health Research – ICPHR, 2013; Graham et al., 2013; Strunk & Locke, 2019).

In total, 13 young people and 29 practitioners participated in the Audre project. We used various strategies for the recruitment of young people, carers, and organizations, such as: snowball sampling, active recruitment via social media, personal contacts, and contact with youth care organizations, experts, youth groups, and LGBTQIA+ advocacy groups. Over the course of the project, more than 70 organizations were approached; including 25 youth care and child protection organizations. Some of these organizations spread our message through their communication channels and others brought us into direct contact with possible participants or other organizations. A few organizations did not respond to our messages and/or telephone calls. There were also organizations who chose not to participate due to: "other priorities," "high workload," "busy schedule," not being a good time to participate or not being allowed to participate "based on a decision of higher management."

2. Who participated and how?

Interviews with young people

A total of 13 LGBTQIA+ young people who are or have been in out-of-home care in the Netherlands (aged 15-28 years old) shared their experiences about growing up in an out-of-home placement.

We developed an in-depth semi-structured interview guide with the valuable support of the Audre Alliance and the Steering Committee members. This interview guide addressed various topics, such as the period prior to care, the time during care, the relationship with carers and available support systems, coming out, contact with family and social support, experiences of discrimination, future perspectives and, in case the young person had left care, the transitioning period after care. We tried to use a flexible approach, in which we followed the topics that the interviewee brought up during the conversation.

Interested participants either signed up for an interview by responding to our social media messages, or were approached by a practitioner or foster parent who informed them about the project. One participant preferred the interview to take place via telephone; the other interviews were conducted face-to-face. The interviews lasted between 37 minutes and 165 minutes (81 minutes on average). Most interviews took place at a location chosen by the participant, such as at home, a park, a restaurant, or at the university facilities. Interviews took place at the care facility only when the young person could not leave (e.g., secure placement). One participant was interviewed twice, the reason being that the participant considered that there was more information to share after the first interview. In addition, two participants also shared various ego-documents with the team about their experiences during and after care, such as their own poetry, drawings, or texts.

Of the 13 youth interviewed, four of them were trans women, one a trans man, one a person who sometimes identified as a woman, and one person was non-binary. The other six young people did not discuss their gender identity in the interview. In addition, when it came to sexual orientation, four young people were gay, one young person was a lesbian (she sometimes also referred to herself as gay), one young person was bisexual, one was pansexual, one was questioning, one "liked women," one "liked both men and women," and three did not disclose their sexual orientation to us – but one young person did tell us she wanted to grow up and have "a good job, a good house, children and a husband." To our knowledge, no intersex nor asexual or aromantic young people participated in our study.

With regard to their other identities and lived experiences, of the 13 participants, four young people had a bi-cultural background and one had fled to the Netherlands from another country for safety reasons. In addition, one young person had dealt with a chronic illness during their life. One young person brought forward being autistic. With regard to the educational background, the young people interviewed had achieved different educational levels, such as vocational education, secondary education, higher vocational education, higher professional education and university education.

Furthermore, six young people had experiences with foster care. Other youth care experiences consisted of secure residential care placements, independent living programmes, assisted living arrangements, inpatient hospital wards, and living and treatment groups. All young people except two had experienced multiple placement arrangements.

Interviews with practitioners

In the interviews, practitioners shared their experiences, needs and expertise with regard to their care work. A total of 25 interviews with 29 practitioners were conducted. They included professional foster carers, group care workers, behavioral scientists, medical staff, a director of an agency, a policy maker, foster care workers, and social workers. In order to gain an in-depth understanding of their experiences, we chose to approach practitioners from different backgrounds and facilities. The practitioners operated in various fields of youth care, with a specific focus on foster care, (secure) residential care, ambulatory care, child protection services, and professional foster care families. Seven practitioners told us they were LGBTQIA+.

We developed an in-depth semi-structured interview guide with the assistance of the Steering Committee members. The interview guide for practitioners addressed various topics, such as their personal experiences with LGBTQIA+ youth in care, access to training and organizational policy, and social networks. Our approach resulted in an interview guide which could be used flexibly when discussing various topics with practitioners.

All interviews took place face-to-face. The interviews were held at their workplace/office, at the University, at public spaces, or at their homes.

3. The ethical issues in this project

For this research team, it was crucial to maintain an ongoing reflection process, throughout all stages of the project, about the ethical components of this study.

We received approval for conducting the project from the Ethics Committee of the Department of Educational and Pedagogical Sciences at the University of Groningen in December 2017.

All but one of the people interviewed were older than 16. Thus, they were able to consent to the interviews without the informed consent from their legal guardians or parents. One young person was 15 years old at the time of the interview and therefore, prior to the participation of this young person in the project, their parents gave consent to the interview.

All young people and practitioners were informed prior to the interview about the aims of the project, the research question, the research process, and how the results would be disseminated. If wanted, they received additional information via email, telephone, or WhatsApp. In addition, they signed a written consent form stating that 1) their participation was voluntary; 2) they were informed about the nature of the project; 3) they were able to stop and drop out at any moment during the project; 4) everything they said would not be traceable to them as individuals when reporting on the project.

To provide a sense of agency, the interviews took place at a location, date and time preferred by the participants. The duration of the interviews was also determined by the participants. Moreover, the participants were compensated for their time and energy by means of a gift card and travel costs were refunded. If they so desired, the young people received information about LGBTQIA+ organizations. In addition, participants were able to decide if, and how, they wanted to be included in the project (e.g., participate in future activities) and kept informed about the research process and findings. Overall, the study tried to offer participants control and decision-making along the research process.

One of the team members was a trained care professional who the team could rely on for advice. After each interview, the team reflected as much as possible on how the interview process went. In addition, the research team reached out to see how the young person was doing after the interview. All participants were able to contact the research team after the interview if they wanted to do so.

Furthermore, the research team signed a confidentiality agreement, to ensure the privacy and confidentiality of the participants. The audio recordings of the interviews were kept on a secure drive at the University of Groningen, and the personal data of participants was stored separately from the transcribed and analyzed data.

4. Trying to work reflexively and flexibly

Being updated and informed

We created a Facebook page and an Instagram[1] profile to keep participants and other people interested in the project well informed about the project progress. Moreover, we started a newsletter (three issues during the course of the project), and we developed a website[2] to inform a broad audience about the project. Furthermore, the young people who participated in the project received a personal update about the project.

Ego-documents

With the aim of giving young people a broad range of ways of participating in the project, we invited them to share "ego-documents," such as art, poetry, texts, or songs that they made during their time in care (or after care). With this flexible and creative approach, we tried to gain more insight into their experiences growing up in residential institutions, family homes, or foster care. Two young people made use of this option by sharing their poetry, writings, and/or drawings.

Audre Alliance and Steering Committee

Two expert groups of LGBTQIA+ adults and allies, practitioners, and researchers were established at the beginning of the project. The Audre Steering Committee was formed by researchers and practitioners; they represented the voice from adults in the academic and professional field of child protection and LGBTIA+ studies. The Audre Alliance was composed of young (LGBTQIA+) people; they were an essential creative and fresh element to the project. The Audre Alliance

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[1] Facebook: @AudreProjectNL; Instagram: @audre
[2] www.rug.nl/gmw/pedagogical-and-educational-sciences/audre/

and the Steering Committee played an important role by advising us on the construction of the interviews: the most suitable questions, checking for sensitive issues and language use; and advising us on how to reach young people. These groups helped us to reflect on what was going well with the project, which aspects we should pay more attention to, and which lessons we could learn from the project.

A learning experience

A core value of the team was being open to new learning experiences and reflecting upon the project and our ethics, making adjustments in the project when needed. During the preparation stage, all members discussed their roles and responsibilities in the team. During the course of the project, we frequently interrogated our own motivations for, feelings about, and expectations of the research process. We maintained a fruitful dialogue between the team members and collaborators. In addition, the team invited experts in the field to provide training about topics related to the project, and we engaged in multiple educational and cultural events to stimulate our own learning process.

Including practitioners and young people in the project, some of them with care experiences, proved to be enormously beneficial for the core team of researchers. This diverse community of knowledge producers encouraged us to challenge the taken-for-granted and to develop an ethically reflexive approach. Such a diversity in terms of personal backgrounds, frameworks, and fields allowed the project to utilize different critical lenses through which every step of the research process was analyzed; this in turn enriched the Audre project with a greater complexity.

By the end of the project, our team member Natalia Pierzchawka synthesized some of the questions and topics that our team had to take into account during the whole process of knowledge production. Reflecting on these questions will help us to take additional measures to protect research participants from harm or distress in future research projects.

Table 1. Questions to help research teams develop responsible research practices

Research Topic	1. Why is it important to study this topic? • Would your research contribute to improving society? 2. Will you be able to understand the experiences you are seeking to gather? 3. What is your personal motivation to engage in research on this matter? • Do you truly care about this topic? What exactly do you care about the most? • Is your motivation more than recognition and/or an opportunity to obtain a grant or publication?
Research Questi-ons(s)	1. Who will profit from the answers to your research questions and results? 2. Do your research questions further stigmatize the researched group? Are they based on stereotypes? 3. Will your answers produce practice-oriented results? • Will activists/practitioners be able to use your results? 4. Will the results mean anything to the population you study? • Are they going to be able to understand and use them in any way?
Research Design	1. How did you decide on a particular research design? 2. Is the population of interest going to profit from the research being designed this way? 3. Have you looked for an alternative way of collecting data that might be more suitable for the participant?
Research Team	1. Have you included a member(s) of the population you are trying to reach? 2. How diverse and inclusive is your team? 3. Have you considered how your presence, body and emotions have any influence on the way the participants will respond to you? 4. Have you written down a positionality statement?
Recruit-ment Tool	1. Did you provide information about: • The research aims and methods • Your research team and motivations • What there is for the participant to gain • Plausible ways for contact • The safety, confidentiality and storing of the information and who will have an access to the data • The research dissemination practices
Aftercare	1. Do you have an aftercare plan for your participants, such as: • Therapist(psycho) or medical care? • Online resources? Communities (social media) Videos Art Information about communities and support systems in the area based on a variety of interests and needs
Data Storage	1. Have you made necessary precautions about data safety? • Has your team signed confidentiality agreements? • Have you discussed with your team what information you will store and with whom it can be shared? • Have you anonymized the data?
Dissemi-nation	1. Will your findings be available to the wider public (your participants, practice field, NGOs, policymakers)? 2. Will your report be readable/understandable by the population who took part in your study and the population in general? • Explaining research and results using easy, simple language • Alternative ways of dissemination: videos, podcast, art, posters, flyers, social media posts 3. Will your results be accessible to participants, activists, NGOs, policy makers and other relevant parties and stakeholders?

5. How did we do the analyses?

With participant agreement, the interviews were audio-recorded with a voice recorder. Afterwards, the interviews were transcribed verbatim, using the audio-transcription programme "T4." The transcripts of the interviews did not contain names, or other information that could make it possible to trace a particular participant. All the interviews were conducted in Dutch with the exception of one interview, which was conducted in English. In this book, all quotations have been translated to English. We have tried to stay as close as possible to the wordings of the participants, however we are aware that some of the nuances of their stories may have been lost in the language translation from Dutch to English. For the sake of helping the reader to understand the experiences of the participants, some quotes have been slightly and carefully edited.

After the interviews were transcribed, they were uploaded in Atlas ti, version 8.4. We performed a reflexive thematic analysis (Braun & Clarke, 2019) for both the interviews with young people and the interviews with practitioners. First, we familiarized ourselves with the transcripts. Throughout the analysis, we distinguished the main themes that covered the stories of our participants. The team members met multiple times to discuss the analysis process.

By choosing a reflexive thematic approach in our analyses, we could find recurring themes across the interviews of young people and practitioners, which were illustrative of how they made sense of their experiences and needs prior, during, and/or after care.

6. Strengths and limitations

We believe that the Audre project has high societal relevance since it addresses a minoritized population that has been insufficiently and inadequately approached in research and practice. This study is one of the steps toward a further understanding of the experiences and needs of LGBTQIA+ young people in care.

An important strength of our study is the research methodology. We performed in-depth interviews that gave us a great understanding of the participants' experiences. We kept, as much as we could, a reflexive, flexible, and participatory approach, and we remained attentive and committed to following strict ethical guidelines. We strived to have a broad view by considering different voices, from LGBTQIA+ youth in care to their practitioners in different professional roles, and their foster carers. Finally, as we acknowledge that people do not experience "single-issue problems," we looked at the experiences of the people we interviewed through the lens of intersectionality, the assumption that people experience multiple oppressing systems.

However, our study also comes with certain limitations. We were not able to hear all the diversity of voices among LGBTQIA+ youth in care. To our knowledge, we did not hear the views from intersex, asexual and aromantic youth. Furthermore, we had only one young people identifying as lesbian. As a result of this, the views and perceptions of our participants do not comprise the full heterogeneity of experiences of the LGBTQIA+ community in out-of-home care. We are aware of the importance of hearing and considering the views of young people of all sexual orientations, gender identities, and sex characteristics, especially the most minoritized and less visible. Therefore, we encourage further research into the experiences of these groups.

Another limitation lies in the impossibility of making a distinction between the different out-of-home care services in our results. Young people and practitioners had experiences across and worked in several forms of youth care, such as: foster care, (secure) residential care, and professional foster care. While all these care environments share commonalities, they also have important differences that can impact on the experiences of LGBTQIA+ youth and their carers. Although the small number of participants in each type of placement makes a separate analysis difficult, we will consider the appropriateness of further performing an analysis distinguishing between types of living arrangement.

We are aware that the practitioners to whom we spoke might only convey the experiences of practitioners who are – to a certain degree – "tolerant" or "accepting" towards LGBTQIA+ youth. In addition, several of the practitioners who participated in our study are LGBTQIA+ themselves. Since we know they are more sensitive and aware of this topic, that might impact the picture we are portraying. Even though these stories still show several recommendations for practice, it might not show all the perspectives of practitioners, especially the most negative ones.

Lastly, one of the young people to whom we spoke was an unaccompanied migrant person who only stayed shortly in an asylum seekers' center. Because of the type of placement and the short duration of experience this person had, we consider that this view might be different to the rest of the young people we interviewed. However, because of privacy issues, we decided no to focus too much on this person's story, to prevent any traceability. We strongly encourage future research into the experiences of LGBTQIA+ unaccompanied migrant youth.

Chapter 3

On narrative use and lived experiences: Personal reflections on being a participant-researcher

Kevin R.O. van Mierlo

This chapter is dedicated to my 17-year-old self, since he would have never dared to hope to be here. I also want to express my infinite gratitude to my cousins Tim Leonard & Alexi Helligar, who knew that the 100 Days of Kevin would've led to such a life long bond.

This chapter will consider my unique position within the Audre project, as I was first an interviewee to the project before becoming a research assistant. In the words of the principal investigator Dr. López López, the Audre project is a research project focusing on the needs and experiences of LGBTQIA+ youth in out-of-home care in the Netherlands. A central objective of this project was to prevent individual harm and further stigmatization of the communities studied, but also to empower research participants, help them build social resilience, and knit solidarity networks. As the preceding chapter has clearly explained the intricacies of the research itself, I hope to shine some light on the effects of the intention of the researchers. By using an autoethnographic narrative approach, I shall first tell my story, after which I shall elaborate on the impact of the participatory approach of the project.

Before I proceed, however, I would like to point out that this chapter is not about data points and research findings, nor is it about novel academic findings.

This chapter is my story, that I have written to show you one example of a young person who fell into the child protection system and found his own way out. Once I outgrew the protection's mandate, I had to cultivate a love-of-self that can only be learned through the loving-other's gaze. I wish to also show the power of the narrative method[1] within and outside of academia. It must be said that I fashion myself a poet at heart[2] – one who is finding his voice as a to-be social scholar. Words and phrasing show their power through how some things *are* said, and others through how they *are not* uttered at all. "Or, to put it in more stark terms: scholarly debates can be seen as a type of storytelling. Even when scientifically presented, these discussions share similarities with what people have done for time immemorial: "they gathered about the fire and told tales of the great deeds, great triumphs, and great defeats of their heroes" (Briggs & Bleiker, 2010).

Narratives can be about someone or something else, but in this chapter, I specifically refer to the narrative approach as one in which the scholar embarks on their position within their field and within their own scholarship. By extension, this may lend more credence to the stories of non-scholars within scholarship[3]. To me, the narrative approach is a (self-)study in humbleness, a study in not knowing. Within narration, there can never be a full, objective, and knowable truth, only any truths that are particular to the narrator and their told experiences. These truths, woven together, form the intersubjective truth – thus, reality – that we all continually help shape. Reality is always and ever evolving, our environment is shifting, so we must shift with that. This, in an ever louder way, means to include those at the margins. These marginalized peoples have the dignity and right to contribute to society through their specialized knowledge and fine-tuned awareness of their own particular mode(s) of existence. Thus, society at large becomes richer through listening and learning from these narratives. I have observed that understanding and using a narrative approach greatly contributes to any form of social scholarship. Stories inspire and move people, and academic writing can only convey so much: "[Scholars] craft [their] statements to serve [their] own purposes – [they] tease them out in ways that serve [them] – to underwrite and legitimise [their] own intellectual projects and pro-

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[1] This inevitably includes the quantitative approach, too.

[2] The dedication's poem acts as an example.

[3] What Collins (2008) would call 'folk-wisdom'.

jections" (Dauphinee, 2010). In other words, scholars bring forth their biases through their research, if they are not extremely careful. This is not always contracted by the peer review method.

Examples, as per the vitality of all stories, are the oral traditions of the indigenous peoples from all over the world, which have been systematically seen as lesser or less true. Thus, I wish for scholars to truly come to their blank pages with a naked sense of humbleness[4] and love for the human beings in their studies in order to come closer to one's own personal experiences as they pertain to one's studied field(s): "[T]o plainly explore the presence or absence of love in [their] scholarship," as that is a responsible thing to do, for "[s]ometimes, love is to be answerable for our actions – for the words about others, who cannot respond from within the confines of [academic] disciplines" (Ibid.). This endeavour would also allow scholars (as it has allowed me) to experience the vulnerability in one's (my) own story, which may conclude in an intersubjective understanding that all narratives are just as fragile as our human skin or the paper on which our stories are published. I have observed great impacts made by fiction novels, which can only point out the true power of a story. So, put simply, it belongs not only within scholarship, it may also form a bridge to and from the greater world that surrounds it.

1. Lived experiences

My personhood finds itself at the overlap of a good variety of internal and external experiences. I grew up in a small southern town in the Netherlands, the oldest son of four children of a Dutch father and Caribbean mother. My three younger siblings differ two, eight, and ten years of age from me. Growing up, my brother closest in age to me and I were the only people of colour in our elementary school, and subsequently only one of very few throughout my high school experience. I was also a high functioning neurodiverse child, being diagnosed as gifted, with both ADHD and dyslexia. As such, growing up, I have

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[4] By which I do not mean existential insecurity of the publish-or-perish culture, nor that of their impostor syndrome.

always felt very much out of place and misunderstood. Furthermore, I am also a cisgender gay man, and a survivor of extended pedophilic abuse in my early teens. All of this only furthered my feelings of isolation. Finally, in high school my parents divorced horribly, which placed me in the care of the Dutch child protection system until just before my 18th birthday.

My family situation had its beauty and good memories. However, there were significant challenges as well. I have witnessed and been subjected to domestic physical abuse. In moments of deep need, when the challenges of my post-trauma behavior entered my father's living space, I was put away in a crisis home. After their already extended time limit was over, I was placed in a closed residential facility in the neighboring province of Limburg, a good two hour train ride away. My major critique to the child protection system, now looking back to both the crisis home and the closed residential facility, was that my legal guardian at no point suggested for me to seek, let alone help me find, professional psychological help – which is especially outrageous if we consider the extended pedophilic abuse I endured. Nor have I really understood why I was placed in a *closed* residential facility: I have always shown to be someone that does not run away, knowing full well what that would mean for my process. At first I thought that this was just the "first phase" step, and an open residence placement would be after "tenure," but this was later disproved. They could have placed me in a unit without three-meter-high fences as though I was a prisoner, somewhere without locked doors. The latter was something that was particularly triggering for me, as my mother used to lock me up in my room as punishment. I did not feel like I was in a place where the others were like me. The other guys in my unit seemed, to me, to be "street boys," rascals that for varying reasons created hassle on the streets of their respective cities. All I wanted to do was read my books and write my notes, which was deeply discouraged by team leaders, and could even lead to negative daily scores due to lack of "proper interaction with my peers." I did not think ill of them at all, I understood that we all found our way here for reasons sometimes beyond our control. But I was – or at least felt – very much unlike them. My queerness was not something people could pester me with, since I had no qualms with it myself. I think I was lucky, it could have been way worse. For a brief time, another gay person joined the group. Luckily we got along, often separating ourselves from the main group (meaning one or two meters further on the grass) during smoke breaks, to chat. In these memories, I do see that there is a shared sense of experience. Having queer and straight men in the same group, although not a problem by itself, does mean that queer men will almost always be outnumbered, and will find their peers to have very different lived experiences. There is little to no catharsis in interaction with "them," the non-queer guys.

I left the closed residence four months before I turned 18. This experience is sadly one I have often heard from others as well; I was just put back out into the world and that was that. No aftercare, no sound from my legal guardian (whom I thought to be a friend), and no actual lessons learned. It felt very much like I was locked up just to keep me from being a burden. I went right back to school when I was released. But since the foundation that caused my misbehavior in the first place was not gone, merely postponed, it was a matter of months before hanging out in the park, with weed and my friends, became easier than studying. Now I know that this was due to the need for social connection. I did not feel any closeness to my parents anymore in this period, nor did anyone seem to wonder where I was all day, every day. I did what I could to stay afloat, with no real future plan nor a reason to care for such a thing. And in the summer of my 18th year, my mother and all three siblings moved to Canada – I chose to stay behind, in the empty skeleton of my parental home until my dad had sold it away.

My life really took a turn when I traveled to Toronto, Canada, in the winter of 2012-13 to visit my family there. I quickly met my mother's cousin Alexi and his partner Tim, who invited me to live with them for the three month duration of my stay. Since they were my parent's age, they soon became my surrogate nuclear family; a healthy version of a life similar to my own. What stood out most, however, was their devotion to and interest in my life that taught me to see my own potential. At the end of the *100 days of Kevin*, I went back to the Netherlands with their financial support, finished high school, and started my academic career – I have never looked back since.

I completed a propaedeutic degree with honours in Religious Studies (*Levensbeschouwing*) at the Fontys Hogeschool in Tilburg. I chose this degree program due to my diverse exposure to various Christian denominations throughout my mother's search for an appropriate spiritual community. What I gained from this was a deeper understanding of how key-points in one's ideology can drastically change one's (pre-)position in life. Through my exposure to the program's hermeneutic approach and focus on what was called the "interreligious dialogue," I found my academic passion in researching how the internal and personal "truths" of the other present themselves, and how this continues to shape the current political motions of our diverse societies. After moving to Toronto in 2016, I chose to pursue an academic career in political science at York University, where I, at the time of writing, have just been accepted to the subsequent master program at the University of Waterloo, Canada.

2. Participating in the Audre project

My research stay with the Audre project at the University of Groningen in 2019 came my way serendipitously. During my stay in the Dutch child protection system, I was asked to represent the voice and concern of my peers at a provincial hearing in Limburg, as their principal youth voice.[5] After my face appeared in the provincial newspapers the following day, I was approached by a lawyer from Defence for Children, Maartje Berger. She took me to several events to speak on my experiences, for which I, in hindsight, was not prepared. Many years later, in 2018, she approached me with a request to take an interview with the team of the Audre project. After giving my first "statement," I requested a follow-up interview with the principal researcher, Dr. Ten Brummelaar. Her invitation to collaborate on the project as a research assistant led to my co-authorship of the publication "A space to be myself, support and a trusting relationship: Participation of LGBTQIA children and youth in out-of-home care" *(González- Álvarez et al., in press)*.

Throughout my experience with the Audre team, the inclusivity of their method stood out to me. Every young person who wanted to add more to the project than their story was allowed to do so, to the extent that they were able to. As such, Dr. (Mijntje) Ten Brummelaar saw the benefit in overlapping my personal

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[5] In reflection, I did not argue for the best approach: The kindness of certain professionals does not outweigh the need for children to be, as much as possible, *not* locked behind fences. And at the very least, a better form of in-care participation is essential. However, my insights on this are limited, colored by adolescent ideals, and, at the time of writing, a decade old. This does serve, in my opinion, as an important reminder of the use of children's voices. It is vital to explore the ethics and pedagogy surrounding their use.

career path with the project. She suggested that I assist in the qualitative research, focussing on my experiential knowledge in the Dutch child protection system, besides overlaying it with the philosophical grounding of my academic background. This opportunity allowed me, a participant, to give rhyme and reason to my painful experiences in a context that contributes to a bigger whole, e.g., academic research and hopefully tangible (policy) changes. On a more general note, being included in the project allowed me space in which I could develop vital research skills through interaction with the research team, through attending academic events, and through chats with academics and professionals over coffee. It speaks for itself how such exposure generates passion.

The project finalized a long and accessible report ”In my room, I was myself” (López López et al., 2019), as well as the paper ‘I actually know that things will get better’:The many pathways to resilience of LGBTQIA+ youth in out- of- home care (González Álvarez *et al.,* 2021), both of which I have read. The former I read when it was freshly published, and I read both either during or in preparation for this chapter. What intrigues me, however, is that when I first read (the anonymous quotes used in) the report, I was unable to see myself represented anywhere. However, during the final stages of this book, I was pleasantly surprised to feel that I heard my own experiences echoed in every second quote used.[6]

Finally, central to my experience with the project was the feeling of the utility of my experiences that, until then, were only a dark page of my past. The feeling that at all the suffering, confusion, the misplaced trust, and endless questions about why things were the way they were, had not been for nothing. Being invited and supported to participate in something that may improve the lives of children and young people allowed me to reclaim my story; it added a new chapter to the past. It allowed pride to become part of it. This contributed greatly towards a sense of purpose and streamline my thinking into a “can do” kind of mentality. Exposure to, in my case, academia and research, resonated with my personal inquisitive nature. The principal researchers proactively included me in the various connected projects and presentations. This has greatly helped me to gain confidence in my skills, such as teamwork, oration, and inquisition.

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[6] I find it important to note that I have not inquired as to where or how much my own two interviews have been used in any of the works that resulted from the database of which I am part.

3. Finding trust in my own voice

In the spirit of humbleness, I want to reflect here on the emotional process that has been a struggle when writing this chapter. It is hard to find trust and value in my own experiences. Why should anyone heed my words? Based on how I can be seen as valid within the wider context of scholarship? These experiences are, in light of this chapter, incredibly ironic, as it pertains to direct participation of those relevant to a given body of knowledge.

Disrupting experiences in my teenage life, on top of the exclusionary compulsions of our society, have led to tangible delays in my growth. Such disruptions have not been minor, nor did they feel conquerable to my young self whilst puberty gave way to adolescence; I suffered from mental stagnation, depression, C-PTSD, and emotional dissociation, amongst other conditions. This resulted in a severe lack of faith in myself through clear self-hatred, which in turn led to a lack of ambition in life. I have observed that self-love, although a basic necessity for the desire to excel, is a learned skill rather than naturally occurring. Furthermore, in more general terms, such disruptions and lack of self-love can carry on deep into one's adulthood and, as such, can "spill over" into the next generation. Luckily, this is avoidable: in order to cultivate self-love in a person, especially in one with a pained past, recognition is quintessential. And to really recognize someone, one needs to listen and include while maintaining a compassionate and vulnerable demeanor.

One of the ways a marginalized community or person can find recognition is through participation in research that allows them to share their story through a respected institution. However, within this hides the threat of "tokenism." Tokenism is the use of some person's image (them as a token) in order to virtue-signal that one is progressive, "woke," multicultural, etc., without actually allowing the participant to take part in a substantive way. Therefore, if one wishes to avoid tokenism, truly listen to the participants; actually include them in decision-making within the project or research; and do not use their image, either identifiable or not, without their informed and prior consent. One example to avoid tokenism (within academia) could be allowing full creative freedom within a part of the project.

In this context, I question *who is to research whom*? We must ponder the merit of an in-group member studying their in-group. And inversely, the intellectual benefits and pitfalls of being a so-called outsider. In other words, must a sociologist or a behavioral scientist be queer or have direct personal lived-experiences with the child welfare system, besides having emerged themselves in the knowledge and theories that pertain to the Dutch welfare system? My reaction on this question would be that there is merit for both the outsider and insider, in the different ways that these can be cross-referenced or cross-related to one another. There is value in being able to communicate science and communicate knowledge from within the discipline, to the benefit of the youth that are or will go through the child welfare system. Yet any knowledge that is obtained through research must also be communicated directly and accessibly to those relevant to its findings, if there is to be real impact.

Reflecting on my own words above, there is another clear merit to a scholarly "outsider" in interacting with the narrative of an insider. Before and during my time in contact with the child protection system, I may have lived in a "Fool's Paradise," where I was unable to really discern how bad my circumstances were. Afterwards, during a journey of internal reconciliation, during and around my time with the team of the Audre project, I may have found myself in a "Fool's Hell"; here, I was unable to see many of the good things that were in my life back then. My understanding was veiled with the new understanding of the "Names of my Pain," and their lineages to their varying sources. In both instances, there were people close to me that helped me see through these veils, enabling further growth through awareness. I have observed that if one is interviewed on their own experiences, new ways of looking at their own experiences will come forward. This may be a great source of growth, but not without a cost. Young people in or just out of the child protection system will have a framework that is often littered with pain – especially queer youth or youth of color. As such, these new ways in which an interviewee will re-remember their pained past must be cared for. The researcher has a direct responsibility in the potential harm that may occur through their research. If a researcher is not willing to take such aftercare upon themselves or their team, then I wonder whether they should research this topic at all. In one of the (rambling) voice messages I sent to Dr. Ten Brummelaar, I mused:

… that it is easy to retreat into a [narrative] isolation. It is therefore in the hands of a skilled researcher. It is vital to be able to pluck at the loose ends in the story of the interviewee, so to speak, that you have unknowingly woven yourself into, if that makes sense. And so, to speak of my own experiences – to react to Freire's words – makes it scary to claim my [narrative] freedom. Ironically, the one thing I am sure of [in writing this chapter] is that I don't lack doubt. In fact, a big part of this [chapter] was actually overcoming said doubt in order to actualize my experiences [into knowledge formation].[7]

The mind can feel to encapsulate itself: ignoring certain facts, being completely unaware of particular mental undercurrents, oblivious of vital awareness of the self. Therefore, an outsider who has no direct personal experience on the topic in question, but who has studied said subject at length, could be able to draw out particular ways of feeling, particular ways of knowing, and particular ways of engagement out of the participant. There is a pedagogical ethic needed here, one that maintains the human touch, that is in alignment with the human responsibility of the love for the scholarly craft.

4. Use narratives to lower the tower

In the search for voice and direction in this chapter, I originally set out to let my experiences lead some form of ideological statement on which role academia could and should play in society at large. I named this "From the Ivory Tower to the Marbled Town Square." Academia has long been described as an Ivory Tower, for like ivory, it is a noble material but otherwise useless. Ivory, otherwise, is also "fantastically expensive, a luxury good from parts of animals themselves so rare and exotic that ivory has traditionally had its cultural being in the worlds of art, ornament and aesthetic … layed myth."[8] I wanted to write about how we can make scholarship a "marble pillar in the town square," one that is inspirational

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[7] Another memo speaks on the feeling to remain un-outspoken or silent, especially in one's queerness: It is interesting how Freire and his foreword speaker talk on the culture of silence (culture of invisibility). This is something I have personally experienced. It is when you feel like the experiences which you dearly want to share with the other – to those who teach you, who educate you, who you love, your friends, whomever – have no place to be heard. This silence is, however you want to turn it, socially enforced. Often via subtle reactions, or a lack of substantial engagement. Which is not always done out of active aggression, it is often subconscious.

[8] I recommend the following interesting read on the historical cultural use of the Ivory Tower imagery: Steven Shapin (2012). *The Ivory Tower: The history of a figure of speech and its cultural uses.*

and accessible to people from all walks of life. So when I read the works of Ravecca & Dauphinee (2018)[9], I was delighted and re-inspired to include my ideas here.

As a student in political science, my thinking is centered around how concepts of power flow from and interact and overlap with human collective nature. Ravecca & Dauphinee (2018), both scholars in international relations, call what I (perhaps without nuance) refer to as the Ivory Tower, the "Fortress" (see also Ravecca, 2019)[10]:

[They] theorize the act of reading as an integral part of the intellectual space that narrative engages and enables. [They] show how this form of writing invites the author to exit what [they] call the academic fortress and to inhabit scholarship in a more vulnerable fashion. It also invites the reader to enter the text in a dialogic way. We show that narrative writing deploys the interconnectedness of experience and puts the multilayeredness of life back into science, demonstrating that this view does not require the reification of narrative as a more "authentic" expression of "real" life.

Furthermore, Ravecca & Dauphinee (2018) write that scholarly narrative methods are needed precisely because of the incompleteness and contradictory nature of our lives (p. 130, 132), and this transparent vulnerability is not mere confession (p. 135). I think that "narrative authors" will always be surprised by what we find if we explore ourselves within our own work, and they might find that others will take very different inspiration from their work. The narrative form will also find a kinder meeting place – a proverbial campfire, if you will – around which all sorts of frameworks and paradigms can sit and listen. There is less of an authoritarian voice, as the narrative merely asks for engagement.[11]

Narration is what brings us together. And my desire to further democratize academia through new and creative ways of uplifting voices – as that is what I

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[9] Here, I must disclose that during my time at York University, I was a student of Dr. Elisabeth Dauphinee, who invited Dr. Paulo Ravecca as a guest speaker.

[10] In their paper, Sarah Naumes (2015) calls this 'sterile' scholarship (p. 127).

[11] Here, I softly lean into Karl Popper's *Myth of the Framework.* Popper here critiques that "A rational and fruitful discussion is *impossible* unless the participants share a common framework of basic assumptions or, at least, unless they have agreed on such a framework for the purpose of the discussion" (p. 67, italics added). By drawing on various examples from the classical period, he shows how the interaction between people from two (very) different frameworks or paradigms actually has led to great cultural innovation. As such, he holds "that orthodoxy is the death of knowledge, since the growth of knowledge depends entirely on the existence of disagreement" (p. 66). Which ties beautifully into the following quote from Baruch de Spinoza's Tractatus Theologico-Politicus: *"I have striven not to laugh at human actions, not to weep at them, nor to hate them, but to understand them."*

mean by academia as a marble pillar – will have to prove the test of time. I hope, nonetheless, to inspire readers to explore their own position within work; to express that there is merit in writing about who you are, because our own stories are the bedrock to our work. The use of the narrative form (either autobiographical or autoethnographical) will allow for greater passion, refinement, and exploration of the possibilities of our knowledge making. And finally, on the epistemological question of who "gets to know" (which has plagued me from the start): as a bachelor candidate at York University who was asked to write this chapter, and (of course) accepted. And even though I continued to doubt the robustness of my research for this chapter, especially since this is also outside of my academic field, I kept on asking myself: who am I to speak with any authority? Until, on the final day of writing this chapter, I was able to conclude that no such authority is needed. I sit here and tell people that what I say has merit: I command no authority, do not bring new knowledge to the table. Yet, these are my experiences for the reader to interact with.

Final Remarks

I would like to express my sincerest gratitude towards Mijntje ten Brummelaar and Mónica López López, without whom I would have never been able to find the "golden lining" in this reconciling experience. I also want to thank Dr. J. Elwick for his support during the making of this chapter in my final year at York University. I also owe Dr. E. Dauphine my gratitude for her inspiring seminars in the pre-COVID-19 era. And finally, I am grateful for the generous support of the York University Faculty for Liberal Arts & Professional Studies for the following awards that enabled me to be a paid RA at the University of Groningen: the York International Mobility Award (YIMA), and the LA&PS International Study Abroad Award.

Chapter 4

The experiences of LGBTQIA+ young people in the child welfare system

The Audre Project Collective

During the interviews, LGBTQIA+ young people opened up to us and shared their life experiences in out-of-home care. This chapter's goal is to bring forward their narratives and it begins with the autobiographical narrative of one of the young people interviewed for this study. The chapter is then organized into seven themes. We begin with their coming out process: What does it mean for them to come out? What are the different ways they go through this process? The second theme explores their experiences of discrimination and the importance of acceptance and affirmation of young people's SOGIE. Our third theme looks into the specific challenges that they face to achieve meaningful participation in their lives. The fourth theme digs into their experiences with others in terms of connection and social support. The fifth theme describes how their intersecting identities create particular ways of oppression and challenges. The sixth theme shows the ways young people can be resilient to their multiple adversities. Finally, the last theme explores the challenges for young people to transition out of care to an independent life. We explain and describe themes by constantly coming back to young people's own words.

It's been a long journey for me before I could write this story. As a woman with a transsexual past it's not unusual to have a long, complicated and hard life story. Many have died because it became too much for them. Knowing that sad truth makes me want to tell my story even more.

My story started when I was very young. I was still a toddler when I discovered that I identified myself more as a girl. In my early years in elementary school, I remember being corrected quite a few times that I should stand at the boys side and not the girls side. On one day the teacher asked everyone what they wanted to become as an adult. I said that I wanted to be a mom, however they told me that I could never be a mother. Those moments confused me. I knew what I wanted and what I liked, but it didn't match my gender identity.

Years passed without too much trouble, until I became a teenager. My body started to change and that was horrible to me. I felt so sad and horrified by it. When I looked at myself in the mirror it really didn't feel like me either. It was at that time that I told my parents. Which wasn't an easy thing to do. This was because I came from a religious family along with one abusive parent. Looking back I think it was the right decision, because it was the first step on my long road of transition.

When I was a teenager I went to see the specialized gender therapists at the hospital. At the same time I also was depressed and admitted to a mental hospital upon my own request. My parents refused to give permission for medicines to temporarily block my puberty. On top of that the hospital did not want to do anything as long as I was depressed.

Meanwhile at the psychiatric hospital I was much more safe than I was at home. Unfortunately, I wasn't allowed to express my gender identity by either dressing or telling others. They threatened me that I would be sent home if I violated those rules. They also refused to identify me as I was from the inside, as a girl.

I think the pain that comes along with that is very underestimated by most health professionals. I don't think it's in any way comparable by a cisgender who is incidentally misgendered. To me it felt more like a very painful shock thrown to my heart, whether someone misgendered me intentionally or not. I'm not sure why the pain was so intense. Perhaps the traumatic experiences of being rejected in my identity each time was being felt again when being misgendered. Thank God it doesn't hurt that much anymore. Nowadays my transition has finished and I'm accepted by most of my family and friends.

At the time I still had much pain. From the start of being a teenager, I couldn't handle the pain. During that time the dialup internet was being replaced with cable internet, which gave me access to other people. People who accepted me as who I really was. I've found some online friends on a chat box about an anime which I really liked a lot at that time. Many of them were kids just like me, but some were adults. It was those adults that were really kind to me. They comforted me when I was sad or hurt. They said kind words to me and they loved me, at least that was what they said and what I believed. Unfortunately they also asked me to do sexual stuff for them. Also making pictures for them by either a webcam or my cell phone. It was my first sexual experience and I didn't like to do it for them. But it was worth it for me, assuming that they would want this from me in return. Those experiences, along with my autism (which was not diagnosed yet at that time), made me vulnerable. Some time later I ended up in adult content services and prostitution. I wish I knew at that time about sexuality and what my past did to my feelings.

Along the way as an adult I succeeded in my transition to also be a woman from the outside. It was a long and painful journey. My life is now so much easier since my transition finished. I don't get crazy looks anymore when I dress how I want or do the things I want. Plus my body feels comfortable and which I can identify with.

Looking back, the transition really helped me to reach being happy and to live a meaningful life. Looking back, I still feel pain from the past, including all the horrible experiences with health professionals. I even have to receive EMDR (trauma therapy) sessions to deal with the experiences with those professionals. But I also look back on the very few professionals who came up for me. The ones who were brave enough to show their disapproval to their coworkers. Unfortunately, it wasn't enough. But one of my dreams is that someday transsexuals will be safe and treated respectfully everywhere in the world. That every care professional and parent will stand together with the transsexual person instead standing against their identity. That the transsexual person is able to take steps in discovering their identity together with them. Also that any professional and parent will be there for them when they had an horrible experience in the outside world, which unfortunately is still quite common.

Selena Torsius

1. Recognizing their SOGIE and the coming out process

> *I did wait two weeks. But people ask very quickly. So do you have a boyfriend? Or hey, don't you like that boy or something? … and then, I never knew how to respond to that, so I thought I should tell* [come out] *someday.*

The formation of an identity is a long, dynamic, and complex psychosocial process (Erikson, 1968). For LGBTQIA+ youth, articulating their sexuality and realizing who they are in terms of their SOGIE is complicated by the pressure of living in a hetero- and cisnormative society. For the majority of LGBTQIA+ young people in care interviewed in this study, understanding and realizing their SOGIE was indeed not an easy process. Sometimes, this was experienced as a big stressor: "I worked on it a lot in my head last year… What am I going to do with this?" Some young people had to go through difficult life episodes at the same time as they were realizing their SOGIE: "And it was a really bad year for me… It really couldn't come at a worse time." Questioning their sexuality was, for some young people, part of the exploration and understanding of their SOGIE: "There was one such girl who I found very nice. Then, I was like 'no, but I'm straight, but I only like you'. You know, such a feeling." For some young people, it took a while to figure out their SOGIE: how they really felt, whom they were attracted to, or how they identified:

> *I didn't know the term* [non-binary] *very well in advance. I knew something was up and I talked a lot about it. I always said, yes I would rather prefer if you do not call me this way, or something... Before that, I always said I like women, but I never said that I was a lesbian, because I never thought that was entirely true.*

Not all LGBTQIA+ young people interviewed experienced great conflict with their emerging SOGIE identity. In a few cases, young people mentioned that their sexual orientation was not a big issue for them, they felt comfortable being themselves from a young age: "I'm gay, fine."

Recent legal advances to protect the rights of LGBTQIA+ people, as well as the more positive attitudes towards this population in certain societies, may be factors that explain the drop in average age in which LGBTQIA+ youth come out. Whereas in 1979, the average age of coming out was around 20 years (Troiden, 1979), studies in the last decades set the age at around 14 years (D'Augelli et al., 2010). Despite the narrative of progress around LGBTQIA+ youth coming out at younger ages, a more nuanced picture emerges: youth coming out during early adolescence might face different challenges than those who come out at a later age; they need to navigate their coming out within several social environments and during an especially challenging developmental phase (Russell & Fish, 2019).

For most LGBTQIA+ young people in care who we interviewed, coming out was a relevant but complicated process. A process that led to a wide range of reactions, from words of acceptance and support to rejection and denial. As young people experienced different social and physical environments in care (such as their foster families, friends, school staff, and communities), coming out was not a single event but rather a complex process that developed differently depending on the context. Young people came out multiple times, at different paces, in different ways; they could be inside and outside the closet at the same time:

> *Mainly the point that not everyone knows it yet* [their SOGIE]*, such as my class, there is one person I can easily get along with who already knows, with whom I have talked about it openly, others don't know it yet, I think. Ehm, my parents know, but my foster brother, for example, does not know it yet, so in this way it is something that still has to come out slowly.*

Some young people had positive experiences when coming out or disclosing their SOGIE for the first time(s) with their families, foster parents, friends, or partners, who affirmed them and reacted with "we already knew," "great," or "we really don't care."

> *Nah, my friends were just like, "We really don't care." We already know that you are gay and my mom is not difficult about it either. My father, who is just a bit calmer about it, he has something like 'sure'. My sister has something like "yes, you know you are my sister, so I have to deal with you no matter what you do." Everyone is like, "it's how it is, and nobody really makes a big deal of it." The only one who made a big deal out of it was me.*

For others, "knowing" their SOGIE did not always imply that they were directly open about it with everyone or in all environments. Some of them had experienced other people asking them intrusive questions, not for the sake of caring, but because of their own curiosity, so they wanted people to know as little as possible.

Previous studies on the coming out process among LGBTQIA+ youth illustrate the different experiences and the consequences of their coming out; while adolescents coming out is linked to positive social and emotional adjustment (e.g., Luhtanen, 2002; Morris et al., 2001), it can also result in a greater risk for victimization and harassment (e.g., D'Augelli et al., 2002; Pilkington & D'Augelli, 1995). Some LGBTQIA+ young people interviewed were "glad" that they "came out," because they could finally be open about their true selves. Coming out could also bring young people several benefits: the chance to develop healthy relationships of acceptance with others, emotional relief from not having to hide their SOGIE anymore, experiencing less homophobia in their classroom, encouraging others to come out, and even getting them in contact with other LGBTQIA+ young people: "And yes... and the more I came out the better it was and all." For example, one young person brought forward that being open about their gender identity encouraged other kids in the living group to come out:

> [...] *To a roommate* [coming out]*, who also lived there. Actually, she reacted very, very well. After that, a few more people came out of the closet, so I didn't feel so alone or anything like that either.*

But as the literature suggests, not all young people had positive experiences with disclosing their SOGIE to the people that were close to them or had to take care of them (such as family members, or practitioners). Specifically, trans young people expressed multiple difficulties being "out" or being themselves during their time in out-of-home care.

> [...] *And when I lose weight and fit into that one dress, I will feel like a woman. Yes, that of course makes no sense at all, it is really the denial phase that you are in. Then I told my mother and "that was not true" and "I had to keep my mouth shut"* [reactions from mother] *and she would talk to the doctors that it would not happen and, uhh, I said, that is exactly the reason why I waited. I said, "I'm 18, you can't do anything anymore."*

Particularly, for trans young people in care, being "open" about their gender identity could mean extra challenges. For example, the beginning of another important process to affirm their gender, and the extensive legal and medical processes to obtain gender affirmative surgery or name changes in official documents. After the coming out process, they had to deal with waiting lists and the "bureaucratic mess":

> [...] *and all that other bureaucratic mess.... but why do I have to wait for this as long as it is just one signature and you're done. Why do 15 people have to look at it again?*

Other young people told us of the several difficulties around their coming out process: they had so many things going on in their lives at that moment, how they had struggled to combine this with their religion, how they felt the "timing was off," it was "too complicated" to explain to others, or feared the consequences of coming out and hoped it was just a "phase."

> *It is also a bit complicated when you say, "but now I still have a female body, but you also like boys." "But soon you will be a boy, then you will be gay." But, yes you are still in a woman's body, so yes, "who are you looking for?" And who do you explain it to, and who don't you explain it to? You know it's all so complicated.*

In some cases, young people in care did not disclose their SOGIE themselves, instead, they were "outed" by their peers or carers. Although outing LGBTQIA+ youth is a disrespectful act that violates their autonomy and might put them at risk of discrimination, for some young people, this was experienced as "fine." One young person explained that, in a way, this exempted them from the difficulty of doing it themselves. But for others, being outed was not always correct or "necessary":

> *Well, sometimes when the topic came up, they would out me, when there were new people* [in the group] *they would say "yes then you should talk to* [name young person] *because she likes girls." By itself it was not so bad, but then I thought, well it does not necessarily have to be said every time.*

2. The need to move from SOGIE-based discrimination to acceptance and affirmation

> *This gave me the feeling, like I wasn't allowed to be, do it in your room. Where nobody can see it. You should never treat a transgender person or a gay person this way. That isn't right.*

Once young people come to realize their SOGIE and begin the process of coming out in their different social environments, the acceptance and affirmation from relationships are key towards the path to a positive SOGIE. Unfortunately, LGBTQIA+ young people in care often experience discrimination based on their SOGIE, from their parents, professionals in care, peers, and general society. Literature has shown the harassment, violence, bullying, abuse, and invisibility they experience (Mallon, 2019; McCormick et al., 2017; Woronoff et al., 2006).

In line with the literature, for most LGBTQIA+ young people interviewed, their time in care was not affirmative towards their SOGIE. Young people gave various examples of how staff, caregivers, or organizations showed a lack of awareness, skills, or sensitivity towards one's SOGIE. As a young person put it: "They're often not used to it." They also talked about how their SOGIE was made invisible. A young person brought forward that the professionals in the group she was staying with did sometimes speak about "sexual orientation," but the topic of gender identity was never discussed; this invisibility of gender identity issues was deeply hurtful.

> *it was sometimes mentioned in the group* [sexual orientation]*, yes…* [silence]*, but for me that is something else. I'm like, well, I also like girls, boys, but yes.. it is something very different from transsexuality. If you are not allowed to express your sexual orientation or identity, I think that is a big difference. It is both not okay, but* [...] *It is also the way you are approached by your peers in the group, what you are allowed to wear, what you feel comfortable with, by denying all of that, it touches so much.*

Furthermore, some LGBTQIA+ young people in care were exposed to violence based on their SOGIE, such as heteronormative and cisnormative comments and assumptions, either by their peers or by adults, such as their carers or staff members: "they assumed I was a boy," "they thought I wasn't sexually interested." Others felt that these adults, who were supposed to care for them, did not always stand up for them when other kids made inappropriate remarks. Specifically, the stories of trans young people staying in group homes illustrated the often unsafe and insensitive climate they encountered, and how this "paused" their lives for a while. The examples they provided ranged from being bullied and name-called to not being allowed to be themselves within the living group (e.g., refusing to use someone's chosen name, being told not to be themselves by staff because other kids "cannot handle it," or toys being taken away, with messages such as "cars are for boys"). The following quote exemplifies how some environments can be accepting and affirming and others expose young people to violence and pain.

> *Yes, that was then, then I was really a boy-boy, so to speak. And then it was much easier for me in here than when I was transgender and I came in here. I also switched very often because I didn't dare to be myself here, because it used to be even worse here. And yes… that really did damage me so to say. That is something I would carry with me all my life. Because I have never had any comments outside* [name

> of institution A]. *Never any problems. At* [name of institution B], [name of institution C] *nothing happened. Only here in* [name of institution A]. *At home, if I walk outside, no one would ever bother me, no matter how big of a problem I would have with someone, they would never call me names for being transgender or whatever, or yes… like homo, gay, or whatever. They would never do that at home, they would never do that at home. First of all, they don't have the guts for that. Secondly, that is just really not… I just really think it is low.*

Although most literature points to the rejection and discrimination experienced by LGBTQIA+ youth in care, some studies have shown that supportive and affirming practitioners are also to be found (e.g., Gallegos et., 2011; Ragg et al., 2006; Schofield et al., 2019). Foster family acceptance, families that are SOGIE-accepting and affirming, has also appeared as a key resource to improve the experiences of LGBTQIA+ young people (McCormick et al., 2016). In this study, LGBTQIA+ young people in care who were interviewed also experienced supportive and affirmative care placements, making it possible for them to be themselves or find "safety from home." This meant, for example, that practitioners, including foster parents, ensured "casual conversations" about young people's SOGIE, supported them to express themselves in terms of their SOGIE, protected them from bullying and other forms of discrimination based on their SOGIE, connected them to LGBTQIA+ organizations, and supported them during their gender identity transition process. As an example of such an affirmative practice, a young person shared her experience of a practitioner who changed her name in the system. This action helped her move forward tremendously:

> […] *That woman, I had a woman there* [name of woman]*, and ehmm, she, with her it was really, she was like "okay, we have to change your name in the system right now to a woman and to* [own name]. *I just don't see a man in you, so we have to do it now…" And that has really helped me. If she hadn't been there, I wouldn't have come this far. And she has really, you know, she has really helped me a lot.*

Getting in contact with LGBTQIA+ organizations was also an important way for some LGBTQIA+ young people in care to find an accepting and affirming environment and relationships. It was an opportunity to understand their SOGIE, be themselves without receiving judgment, and form supportive relationships: “But in the beginning, I was like, yes I just want to make friends who understand me, so I went there (LGBTQIA+ organization)… and just felt at home, and I still go there now.” Through the acceptance and affirmation from their different relationships, some young people could finally move from their early understandings and mixed feelings about their SOGIE to the development of pride, as one young person told us: “I am also very proud of who I am and how I became.”

LGBTQIA+ young people explained to us how important it was for them that (care) environments could provide an “open,” knowledgeable, and affirming climate towards LGBTQIA+ young people. They stressed the importance of having their views taken into account and having “space” to be themselves, to disclose their SOGIE when and how they wanted to, and not to be forced to come out. They also felt it was necessary to train practitioners in care on the topic of LGBTQIA+ identities. Even though not all young people felt their caregivers or staff knew the “ins and outs’” of what it means to identify as LGBTQIA+, they did appreciate it when others made an effort to understand or educate themselves.

> […] *Some foster families, they do not know and they cannot help you, my foster parents also did not know, they could not help me, but they did their best to make me happy. They treated me as a real child. That is the most beautiful thing of them.*

Finally, transgender young people interviewed told us that of the many ways in which practitioners could offer acceptance and affirmation of their gender identity, support with the medical or social transitioning process was immensely helpful. For some transgender young people, transitioning was an important step towards the construction of positive gender identity, therefore young people wished that practitioners could offer more help in this process. For example, by supporting them with access to medical transition promptly.

3. The challenges for participation in decision-making

> *No, I wasn't allowed to be myself.* [silence]. *And as a minor, you can't do much against that* [silence]. *If you have parents who really stand up for you, well, then you would not come into the institution in the first place. Then you can do much more. But if you don't have that, yes… what can you do then?*

Although the participation of young people in the decisions that affect their lives is a fundamental child right stated in Article 12 (UN, Committee on the Rights of the Child), LGBTQIA+ young people in care seem to encounter many barriers to achieve it. The LGBTQIA+ young people interviewed mentioned the many instances and ways in which they were hampered from participating in the decisions affecting their lives. In some cases, it was due to the urgent and unsafe situation in which the young people were residing, for example when their placement in care was rather abrupt. This was one of the factors contributing to young people feeling not being prepared and also resulted in their needs not being met with the placement decision. As one young person brought forward, "…they never asked me, shall we have a conversation about this, [own name]." The young person reflected on it:

> *So actually, I have the idea that they just put me in an institution, so that they no longer had to interfere. "O, hey, that boy is too much, put that boy away, so we don't have to look at him anymore. Then as soon as he comes out* [of the facility], *he is free again. And he can do what he wants, by that time he is 18, and then he is no longer our concern."*

In the few cases in which LGBTQIA+ young people in care were consulted regarding their placement decision, this way of participation did not always feel "meaningful" to them. One young person explained how they disliked the hearing process and felt uncomfortable during the entire conversation, leading to a "loss of energy."

> *No, because it was not really about me, so what I have to work on or something, but it was actually more about why I was taken from home and what my mother*

> *should do and what my mother did wrong. Yes, then my loyalty towards my mother comes up, and then I fight against them* [….] *actually nothing happened. Then I actually just go back with a negative feeling and I have lost a lot of energy. In addition, nothing has come out of it.*

We found that there were four important prerequisites for enabling participatory practices with LGBTQIA+ youth in care: LGBTQIA+ affirmative and supportive environments, good connection between practitioners and/or peers and LGBTQIA+ youth, information and preparation for decision-making processes, and giving LGBTQIA+ youth their own space to be themselves while having informed/trained (or at least willing to be) practitioners (González Álvarez et al., in press).

Most young people interviewed mentioned the lack of preparation and information received when decisions about their lives were taken. This came, for example, as a lack of information on the reasons related to their care trajectory. In other situations, they did not feel prepared enough to continue with the next steps in their care trajectory (e.g., moving out of care, moving to another facility). For young people, decisions felt rather abrupt: “It didn’t go well at my mother’s place. It also didn’t go well at my father’s place. So, they placed me in a secure facility. I’m like, well that’s quite a dramatic turn of events.”

Besides the lack of preparation and information, some LGBTQIA+ young people interviewed felt they were not taken seriously in decisions affecting their lives, or felt they did not have a real option to choose from. These decisions could be related to “everyday matters” (such as having to participate in a family’s traditions despite the young person’s protest), “higher-order affairs” (e.g., having to leave a foster family suddenly to start living on their own), or specifically to one’s SOGIE (e.g., having to sign a contract to prevent them from disclosing their gender identity). Oftentimes, this resulted in a lack of understanding of why certain decisions were made. For instance, one young person told us how she, forced upon by the residential facility she was staying, was not able to be herself during her time in care and how this felt like choosing between two “bad” options:

> *I was not allowed to talk about being a girl, I was not allowed to dress like that, and otherwise I had to go back to my parents, where I was abused.* […] *I didn’t*

> *really have a choice, right? The one was bad, the other even worse* [silence]. *So I agreed.*

Despite the many barriers to their participation during care, some of the young people interviewed also had positive participative experiences. LGBTQIA+ young people often experienced meaningful participation when they had a good connection with their carers and practitioners. They felt it was important that a caretaker or staff member took time, showed interest, went the extra mile, and saw them for who they were. When young people knew practitioners for a long time, they also felt more comfortable around them: "the other one I know for eight years, and the other one I know for 10 years, so I know them already quite long. So, then talking about stuff goes easier." Most of the characteristics of good relations with practitioners only come to life when we look more in-depth at personal stories, where young people shed light on the meaning and impact they had on them. Some young people talked highly about practitioners who "stuck their neck out for them," or "went the extra mile," and how this enabled them to actively participate in important decisions in their life.

LGBTQIA+ young people interviewed also expressed their need to have their own space to be themselves while at the same time receiving support. This was an important way for young people to be considered, as participation is often understood only as an active process of involving young people in conversations and decisions, while sometimes, what they need is for practitioners to step aside and remain silent. In this sense, they brought forward that they wanted time and space to disclose what and when they wanted about themselves: "… They should have given me space, to be myself, to support me in this, to build a trusting relationship." For instance, some young people sometimes felt pushed by practitioners to disclose or talk about their SOGIE, as this young person disclosed:

> *You should, I mean, give them* [young people] *a bit the chance to say it themselves. And not, I mean, push them, like "how are you," and okay, it can come from a good heart, but you shouldn't push them. And that is what they did with me, they really pushed me and it was like, they knew, they didn't know what to do with it. So, I had to explain. While, I was just started, with figuring things out. And I didn't know everything yet, exactly, so I had to explain them.*

Even though the living environments in which LGBTQIA+ young people lived differed in restrictiveness (between different foster care parents, open facilities, or secure residential care), participants often felt themselves to be in a situation of “dependence,” sometimes feeling powerless and fearing speaking up to their carers or decision-makers. Two young people mentioned they had to really speak up or stand up for themselves to be heard and seen.

4. Of isolation and connection: the importance of social support

> *That I had people* [silence] *that did care about me. For who I am. That I meant something for someone.*

In general terms, young people in out-of-home care are subject to disruption of their relationships of support, namely birth family, peers, and other adults (Hiles et al., 2013). Moreover, the lack of acceptance of their SOGIE in care might further increase their feelings of isolation. However, studies have also found that LGBTQIA+ young people in care might experience strong connections and support from different relationships, such as those with practitioners, friends, and other adults (Forge, 2012; Gallegos et al., 2011; Mallon et al., 2002; Paul, 2018).

Since many of the young people interviewed did not stay in their initial care placement, they had therefore experienced multiple carers, changing and unstable environments, and network “turnovers.” Some young people had experienced replacements in care at a (very) young age and/or were denied, neglected, or abused by the people that should have taken care of them. Many young people lost faith or trust in adults and were selective as to who they allowed to come close.

> *Yes I did go to creative therapy. So to open up a little more and start talking. It just didn’t work that well. Because I really enjoyed drawing and painting, but I still did not start talking. And then they tried this* [horse riding]*, and that helped a little*

> *better. I was just a bit quieter in the group, instead of always being so angry and so. But I still didn't really talk. I just didn't have the confidence for that.*

Not all young people interviewed were still in touch with their (birth) parents, and some others had little contact with them ("my mum passed away, my father is doing his own thing"). A couple of young people we spoke to did have a good (or better) connection with one or both of their parents, as their parent(s) stood up for them and supported them. "[...] my parents are really super supportive and they are, my mother, she does so much for me, that is absurd." In most cases, maintaining a family bond was important for them. A young person mentioned the unconditional love from his brother:

> *I have a sister who lives in* [place name]*, but uhh it's real, if you, if you have something and you lose it. Then you appreciate* [referring to family] *even more. And family has never been this important to me. And not just the idea of family, it's just the idea of that unconditional love. Just, I see my brother for example. I don't know why I love him, yes they do have blood, bond, but that* [...] *I see him, it's just inexplicable. That inexplicable love.*

For other young people interviewed, if their parent(s) were still in the picture, their relationship with them did not always go smoothly: "I never really felt a parental connection with my father or my mother," or it was "very superficial." The SOGIE of some young people had influenced the relationship they had with their parent(s). For example, a young person explained how she did have a good connection with her mother, but not with her father:

> [...] *Positive. She has nothing against it. However, my dad does, he is just not okay with it* [the SOGIE of the young person]*. It does not belong in his culture.*

For some of the young people in foster care interviewed, their foster parents had indeed taken up the "role" of primary caregivers. This sometimes meant that young people saw them as their "real" parents and their placement felt like home ("without them, I would not be here"). However, other young people interviewed brought forward that they "always kept missing something"; a young person describes this feeling:

> *you always have a kind of hope to ehmm, just like if you were in a relationship, and then it actually breaks down because it no longer works out and it is no longer possible and that you actually think that is a great loss, and then you actually hope somewhere that maybe it will be okay again initially, and that is a bit, I have that with my parents as well. Like it, it was never really something and it just does not work every time, or you get bothered by the other person about things and yet ehh you feel that need or something. Or that hope that it will actually turn out well* [relationships with birth family].

The support LGBTQIA+ young people interviewed received from practitioners showed in different ways: when foster parents promoted in young people a sense of optimism, when they challenged their ruminations or negative thinking, were available to answer all their practical questions, or stayed up at night talking to them if they had a nightmare. Beyond this, young people appreciated practitioners and carers who provided them with honesty, humor, trust, and even physical comfort, for example, a hug. They mentioned that this contrasted with the "business-like" and "bureaucratic" relations that they sometimes encountered in care. More than only the provision of practical help, young people needed care that was given in a more "human way": "Here you just have a lot of people who just, care providers, who just treat you in a human way, who are happy to go with you to the hospital, if necessary, still hold your hand if they should, they would still do, and yes.. [silence] just normal people. Yeah... who just still have a heart [laughs]."

Providing SOGIE related information to LGBTQIA+ young people helps them to lower their emotional distress and acts as a protective factor against the adverse effects of discrimination on their wellbeing (Doty et al; 2010). Our results showed that in some cases, practitioners provided LGBTQIA+ young people in care with helpful resources about SOGIE issues. Even though some practitioners working with them did not know much about SOGIE issues, they were well-connected and could use their network or use their resources to connect the young people to several organizations, such as LGBTQIA+ advocacy organizations. In addition, young people interviewed experienced as positive that a caregiver identified as LGBTQIA+ and helped with LGBTQIA+ informative resources:

> [...] *from my psychotherapist, I received another show* [serie]. *With a movie at the end. He said, and then you have all sorts of characters and people, and situations. Go watch that and see what you think of it. When I was really dealing with that. Therefore, I really had a lot of support from him.*

For some young people interviewed, forming meaningful friendships offered them different forms of support. Their friends cared for them in many different ways: by listening and understanding their problems, by giving instrumental support like a temporary roof over their heads, or by just being their companions with whom they enjoyed life. By sharing similar difficult life experiences, it was easier for them to engage in a mutual understanding. Unfortunately, for some of the young people interviewed, their friendships were affected or did not survive during, or due to, the young person's out-of-home placement, or due to a change of placement. As a young person explained, he was able to stay with the family of his best friend in (temporary) kinship care. However, the stay did not end well (because of bad timing, and a lack of support from the system during this placement):

> [...] *But we just chose a very bad year* [for living together]. *Which ultimately led to our friendship going to hell. Because I don't speak to him anymore either.* [...] *So it was, it was nice there, but it was just very badly arranged. We both thought it would be okay.*

Lastly, some of the young people also mentioned the importance of having animals in their lives, such as cats or horses, and how they provided them with support. One young adult explained to us how she had learned a lot through the interactions with cats, for instance how to say "no," but also how she found comfort with them.

> *I've got a lot out of animals, also of cats. Also, because before I really made friends, I just learned a lot from the interactions with cats. Just learn, if they say no, you can, that's okay, and that's enough. Yes, they sometimes turn away, things like that* [laughs]

5. Intersecting oppressive systems and inequalities in care

> *I hated my culture so much* [...]*, and especially refugees, because I saw how it was portrayed in the news and in the media, I was so embarrassed that I completely blocked all, all people from* [country].

In the US, as many as one in five LGBTQ youth reported bullying based on their race, ethnicity, or national origin (Burdge et al., 2014; Human Rights Campaign, 2013). And according to recent research, at least 61% of all children who identify as LGB in out-of-home care are youth of color (Dettlaff et al, 2018). This number might be even an underestimation, given the fact that transgender and gender non-conforming youth were not included in the study. When compared to heterosexual, cisgender, and white peers, LGBTQ youth of color are more likely to suffer family rejection, be placed in congregate care, experience housing instability and homelessness among other negative outcomes for their wellbeing (Page, 2017; Wilson et al., 2014). The picture is clear: LGBTQIA+ youth in care live at the intersection of not only heterosexism and cisgenderism, but also racism and other systems of oppression.

The LGBTQIA+ young people we interviewed were not only diverse in terms of their SOGIE, but also many other characteristics, identities, and past experiences. The violence and discrimination suffered were sometimes related to their SOGIE (transphobic or homophobic slurs), but could also be related to other reasons such as their body size ("I was bullied because I was too heavy"), or their bi-cultural background. For instance, one of the young people with a bi-cultural background brought forward that his former mother-in-law made negative comments both about his foreign origin and about him being gay:

> *So I had my mother-in-law, my ex-mother-in-law, she really just hated me, just bluntly. That, she just hated me because I was foreign and also because I am gay. But mostly because I was foreign. For example, she made comments to her sister "o he is a really dark one," and those kind of comments. Then I think, too, that hurts a bit, because I want us to have a good communication, because I had a relationship with her son. Therefore, I want it to be okay. However, it wasn't.*

This same young person reflected on his racial identity and how he had different life experiences from the rest of the people. He realized, for example, that he was not part of the "white culture," a culture that enjoyed certain privileges: "they really have a wonderful life, a big house, business, they go on vacation every year and they want to keep it that way. And just like that in that "white culture" circle, and okay then I don't fit in." In another case, a young person narrated how her family had to endure harassment by neighbors who considered them "vulgar," while other families in the same working-class neighborhood were treated differently. The young person explained that this difference in treatment arose from their family social status; the other families were "decent people" while she felt "ashamed to death" when coming across certain people in town.

Early research explains LGBTQIA+ youth overrepresentation as a direct result of SOGIE discrimination and violence in youth's families (Mallon, 2002; McCormick et al., 2016; Wilson & Kastanis, 2015; Woronoff & Estrada, 2007). Although some LGBTQIA+ youth indeed access care due to families rejecting them based on their SOGIE, recent research paints a more nuanced picture. Mountz et al. (2020) analyzed the paths to care of former foster youth; their results showed that families and communities affected by racism, poverty, and intergenerational trauma are important factors contributing to their paths to care.

Young people interviewed were also diverse in terms of their path to care; some young people entered care from a very young age, while others were in their teenage years when they first dealt with the system. Young people were also placed in care for a variety (and often a combination) of reasons, such as being neglected or abused by their caregivers, facing a loss or absence of a parent, being an unaccompanied minor, using drugs, or dealing with behavioral and emotional challenges. In some cases, young people entered the care system for reasons (in)directly related to their SOGIE.

> *In the beginning of* [year]*, I went to a foster family. To my foster family* [names of foster family]*, ehmm, I, because I had fights with my sister because I came out. In addition, it was not, so to speak, really fun anymore, and, ehmm, how should I say this. Ehmm, I had, we had many different problems, you know. However, it got worse and eventually I just left.*

During the interviews, not all young people wanted to focus on the time before they entered the system, but we know most of them had suffered multiple traumatic life events before they came into care. Unfortunately, for some of them, the time in care was not always safe nor affirmative, which often added to their negative experiences. Many of the young people we spoke to had, or still have to, deal with some extent with multiple challenges concerning their mental health and wellbeing (e.g., depression, self-hate, suicide attempts or ideations, unhealthy eating patterns, substance abuse, loneliness, and/or anxiety). Sometimes these mental health challenges also affected other areas of their lives and led to a problematic circle, as one young person explains:

> *I just didn't want to pay any attention to it, and in the end I got into a depression. So to speak, I am still in this.* [...] *Sometimes, I just really have days when I think I don't want to get out of bed. And so on. That I really don't feel well. My school results, of course, also deteriorated because of that.*

In addition, several young people had experienced discrimination based on other identities or individual characteristics. They felt that they were "different," they heard negative remarks and/or experienced harassment both within and outside the context of care, such as on the streets, in their neighborhood, with their (foster) family, or in the facility in which they were staying (see also: "The need to move from SOGIE based discrimination to acceptance and affirmation"). These negative experiences affected them, especially in their mental health:

> *Because here* [institution] *is not such a good living environment for transgender people and such. Because I get a lot, at least here I was bullied a lot and ehhh, and discriminated against and that still happens. And, Monday I had my lowest point, in that I really did not want to continue. I didn't want to be here anymore. Then my mother picked me up too.*

These negative experiences of discrimination also happened at school. Several young people told us they were bullied by their peers in elementary or high school. Sometimes, this bullying stemmed from being in the child welfare system ("not having a dad"), and sometimes the bullying stemmed from a particular

SOGIE (being “too feminine,” “gay”), and sometimes due to other, or intersecting, reasons:

> *Like I said, I used to be, I’ve been bullied a lot, really in high school for a stupid reason because I had a purple case from* [company] *for my phone, but I thought it was a nice case. I thought it was handy. Somehow, they started calling me gay…*

Their SOGIE identities and the intersection with other identities and personal characteristics and baggage often made them experience several forms of oppression and in turn, complicated their experience of discrimination and their health inequalities.

6. The many pathways to resilience

> [...] *I act according to what, where I think I want to go. And then it will come naturally. How much, because in the end you do have so much, not so much influence on the actual course of your life. You can choose a lot, you can make a lot of it. Ultimately, what really comes out of it… that just happens to you. I think. So uhm. I just do the things I’m good at. And based on that, I hope, someday, to give someone a smile. And then I have already improved the world. So uh, a little bit…*

The adversities experienced by LGBTQIA+ young people in care and their health inequalities are well documented. But what happens with their experiences of resilience? LGBTQIA+ youth in care can draw from individual, relational, and social resources to confront their multiple adversities and achieve positive outcomes for their wellbeing. We understand resilience from a comprehensive perspective, a social ecology framework proposed by Ungar (2011). From this perspective, resilience is not only the inner abilities of youth to withstand stresses but the interaction between youth and their social and physical environments that facilitate acces to health-promoting resources (Ungar, 2008). Although most research among LGBTQIA+ youth has taken a risk-based approach, a few studies have explored resilience in this population. Social support from practitioners and caregivers (Paul, 2020), access to health care services (Erney & Weber, 2018), foster family acceptance (McCormick et al., 2016), and LGBTQ empowerment and pride (Capous-Desyllas & Mountz, 2019) are among the resilience resources found in recent literature.

As seen in the previous sections, the LGBTQIA+ young people interviewed have experienced a wide range of adversities in their life, such as difficult relations within their family, bullying at school, mental health problems, and unsafe, unsupportive, and restrictive care systems. Nonetheless, in line with the resilience literature, young people interviewed also found many ways to withstand and counteract these stressors. Besides these resilience resources previously described (acceptance and affirmation of their SOGIE and relationships of support), young people resorted to community involvement and self-reliance strategies to keep afloat and thrive.

In the case of some of the young people interviewed, their life stories and their perceptions of the prevailing social injustice around them were the motivational drives to try to reach social transformation through their active involvement in society. They took different methods to make a difference: working in the youth care system, taking care of the elderly, participating in youth councils or LGBTQIA+ advocacy groups, or merely by their participation in this research study itself.

Several young people interviewed expressed their desire to be involved in the youth care system in some way or another. Their own experiences with the care system offered them the knowledge and motivation to change the system for the better. While some young people wanted to become foster parents, others were studying, or wanted to study to become social workers. Some of them were quite successful in exerting an influence in the care system. A young person who worked as an "expert by experience" and collaborated with a youth organization got to implement some of his ideas in the organization. Importantly, by actively involving themselves in the community, by giving back to society, they felt they also received something positive back as well: "And to help other clients, and also to support care providers… that also gives me a lot."

Some young people interviewed were also able to raise their voices about LGBTQIA+ issues and create a change, sometimes through personal actions and sometimes through their active involvement with an LGBTQIA+ organization. For example, a young non-binary person took the personal effort of educating people around them, about SOGIE diversity and their non-binary experience: "I was really giving information to the group about that, because I found all of that quite interesting to do and not too bad… most people are really nice, they really tried to understand." In other cases, young people were involved in LGBTQIA+ organizations and joined their demonstrations and other activities, like training sessions. Despite being aware of the social inequalities and the difficulties of changing them, some young people remained positive and hopeful for a change:

> *I actually know that things will get better then, that we will take really good steps, ehh for a better future. All together.*

Young people interviewed did not always have competent adults around them who could protect them and help them to confront their stressors, such as discrimination and/or violence based on their SOGIE or other identities. Because of this, some young people had to rely mainly on themselves to be resilient, utilizing three main self-reliance strategies: escaping or avoiding, resisting, and fighting.

Escaping: some young people, when confronted with high amounts of stress, such as fights with family members or violence within the care system, opted for avoiding or escaping the stressors, for example by running away. Escaping from home was even understood by one young person as a form of self-care: "just making sure that my stress becomes less." In other instances, secluding themselves in their rooms and personal spaces was a good way to avoid stressors. Some young people also escaped emotionally, for example, some young people said to have few emotions or just hide them away; by putting up a wall so "nothing comes out." Emotional avoidance was not always an intentional strategy. As one young person mentioned, although desired, it was impossible to talk about certain topics: "I want to say it, but it won't come out."

Resisting: for some other young people, resisting their stressors was an alternative to escaping. Resisting could take many forms; a quite noticeable one was "being strong." This meant being able to go through hardships without being much affected. "You can, you can mentally give me a really hard blow…. I stay upright. You won't get me down anymore." Some other young people downplayed the hardships experienced: "I had a fight with a guy and he called me a 'lesbian whore' or something, but that, you should not take that too seriously."

Lastly, "turning on the survival mode" was another way of resisting. Surviving as "keep going" despite the difficulties experienced, as the young person was "actually drowning in their aggression" and yet able to "stay there."

Fighting: some young people relied on physical and/or verbal ways to protect themselves from their aggressors. As a trans person mentioned, this fighting strategy could be quite effective, in this case, to not allow transphobic comments in her town: "They really would not dare, because I would really go at them." Fighting also took the form of engaging in discussions or difficult negotiations, for example, in the case of a young person trying to get the care system to give him what he considered was best for him: "really just discussing from here to Tokyo."

Finally, various young people talked with us about the importance of hobbies or things they enjoyed doing in their spare time, such as making music, working with animals, spending time with friends or peers, playing games on their computer, performing drag, being part of a youth council, cycling, or doing sports (e.g., "for me it is really soothing and stress-reducing, "I can put my emotions into it"," or "it's a nice hobby"). Some were still in the process of figuring out what they enjoyed doing, as they did not feel that they had had space or time to do that before ("it is only recently that ehh, this is possible, that I have that freedom, and I am just figuring this out"). As a young person put it:

> *And I really want to keep it that way, because it feels good, I make, I do good things, I help people, people help me, friends, circles, activities,* [name of] *group, eh I played, I started with writing, writing songs, all very positive experiences that now come and that will all come.*

7. Emerging adulthood and transition to independence

> *Having a good job, a good house, children, and a husband. Just everything is good, everything is just good. No trouble.*

For youth in out-of-home care, the transition from the care system to an independent life is often sudden and involves plenty of challenges. This group experiences two important transitions at the same time: on the one hand, they move from relying on the child welfare system to personal autonomy; and on the other hand, they move from adolescence to adulthood (Vaughn et al., 2008). Youth transitioning from foster care are at higher risk of experiencing situations such as homelessness, financial problems, unemployment, and poor physical and mental health (Courtney et al., 2011). Furthermore, they might suffer from a lack of support, for example, financial or emotional support, for a successful transition to independent living (Samuels & Pryce, 2008).

For LGBTQIA+ youth in care, the transition out of care could carry extra challenges. Research suggests that LGBTQIA+ youth may be more disconnected from networks of support than their non-LGBTQIA+ peers (Johnson & Amella, 2014; Safren & Pantalone, 2006). However, research by Paul (2020) shows the key role of practitioners and caregivers in offering support to LGBTQIA+ youth in care to transition from foster care to emerging adulthood.

At the time of the interview, most young people were in the process or had already transitioned out of care. Some of them still made use of services provided by care organizations, such as independent or assisted living arrangements, or their foster or extended families supported them during this transition period.

> *So when, uh, I went to* [place] *and there I met my family, my extended family, who just instinctively immediately took care of me. Which means that everything is now going as it is going.*

Even though young people interviewed gave examples of how they were supported during this transition phase, not all young people felt well-prepared "to live on their own" and make the transition to independence. Sometimes, it felt rather sudden to them or they wished they had more support/guidance during these transitioning steps:

> *Back then, at the guest house, ehmm* [...] *I had to do everything myself, so they didn't really help me a lot.*

A few young people did not receive any (or only received little) support and told us how they struggled with the first period after leaving care, getting by with little money and resources.

> *I was able to receive social assistance for a while, I lived on that for a while. And at some point it stopped, I started doing more prostitution... ehm* [silence] *yes, but yes that wasn't easy either. You pay your window rent, sometimes your boyfriend wants something too, ehm, yes, then you still have to pay normal rent, food and drink, yes...*

Despite the impact of care on their educational pathways, most young people interviewed were able to continue or finish school to obtain a diploma or degree. A couple of young people even mentioned that their school functioned as a "buffer" in their life, as one of the few places that were "stable and supportive":

> *At that school, there it was just a heaven for me* [...] *I just had classmates who supported me, my friends who supported me, the school itself had arranged a personal mentor for me, that, if I had a question that I could just go to her. And that she then arranged things further. But also the teachers just went to her and she discussed things with me and also they were the contact person for my mother, and the contact person for young people care, and that just gave me some peace. I didn't have to do anything at school. The only thing I had to do was be there.*

Overall, young people interviewed had various educational backgrounds, such as (higher) vocational education, secondary education, higher professional education, or were studying at a university. Several of the young people we spoke to were on an educational pathway that would lead them to social work and related services. Some of the young people interviewed already had jobs, "I earn my own money," and others were also eager to share their knowledge as experts by experience (in the near future).

> *Ehm, what I hope is that I can also work in a shelter with girls who have a similar background. And that I, ehm, no matter how awful people and men have been, that*

> *I can bring them back in contact with animals, and thus help them from my own experiences. That is what I hope for.*

Despite the great difficulties that the LGBTQIA+ young people interviewed went through to transition out of care, many of them remained positive and spoke about their hopes, dreams, or ideas of how the (near) future would look like. Some of them mentioned this in a couple of sentences ("being old," "finishing my studies," "touring with my band," or "finishing my transition"), while others had specific ideas:

> *I really want my own radio show* [...] *And then I will do all of that, it's really ehh, that ehh, I've thought a lot about it. But I think that's really my ehm, the job that really suits me. That is really, really what I want to do. So that's it…*

Some of the young people interviewed also mentioned that they wanted their own kids or foster kids when they were older. One young person told us that he was looking forward to having kids of his own, but that his sexual orientation (being gay) did make this a bit challenging.

> *The only rotten thing about being gay is of course, how do you get children or something. Uh, because that's one of my biggest wishes. To have kids.*

Conclusion

The voices from LGBTQIA+ young people living in care tell stories of the everyday struggles of a marginalized group, such as discrimination, unacceptance, instability, isolation, and the consequences of this on their well-being. But their narratives also show a bright side; young people who found acceptance, support, a strong connection, and pride in who they are: young people overcoming adversity.

Chapter 5

The experiences of professionals working with LGBTQIA+ youth in the child welfare system

The Audre Project Collective

This chapter explores the perspectives and experiences of 29 practitioners working with LGBTQIA+ youth in different child welfare programs, collected through semi-structured interviews. These professionals play a very important role in the lives of LGBTQIA+ young people in their care, and their voices can be crucial in the development of safer and more supportive care environments for them.

The professionals interviewed in our study are group home workers, foster care workers, social workers, behavior specialists, a nurse, and a director of a child welfare organization. Seven of the professionals interviewed told us that they were part of the LGBTQIA+ community.

Our analysis of the interviews with professionals identified five primary themes that will be discussed in this chapter: the socio-cultural and organizational context; the capacity to see and speak with LGBTQIA+ youth in their organizations; the professional background and training; the work with families and networks; and the promotion of an affirmative practice.

1. The socio-cultural and organizational context

Child welfare and protection professionals working with LGBTQIA+ youth need to become advocates for their needs in order to provide adequate care and protection for them. This requires an understanding of the socio-cultural and political context, the health and social care and formal and informal social support systems, as well as the best practices to serve this group of youth during their time in care.

The professionals interviewed in our study expressed their awareness about the socio-cultural, political and organizational contexts regarding LGBTQIA+ issues in the Netherlands. According to some practitioners, the social attitudes about LGBTQIA+ people have progressed during the past decades, leading to this group being more accepted by Dutch society nowadays. The portrayal of stories about LGBT individuals in the media, including Dutch television shows and TV series with gay characters, and the accessibility of information on the internet, are considered by some practitioners interviewed as a progressive change.

> […] *But I think there is more attention to that now* [LBTQ issues]*, I have the idea. On TV itself, of course. The internet was just a year old at the time.* […] *So if you needed information you had to go to the COC* [Dutch LGBT advocacy organization]*, or ask for a brochure, or go to the library.*

Practitioners also recognized that the development of social movements to advance the rights of LGBTQIA+ people face important disparities. According to some practitioners, the societal acceptance of trans people is still behind in comparison with the acceptance of gay, lesbian or bisexual people in Dutch society. One of the practitioners attributes this disparity to the greater difficulty to understand gender identity and expression, compared to sexual orientation.

> *When I think about transgender people, I also think that when it comes to emancipation or acceptance, that this group is still a bit behind with homosexual, gay group. Anyway, that's my idea. I mean, I am not a specialist, but I am… I think that will take much longer. The gay emancipation. And the transgender* [emancipation]*, that is only really starting now. I think. Or now? In recent years there have of*

> *course been many TV programs, much more medical sciences do something or support this. Also, you see more children who bring this up when they are very young.*

Practitioners also reflected on the organizational level of the care system. Although some practitioners recognized that nowadays, there is more openness to talk about LGBTQIA+ issues within the child welfare system, others mentioned that this openness has not immediately translated into increased attention, acceptance or affirmation within the system.

> [...] *So if you say, I am open to it* [SOGIE]*, then you should do it too. And I sometimes think that is difficult. People say yes and amen, but when it comes to it, they still have trouble with it.*

The professionals' knowledge and views about the organizations' policies regarding LGBTQIA+ issues were heterogeneous. Some of them explained that their organizations have specific policies about providing care to LGBTQIA+ youth. However, several practitioners expressed that they did not know if their organizations had any specific policies about this topic, or thought that their organizations did not have policies at all. Furthermore, some practitioners manifested that it would be good to have such policies in their organizations, while others had their doubts about its pertinence. Some practitioners recommended to integrate LGBTQIA+ policies in the procedures and methods already existing in their organizations, instead of adding something new (e.g., anti-bullying protocols or protocols related to preventing discrimination).

> [...] *of course we also have a bullying protocol. That is really present in the group home. I do not believe it is in our manual, but it is referred to. And [name of care practitioner], of course, has had many conversations with all the children and they certainly do not tolerate that in the group either. So yes, enough is being done about it.*

Some professionals interviewed recognized the challenges for providing adequate attention to young peoples' sexuality, sexual orientation and gender diversity and expression in a changing welfare landscape. Frequent policy changes, long waiting lists, budget cuts, and fragmented care services influence the quality of attention provided for all children and youth in contact with the youth care system.

> […] *at the previous place where he* [the child] *lived, on the other side of the Netherlands, for example, he had therapy, had therapy and support there, and was in a good class. He comes here, and we actually have a child who is broken down bit by bit. And then we have to make sure that we organize that again, but there are waiting lists for that. So before a child can receive therapy again, you are half a year later. And we see the behavior, because they are already in a new place. So there is already some uncertainty. And then you don't get the support you need. And then, I think, a child will become a victim of the system.*

Finally, although the professionals interviewed recognized the increase in societal attention and awareness of LGBTQIA+ issues, they also noticed that media attention and more "openness to talk" about LGBTQIA+ issues does not necessarily mean a safer, or more accepting, environment for LGBTQIA+ youth (in care). As one practitioner stated: "Because this society presents itself as extremely tolerant, but I still think that it is still very intolerant."

2. The capacity to see and speak with LGBTQIA+ youth in their organizations

The actual number of LGBTQIA+ youth in the child welfare system is unknown, as there is no systematic registration of youth's sexual orientation and gender identity at the time of their entry into the system. However, several studies exploring the perspectives of child welfare professionals have documented their perception of a disproportionate overrepresentation of LGBTQIA+ youth in certain child protection systems (see, for instance, Mallon, 2008; Paul, 2018). A recent study in the USA has confirmed professionals' observations, showing that sexual minority youth are nearly 2.5 times more likely to be involved in the foster care system relative to heterosexual youth (Fish et al., 2019).

Despite this evidence, LGBTQIA+ youth in care have often been described in international literature as an *invisible* population. Some of them may try to hide for safety reasons, in order to avoid possible negative attitudes and responses of professionals and peers in their care home (Mallon, 1999). Moreover, the lack of training of professionals may hinder their recognition in child welfare organizations.

Indeed, many professionals interviewed in our study brought forward how LGBTQIA+ youth are not always seen by workers in their organizations. Some considered that this has to do with the particular focus of the organizations. For instance, some organizations may provide foster care services for younger children, while some young people may come out later in life. Some professionals suggested that dealing with difficult situations that lead to the out-of-home placement, or other struggles of the young person, can become the priority for practitioners, preventing them from paying attention to issues related to their SOGIE.

> [...] *there are very few young people who have really came out to others, that were attracted to the same sex. So it is very, really very little, I think.* [...] *I think it is already a difficult subject for a lot of young people. So I think it may be even more difficult if you don't already live at home and there is so much going on. You might pay less attention to that.*

Some professionals reflected about the number of LGBTQIA+ young people in care, and they seemed to wonder with strangeness and curiosity why they had seen so few LGBTQIA+ youth in their practice. As one practitioner mentioned: "I think it's a bit strange that I have so few, really few [LGBTQIA+ youth]." These reflections are pertinent, especially after recent studies have shown that LGBTQIA+ youth are overrepresented in the child protection system.

However, some professionals suspected that they had worked with many LGBTQIA+ young people in their care organizations.

> [...] *Well I don't even know how many [LGBTQIA+] children I have seen in seven years, but there are really many. Strikingly, many girls who were bisexual. I think that that*

> *was very common. Thinking for a moment, I think two boys of which I, several boys of whom I suspected they were homosexual, but two who also came out. One during the time in the group. And one that came back later and told that he was gay, is* [gay]. *And a trans young person. But a lot of bisexual girls in particular.*

Some professionals recognized the need to talk about LGBTQIA+ experiences in a sensitive and non-judgmental way. As young people are not always open about their sexual orientation and gender identity or expression, professionals sometimes find it difficult to raise the topic with them. Professionals may have the impression that a young person is LGBTQIA+, but young people do not always "come out to them." Some practitioners expressed the need to take the initiative to talk about these issues, because they have the responsibility, as professionals and adults, of being at least "alert" and sensitive, and to be prepared to talk.

> [...] *the initiative, uhm, must be taken by the other person. By us, as youth care professionals.*

Some practitioners manifested that they were able to talk about sexuality, SOGIE, and physical and mental safety with young people in a casual way. Other professionals mentioned that they prefer to talk about these topics only when it becomes necessary, when the young person brings it up, or when someone is clearly struggling with their sexuality or gender identity.

> *Yes, I think openness in particular is very important. That, uhm, nothing is crazy. So that you simply create a climate in which the other has the idea that 'I can tell everything' and that someone has a listening ear, I think that is the most important thing, just that someone is seen and heard.*

Practitioners mentioned that the ability to talk about LGBTQIA+ issues with young people may differ widely between staff members in organizations. Some practitioners may have the knowledge and skills to talk about LGBTQIA+ issues, and a certain sensitivity to approach the topic in a respectful way, while other practitioners may find it more difficult to address this topic. Some practitioners brought forward that this difficulty may be linked to a lack of knowledge on the matter, or a certain uncomfortableness when talking about sexuality and/or sexual orientation and gender identity or expression.

> *I think that every care worker should be able to discuss this with the client or with the system. Or if you see something that a young person is struggling with, that you can also just make sense of what you see, what you feel, what you hear. That you can also discuss it. This also has to do with your own drive and with your own guts, so to speak. And I notice that not everyone has the guts.*

The need to build a connection with the young person in order to be able to talk about sexuality, sexual orientation, and gender identity was brought up by various practitioners. A practitioner expressed that there needs to be a basis of trust between the young person and the practitioner before talking about these important issues.

> *It is also the last point that I discuss. Then you must be able to get a connection very quickly.* [...] *Those are very special conversations. And with one child you get to the core very quickly, and with another child you just need an hour for that. And I always say, even if you don't want to talk to me about that, you know, you can always talk to me about it or, you can, just fill in a note or talk to me. It is never a problem. But children always know at the intake that I am who I am. I am always very honest.*

For some professionals, an adequate moment to talk about the young person's sexuality and sexual orientation and gender is during the intake process or the diagnostic interview conducted when they are referred into care. Some practitioners consider that this information can be added to the care plan or registered in their intake form. However, other practitioners considered it difficult to talk about these topics during the first moments in care "because so many other things are also discussed during the intake."

> *And I also think it's good to include more in registration forms, for example. Because that is not a uhm, standard question.*

Some professionals with experience working in different care facilities recognized that the youth care organizations can vary widely in how they deal with the topics of sexuality and SOGIE during the intake stage. Practitioners expressed that there is still a lot to do in order to raise awareness of the importance of talking about these topics during the intake in a care facility. For instance, one professional explained that when a young person is referred from another facility, the information about their sexual orientation and gender identity and expression, if available, would be labeled under the category of "problems."

> *The moment a child is registered with us, the person who provides us the story of the child. Well, this is the child and these are the needs of the child, and this is the problem. And the thing is, a different sexuality or a different orientation is already labeled as a problem.*

3. The professional background and training

Many professionals interviewed in this study had received training about sexual development or about sexual abuse and preventing unacceptable sexual behavior during their education to become a youth care worker, or in their workplaces. However, they admitted a lack of training on sexual orientation and gender identity and expression, and the specific needs of LGBTQIA+ youth. Some of the practitioners interviewed expressed that they had received superficial or brief training on this specific topic, or could not remember if they had received any training at all.

> Interviewer: [...], *have you had any training on the theme of sexual orientation and gender identity before that time?*
>
> Practitioner: *Yes about sexuality, but not so much about, uhm, about gender or* LGBTI*.*

Professionals differed on their views regarding their own need for training. Several practitioners expressed their wish to have received more training about sexual orientation and gender identity and expression before starting to work in the field of youth care, and found it important that youth care practitioners are adequately trained in this area. Other professionals shared that they were already familiar with LGBTQIA+ issues (because these practitioners were LGBTQIA+ themselves), and did not consider it necessary to receive additional training. As one professional, who is LGBTQIA+, told us:

> *I don't know. I do not need it. A bit arrogant what I say now, but I don't need it. Because again, if I see something, or if I think someone is struggling with this… I will touch on it* [the topic]. *I just ask. And you must, you must be able to. So whether there is a need, I don't know. I don't have that need, so to speak.*

When it comes to the available methods to work with children and youth in care in relation to their sexuality, these tools and training approaches seem to focus on general notions of sexual development, mostly developed on heteronormative and cisgender bases, and on the prevention of sexual abuse, and sometimes only briefly touch upon the topic of sexual orientation and gender identity. Some practitioners expressed that the quality of the training offered was not always good and often lacked sufficient depth.

> *I have to say that I often find the level of such courses a bit depressing. And then I often have the feeling that I can give a course myself instead of learning something. So then, yeah, I will skip that.*

As the specific LGBTQIA+ training and available methods tailored to work with these youth seem to be mostly lacking, some professionals explained how they reach out to external services to obtain more information about this topic. Professionals have approached diverse LGBTQIA+ organizations, such as the COC (one of the largest and oldest LGBTQ advocacy organizations in the Netherlands), advocacy groups, or LGBTQIA+ medical care. Sometimes, they refer youth to the websites of these organizations and agencies to obtain information by themselves. According to some professionals, the internet has an important role in connecting these youth to the LGBTQIA+ community, and the professionals also use it themselves to keep LGBTQIA+ youth informed.

Despite seeing the advantages of getting in touch with LGBTQIA+ organizations and advocacy groups, some practitioners interviewed detected certain barriers for young people in care to benefit from these resources. For instance, traveling to the venues of these organizations or groups can be costly, and there may not be resources to cover these expenses within the organizations.

> *Because sometimes they cannot travel anywhere independently or they have no money. And nobody helps them with that. So that is more difficult.*

Practitioners mentioned a number of barriers for raising awareness and implementing educational programmes about sexual development and/or sexual orientation and gender identity or expression for young people within their organizations. Some organizations may have different priorities, and the implementation of awareness actions and educational programs depend greatly on the motivation and availability of the staff. For instance, some professionals feel they are too busy to discuss sexual orientation with young people as standard practice.

> [...] *I think the moment a worker has one* [an LGBTQIA+ person]*, I say the organization must have something for it, a training or a course, or expertise, or we have to fly in a speaker. Yes, then I am sure that the organization will arrange that immediately. Just like all other themes. So I am not so worried about that, but it is not that it is standard in the conversation. I think we are too busy for that, and it doesn't happen that often.*

4. The work with families and networks

> *It* [influence of parents] *is many times larger than the space and freedom that we can offer.*

Research shows that family acceptance of LGBT adolescents is associated with positive mental and physical health (Goodrich & Gilbride, 2010; Katz-Wise et al., 2016; Ryan et al, 2010), and may provide protection against the harmful effects of homophobic harassment (Hershberger & D'Augelli, 1995). Likewise, the acceptance and support of friends may serve as a source of resilience for LGBT youth (Scourfield et al., 2008).

Child welfare professionals need to work closely with family members, foster parents, and other important people in the life of young people in care. During our interviews, some practitioners discussed how they deal with parents and relatives who do not accept their child's sexual orientation or gender identity, and how this affects the child's wellbeing and behavior.

> *And even when he*[1] *speaks with his mother, then, um. I had given him for his birthday, I had given him new clothes. Because he has grown tremendously since he came here. So he had princess dresses, that length, yes, that was just a mini skirt now. So I had a new princess dress and a skirt and gloves and heels. Those kind of things. I had made a whole package for, say, the dressing up box. And, well, mother says, "that's weird." Yes, he says, "that's strange I also don't get it at all. I really don't know what to do with it." While he had been wearing those clothes non-stop for a week here, so to speak. And it was absolutely fantastic. So yes, the influence of, uhm, biological parents, even though they are no longer the caregivers and even though they are no longer in his daily life, is very big [....] It is many times larger than the space and freedom that we can offer him to just discover who he is.*

Sometimes situations between practitioners and parents were difficult to handle. In some cases, parents were clearly opposed to their children's gender identity and practitioners had to confront the consequences of the clash between the needs and wishes of the LGBTQIA+ children and of the parents.

> [...] *They* [the peers in the group] *called him by his name and spoke to him with "him*[2]*". And I was so proud of it that the group did that. And I then protested at some*

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[1] In this particular case, the interviewer and practitioner talked about the preferred pronouns, and the practitioner told the interviewer the child (aged < 10) (still) uses "he."

[2] Called him1 by his name.

> *point. I think he was with us for two weeks, because he came in as a crisis. I say yes, I no longer agree. I'm not going to call him by his "girl's" name anymore. This boy really wants to be taken seriously in his identity, so I don't do it anymore. Yes, but then we lose the relationship with the parents.*

Practitioners explained that in some cases, parents change their perspectives to finally accept their children for who they are. Furthermore, practitioners also recognized the positive effect of parents' acceptance and support, even when they were not part of the everyday life of the young person due to an out-of-home placement.

> *Eventually we switched to the new name, but that went parallel with the process of the parents. So the parents were getting more and more used to it and they noticed that he was flourishing because there was just no more pressure and no expectations that fit the girl's norm. He also really wanted to do the* [profession] *training, for example. And parents had given permission for that. Then they saw that it was better for him and that, therefore, the relationship with parents became better.*

Regarding working with foster parents, some practitioners mentioned the importance of being aware of how foster parents talk, and how open they are about certain diverse topics, and topics regarding sexuality and SOGIE. Practitioners considered it important to assess if foster families would be accepting, and if they would let the young person be who they are in their homes.

> *I try to be a bit alert with foster parents. How do they talk about these topics? How do they talk about sexuality? How open are they to people who are different? Regardless of whether they belong to this group [LGBTQIA+], but uhm, people can of course speak very judgmentally.* [...]*Things like that, I am always extra alert to. Well, if this child were gay, he would have a tough time ahead.*

Some practitioners told us that they try to actively recruit foster families that are open minded about sexuality and gender identity. In this way, they take LGBTQIA+ issues seriously during the screening and selection process. Some organizations have even included these topics to be discussed during the registration meeting to become a foster parent and in the forms they must fill in.

> *When people register with us, you have a registration form, a questionnaire. And there is a part, we think, very important, and that is about the philosophy of life* [...] *And for us that question is always a reason to talk in the conversations at home about how you feel about a different philosophy of life, but also about a different sexuality, different orientation.*

Some practitioners interviewed expressed that they try to take sexual orientation and gender identity or expression into account in the process of matching children with foster carers. However, they also recognized that it is not always possible to prioritize this important issue, especially when there is a crisis or emergency placement, and the selection of the family has to be made under time pressure and with scarce information. One practitioner disclosed that they refer foster parents who are not open towards this topic to other foster care organizations. But despite this protective role of practitioners, it was not always easy or possible to reject foster parents on the basis of their ideas about LGBTQIA+ youth.

> *Uhm... I remember when we said as a team: we are not going to register the family, no matter how beautiful* [they are]*. These people have objected to this. Well, then it went higher up in the organization and in the end we registered these people... Or we… The organization made the choice to register these people with a number of preconditions: only young children or for a crisis period. So something restricted. But I find that, as a person working at this organization, I found that was very difficult.*[3]

Practitioners also discussed the relationships of LGBTQIA+ young people with other young people living in their care settings, such as in group care, foster homes, or with other foster kids. According to practitioners, while some kids in

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[3] In a follow-up conversation, this practitioner told us that their organization had rejected a potential foster family based on their negative/unaccepting views with regard to LGBTQIA+ individuals. The direction of the organization has now decided to take this stance in future placements.

their environment are affirming and supportive of their peers' sexual orientation and gender identity and expression, others are less accepting or even negative about it. They also recognized that sometimes, even when other kids in the home accept LGBTQIA+ youth for who they are, they may choose not to build strong relationships with them. Some practitioners expressed that when a young person with "high status" or influence over other kids in the home is accepting towards LGBTQIA+ youth, this has a positive effect on acceptance and affirmation on the group climate.

5. The promotion of an affirmative practice

You go and discover it, and do what feels right. — Practitioner to a young person

Several practitioners with experience working with LGBTQIA+ young people provided examples of affirmative practices they had seen in group homes or foster families. Being open to talk about the young person's SOGIE, affirming young people in who they are, talking about these topics in a sensitive way, or using young people's chosen names are some of the ways they practiced affirmation towards LGBTQIA+ youth.

> *The one* [young person] [...] *who came to live in that foster family at the age of fifteen, and the foster mother actually noticed that in a fraction of a second.* [...] *And uhm… actually in the first year that he lived there, they did talk about it and it did come up. And this foster mother, a woman in the middle of life who knows her way, has guided him beautifully in that* [process]. *She just did everything you actually wanted her to do. And that has been a very beautiful and open process. And, and she has also discussed a lot with him about it, she also knows the* LGBTI *world well, from the inside.*

However, practitioners also provided examples of practices that, even when aimed at protecting LGBTQIA+ young people, may be far from affirming. For instance, we were told the story of a professional that asked a young trans girl to take off her lipstick to protect her from negative group dynamics and bullying. We heard about a foster parent that would not allow a young person to go out by himself in order to protect him from possible street harassment. These types of examples illustrate the dilemma between protection and affirmation.

> [...] *She was not allowed to experiment with makeup. Then it was said to her: you have to take that mess off your face. One of my colleagues said that. And I also asked her* [the young person]*: how do you see your relationship with that colleague?* [...] *They have a very warm relationship with each other. And yet that colleague had said: yes, but you can't, no red lipstick and this and that. I thought, why not? Yes, maybe she said it to protect the child because she thought that she would be bullied. It may also have been from that point of view.*

Several studies have provided evidence of the multiple layers of verbal harassment and violence that LGBTQIA+ youth face in child protection systems (see, for instance Mallon, 2001). McCormick and collaborators (2017) have highlighted the impact of exposure to traumatic experiences such as discrimination, bullying, and rejection on LGBTQIA+ youth. Preventing any type of violence against LGBTQIA+ youth in the care environment, and supporting the healing processes from previous traumatic experiences, is central to the development of an affirming practice (Mallon, 2020; Mallon et al., 2021).

Some practitioners interviewed in our study discussed situations in which they had to intervene against the discrimination of LGBTQIA+ young people in their organizations. For instance, when a young person was bullied during their time in care, some practitioners intervened by explaining the situation to the group or directly addressing the young person who shared the hurtful comments.

> [...] *Well, she has also been sad about it. And she also went away from the group sometimes.* (In a weeping voice) *"I, I just have to talk to you." Really crying. Well, well, then you start a conversation. And then I said, "yes, I just find it very awful." And then you go back to the group with her. You explain what it does to her. And then you hope that it is picked up there.*

Practitioners also expressed how they act when discriminatory or racist comments are shared by carers and foster parents, and how despite the efforts to create an open and accepting environment for LGBTQIA+ youth, things still can go wrong due to a lack of sensitivity. Moreover, some practitioners also struggle with the realization that it is difficult to change the behavior and ideas of other young people, parents, and practitioners.

> *What I also found very disturbing was that one of the group care workers said, "yes, you act like a drama Queen." Well, I really got mad about that. But those are of course also words that we use in our daily language without actually thinking about what it is and what it does to someone else. Just as we also use the word "autistic" a lot. And that can be very hurtful. But yes, I have to say, I sometimes blurt it out as well.*

Some practitioners talked about the complexity of LGBTQIA+ young people' situations and the intersecting challenges that make the recognition of their LGBTQIA+ identities more difficult. A professional explained how the transition of a trans young person was put on hold until the young person was psychologically stable. This was very frustrating for the young person, who eventually lost trust in the care environment and left. Asking young people for stability in order to be affirming of their SOGIE is paradoxical, since young people in care may have to deal with many different factors, such as trauma, behavioral difficulties, mental disabilities, (sexual) abuse and neglect, etc.

> Professional: *Yes, we also had a girl*[4] *who was transgender. So she wanted to be a boy. Only she had, she was also very frustrated because she first had to become stable before she could continue in the process. And she was of course not really raised to be, well, to be very stable. So that was very frustrating for her all the time. Because she thought that was the solution, or that she would become stable afterwards. And she was asked to do that* [become stable first] *before they could continue* [transitioning]. *Yes.*

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[4] The practitioner is using the wrong pronouns for this young person. This is an example of transphobia youth may experience.

Interviewer: *How did you deal with that as a team?*

Professional: *Yes, she didn't really want to talk about it and maybe she didn't feel that it could be discussed with us. That is of course also possible. She also went against us. I just think from frustration. She was often not there either. Eventually she also left. She went to live with her parents again.*

Conclusion

Child protection professionals and foster carers are in charge of maintaining safety in their homes, and providing healing environments for children and youth that have been abused and neglected. This safety not only covers physical safety, but also sexual, psychological and emotional safety. One of the first steps to guarantee a safe and healing environment for LGBTQIA+ youth in care is to count on professionals adequately trained on SOGIE issues and familiar with community resources to support LGBTQIA+ youth. Although the majority of professionals interviewed show an understanding of the particular challenges faced by LGBTQIA+ youth in care, they also recognize that there are important obstacles to implementing affirming care spaces, including: an absence of policies and specific training on the needs of LGBTQIA+ youth in their organizations; a lack of skills to discuss SOGIE issues with young people among staff or to work with families and networks towards the acceptance and affirmation of LGBTQIA+ youth; and the existance of situations of discrimination and verbal harassment in the care homes, for which the staff are not always well equiped to intervene. In the next chapter, we discuss how we can use the lessons learned in this study to develop child welfare policy and practice that adequately responds to the needs of this population.

Chapter 6

Improving practices with LGBTQIA+ youth in the child welfare system

The Audre Project Collective

The urgent need to reform and develop youth care services is demonstrated not just by the literature from academics but is brought to life by the stories and experiences shared in the Audre project and in this book. In this chapter, we first present a summary of what we have learned listening to LGBTQIA+ young people growing up in out-of-home care, and to the different professionals working with them. After this, we discuss a series of recommendations to build a safer, and more LGBTQIA+ welcoming and affirmative, child welfare system.

1. Learning from LGBTQIA+ young people in the child welfare system

LGBTQIA+ youth experience the process of **coming out** as a complex process. Although some LGBTQIA+ youth can be open about their SOGIE and gain positive experiences from their environments, others experience disapproval and rejection, or have to hide their SOGIE in certain situations. Coming out is not a one-off event but a trajectory composed of constant "coming out events." Given that LGBTQIA+ youth in care need to navigate a system that is constantly changing, in terms of people and placements, the difficulty of the coming out process may be exacerbated.

Social relations of LGBTQIA+ youth in care seem to be negatively affected by placement instability and network turnovers that stem from structural dynamics of sexuality and gender-based inequality, also affecting child protection systems. Connectedness (with practitioners, friends, family, and animals) could be a key factor for coping with the challenges experienced by LGBTQIA+ youth in care.

LGBTQIA+ youth in care experience **multiple and intersecting types of oppression.** They face challenges related to previous and present experiences of violence or trauma associated not only to their SOGIE, but to other personal experiences and social statuses. Therefore, it is important to recognize and address the complexity of these interrelated difficulties.

LGBTQIA+ youth experience limited opportunities for **participation** in the care processes and decisions made about themselves within the care system. They wish their views to be considered and to have the space to be themselves, while also receiving support in this process. Participation is not only a right, but is also associated with several positive outcomes for young people, such as an increased self-esteem, more tailored services and, overall, better decisions in the care process.

LGBTQIA+ youth show **strength and resilience** to the challenges they face in the care environment. This resilience shows in the use of several personal ways of coping (personal-based resilience), but also in the way their social environment provides them with affirmation and support (community-based resilience). Their ability to develop meaningful relationships seems to be an important form of resilience, or mitigation of vulnerability.

LGBTQIA+ young people in care also provide first-hand information on their **needs**. Firstly, they need to be seen and accepted as a whole and individual person, including their SOGIE. Secondly, they need to be really involved in the different processes and decisions that concern them in the care system. Thirdly, they need to be supported emotionally, psychologically, physically, informationally, instrumentally, and materially by practitioners, foster parents, and by other young people as well. Lastly, they need to live in an affirmative environment which not only tolerates them but also promotes their full development and thriving.

2. Learning from professionals working with LGBTQIA+ young people in the child welfare system

Professionals interviewed in this study reflected on how Dutch **society** has progressed in regards to LGBTQIA+ rights. Despite this positive progress, openness to LGBTQIA+ issues has not always brought more acceptance, affirmation, or more tailored services in the care system. For example, professionals revealed a lack of policies that address the particular needs of LGBTQIA+ youth in the care system.

Most practitioners have received **training** on broad issues regarding sexuality, but lack or have received little specific training on SOGIE issues. Approaching LGBTQIA+ organizations and advocacy groups may provide them with essential knowledge to improve their competence.

Their **personal experiences** with LGBTQIA+ people are a source of information on SOGIE issues. Being LGBTQIA+ themselves provides professionals with more cultural competence to support LGBTQIA+ people in their care settings.

Although some practitioners are aware of the **presence of LGBTQIA+ youth in care**, others report not to come across them in their practice. This is in sharp contrast with literature showing that LGBTQIA+ youth in care are overrepresented and that SOGIE is experienced from an early age. Prejudices and stereotypical images of LGBTQIA+ people may prevent people from being aware of LGBTQIA+ youth in care.

Practitioners recognize the importance of **talking** about SOGIE with young people. In spite of this, SOGIE is sometimes only discussed when youth struggle with it. This reflects the negative view that permeates conversations on SOGIE instead of a positive/empowering perspective. Furthermore, practitioners consider that a trustful connection is a fundamental requisite to open conversations about SOGIE.

As practitioners **work together with birth parents, foster carers, and young people**, the influence, collaboration, and support from them is especially relevant to create an affirmative and safe environment for LGBTQIA+ youth. Practitioners might struggle to work with birth parents or foster carers' prejudices and heteronormative and cisnormative ideas and values. Some practitioners make an effort to ensure a good matching process for LGBTQIA+ youth, but this is not always possible, as other priorities might arise for the care placement. Practitioners realize that acceptance and affirmation of LGBTQIA+ youth peers is essential.

Practitioners are sometimes part of an open and **affirmative** environment for young LGBTQIA+ people in care. Nevertheless, oftentimes, the ways practitioners act to prevent LGBTQIA+ young people from being discriminated against are not affirmative at all. For example, practitioners might feel the need to protect LGBTQIA+ youth by encouraging the concealment of their SOGIE. Practitioners also struggle to provide affirmation when they have to reconcile opposing needs and perspectives from LGBTQIA+ youth and their birth parents and foster carers.

Practitioners are aware of the ways LGBTQIA+ youth in care cope and express **resilience** when facing all the several and different but intersecting challenges; for instance, the exposure to discrimination based on their sexual orientation and racial/ethnic background.

Finally, the experiences of LGBTQIA+ youth in care and the experiences of the practitioners working with them show the relevance of **building a trustful relationship** between them as a way to create an open and affirmative care environment. Respecting a young person's gender identity and asking about their name and the pronouns they use is a basic sign of respect, and an important step in building trust with the young person. Several issues and difficulties that LGBTQIA+ youth in care experience (e.g., the process of coming out, the process of participation) require a strong and trustful human connection.

3. Recommendations for the practice field

The findings of the Audre project bring opportunities for child protection organizations to develop safe, affirming, and welcoming care spaces for LGBTQIA+ youth. At an individual level, we can all contribute to the development of more inclusive care environments. However, it is crucial that we also develop coordinated actions at an institutional level in order to address discrimination, bias, and organizational obstacles that threaten the well-being of LGBTQIA+ young people growing up in care. This section provides a number of practical recommendations that every person in contact with the care system, and every care organization, can implement to make the care system a better place for LGBTQIA+ youth.

Organizations

Whilst the focus within youth care is often the relationship between young people and professionals, it is in the organizational context where the ground work is done to ensure that an organization is welcoming and inclusive to LGBTQIA+ young people. The organizational context provides a framework, with a clear vision, policies, and procedures that shape the interactions between professionals and young people. It helps professionals and young people feel safe.

The following suggestions are helpful for organizations to consider and could be seen as inspiration for organizations to develop their LGBTQIA+ work. However, taken together, these ideas and recommendations create a critical assessment framework in order to help ensure that an LGBTQIA+ focus is embedded in every level of the organization. If used together, they form an assessment of current practice and an action plan for further work. It is essential that such an assessment is undertaken by a wide range of people in the organization; managers, social workers, foster carers, and young people. Each will bring their own unique perspective.

1. Equality and diversity awareness training

Does the organization have equality and diversity training? Ensure **training on SOGIE to all practitioners** in the care organization. Be sure that they are aware of LGBTQIA+ issues, and that they can provide adequate care and support for LGBTQIA+ young people. Training should cover not only sexuality issues, but also information on other forms of oppression and marginalization based on race, ethnicity, disability, and other characteristics and identities. Staff should also have an understanding of the developmental stages of childhood and adolescence and how they are impacted by an emerging SOGIE identity. As a result of training, staff should be able to respond knowledgeably, appropriately, and sensitively in a non-discriminatory way to LGBTQIA+ young people. Training should also include awareness of the links between less-privileged and disadvantaged groups and mental well-being. Further, staff should receive training on the effects of abuse, discrimination, and belonging to a minority/opressed group on children and young people, including a focus on the internalization of a stigmatized identity.

Training and awareness should not be a one-off event. The organization should demonstrate commitment to ongoing training and development, taking into account the needs of the staff who work there and the diverse communities the organization serves.

2. Needs assessments

Does the organization systematically assess the needs of LGBTQIA+ young people? Organizations should demonstrate evidence of how they assess the needs of LGBTQIA+ young people, with a specific focus on emotional and social development, identity, self-esteem, self-image, and social presentation. Further, the organization should consider how the needs of the young person interact with the family and social network that the young person is connected to. In assessing the needs of the young person, the organization should be looking to identify any possible barriers to service use, including an awareness that internalized stigma might result in a different presentation of needs than by other young people. With a clearer understanding of the needs of LGBTQIA+ youth in general, organizations should be able to provide generalized support services, whilst with an understanding of the needs of the individual young person, organizations should be able to provide approapriate **psychological and medical** resources to LGBTQIA+ young people: counselling, psychological treatment, suicide prevention programs, and sexual health tests.

3. Workforce

Do the staff in the organization reflect the diversity of the community it serves? In order to create an organization that is welcoming and affirmative to LGBTQIA+ young people, the organization could consider taking steps to recruit qualified staff who are openly **LGBTQIA+**, who can serve as mentors, and improve the support for LGBTQIA+ youth growing up in care organizations. Furthermore, the organization could, in agreement with their staff, consider making information available of staff who identify as LGBTQIA+, in order to offer choice to young people and make known that there are “safe” staff members available. Appoint, if possible, a “special-task employee” [in Dutch: *aandachtsfunctionaris*] focusing on sexuality and SOGIE. Finally, the organization could facilitate **exchange, reflection, and multi-disciplinary learning** between professionals on a regular basis, ensuring that equality and diversity is mainstreamed in the organization.

4. Communication and information

Does the organization clearly communicate their awareness of, and inclusion of, LGBTQIA+ young people? The organization should develop a clear and effectively communicated **LGBTQIA+ strategy or policy** that addresses the discrimination and disadvantages that LGBTQIA+ young people could face in care. For example, develop and implement anti-bullying policies and procedures that seriously address anti-LGBTQIA+ bullying. When developing or following policies for LGBTQIA+ youth in care, make sure that the policies are **substantiated on a scientific base and fit the experiences and needs** of this population. Further, the organization should consider communicating how they reflect the diversity of the community they serve. This can be done in the form of physical signage, leaflets, or websites that are written in accessible language. It is important that all communication is inclusive and takes into account the diversity of young people and their communities. Therefore, communication and information should be checked to ensure it is non-sexist, non-racist, non-homophobic, and non-transphobic. As a result of clear information, policies, and procedures that are well communicated, LGBTQIA+ young people should feel able to communicate more comfortably about their SOGIE.

5. Complaints and problems

Does the organization have a complaint procedure that pays specific attention to the needs of LGBTQIA+ young people? There should be a procedure in place and easily accessible for staff and young people. The complaints procedure should provide more than a resolution to specific complaints, but should be used to create an evidence base from which the organization can monitor whether services are as inclusive as the relevant policies and procedures that have been developed aim for.

6. Monitoring

Does the organization monitor the age, (dis)ability, ethnicity, gender, gender identity, religion, sexual orientation, and socio-economic statuses of young people and their families? Care agencies tend to neglect or not collect data related to the SOGIE of youth in care, which limits our ability to understand the experiences and needs of LGBTQIA+ young people in care. It would be helpful for organizations to create **administrative datasets with relevant information about the SOGIE of young people in care**. When creating this dataset, give young people space, time, and opportunity to disclose their SOGIE in the ways they feel most comfortable.

7. Collaborating with other agencies

Does the organization have a multi-agency strategy and working practice in place that demonstrates a commitment to engaging with representative groups and organizations supporting the LGBTQIA+ community? The organization should consider where, in the local and regional context, expertise and advice could be sought to improve the care for LGBTQIA+ young people. In doing so, organizations should consider when it is appropriate to refer young people to an organization with more experience and expertise. Organizations should improve the **links with LGBTQIA+ advocacy organizations** (see Chapter Resources for more links to training, websites, and information), and communicate these clearly through information in the locations where young people are, and on their website.

8. Involving young people

Does the organization have a participation strategy that focuses on engaging with LGBTQIA+ young people, their families, and their carers? Organizations should consider how to engage with LGBTQIA+ young people in the creation of an LGBTQIA+ inclusive organisation. This engagement should be concrete and evidenced through documenting how decisions are made, who was involved in the decision making, and detailing how LGBTQIA+ young people will be given a role in the continuing development of services. Organizations should be open to critical feedback from the LGBTQIA+ community and committed change led by their involvement.

9. Impact assessments

Does the organization assess impact for disadvantaged groups at regular intervals? A key way to implement all of the above strategies and consider their effectiveness is to ensure that there is a system of impact assessment. This impact assessment should be carried out at regular intervals and include the voices and experiences of LGBTQIA+ young people. This impact assessment should demonstrate how effective the organization is in embedding **LGBTQIA+-affirmative practice in all the layers** of the organization. In the Netherlands, organizations could consider the Roze Loper (https://www.rozezorg.nl) assessment, which is a quality assessment tool undertaken by external parties. Impact assessments ensure that the policies and practices of the organization are effective and dynamic enough to adjust to the changing needs of LGBTQIA+ young people.

Foster carers and professionals

When working with LGBTQIA+ young people, the role of the organization is to provide the framework and safety for young people to be open and receive support. However, it is in the relationships between young people, foster parents, and professionals where lived experiences of such a framework and safety will be developed and explored.

Foster carers and professionals play a crucial role in the experiences of young people in out-of-home care, and their approach to LGBTQIA+ young people needs to be founded not just from an organizational perspective, with policy and procedures, but also as an integral part of who they are as a professional and their own professional development. The stories of young people within the Audre project demonstrate that the experiences, well-being, and health of a young person can be determined by the interactions with a single foster parent or professional.

Foster parents and professionals owe a duty of care to LGBTQIA+ young people; however, young people are well-attuned to picking up when staff are following policy and procedures that they don't actually believe in. Going through the motions and processes because you have to, without feeling a connection to or importance of the subject, will be visible to young people. Therefore, it is essential that foster parents and professionals examine, and receive help in examining, their own beliefs and attitudes around SOGIE and how this might impact the care that they provide. Professionals that undertake supervision as a part of their professional development could consider bringing this theme into that process.

One of the key ways that foster parents and professionals can, as an individual, ensure that the services and care provided is affirmative of LGBTQIA+ young people is to not assume that all young people are heterosexual and cisgender. The organizations should be providing forms and documents that are sexuality and gender inclusive, and it is important that the foster carer and professional attempts to mirror that in spoken language. Further, foster carers and professionals should challenge language used by colleagues which is not affirmative. This should be done even when you are not aware that an LGBTQIA+ person has heard it. In doing so, the foster carer and professional provides room for LGBTQIA+ people who are not open about their sexual or gender identity and helps to facilitate a continuing learning experience for all involved. In addition to affirmative language, it is important that foster carers and professionals use the right pronouns and names for the young people and ensure that colleagues and other young people in care do the same. Whilst language is key, it is also important that foster parents and professionals give space and affirm the social presentation of young people, facilitating and being open to how they dress and express themselves consistent with their gender identity.

One of the possible negative impacts of research and training is that it is easy to generalize the experiences and needs of an investigated population. It is essential that foster carers and professionals avoid the assumption that all LGBTQIA+ young people have similar life experiences, needs, or even share a common sense of community. LGBTQIA+ young people are a diverse group, whose life experiences will be wide ranging and determined by a wide range of factors, whereby their sexual or gender orientation may be one element. Therefore, it is necessary that foster carers and professionals engage in conversations with young people to learn more about their life experiences and their needs. Acknowledge and promote the individual capacity of LGBTQIA+ youth to cope and be resilient regarding the adversities they experience. Do not only focus on the problems and difficulties of LGBTQIA+ youth (a problem-solving perspective), but also see their strengths and help them to use them, and develop them, in order to thrive.

If a young person trusts a foster carer or professional enough to come out, the foster carer or professional should use the disclosure as an opportunity to show unconditional support for the young person, and to use the trust that the young person has shown as the beginning of an ongoing conversation about SOGIE. Ongoing conversations and connectedness is key to creating a better care environment for LGBTQIA+ young people. Professionals should not be afraid to ask questions; through asking questions, and using affirmative language, professionals will demonstrate an openness and trust to young people. As a result, professionals will foster an ongoing, open, and inclusive dialogue about SOGIE. Just as a young person may need time to explore their SOGIE, foster carers and professionals should also be willing to, from their role, take time to engage in dialogue with the young person to explore what, if any, impact their sexual and gender identity has on the caregiving process. In this process, it is important that foster carers and professionals adjust their own needs and expectations to work at a speed which is comfortable for the young person. They should not pressure them to disclose or talk, and do not make assumptions about their SOGIE, or the possible impact that their SOGIE has on them and/or their family.

Finally, foster carers and professionals should be aware of the damaging effects of stereotypes and ensure that stereotyping young people does not become embedded in their work. Using stereotypes to identify possible LGBTQIA+ young people is extremely damaging. Equally, assuming that all young people are cisgender and straight, until they say otherwise, is a barrier to building trusting and affirmative care-giving contexts. Foster carers and professionals should be open to the possibilities of LGBTQIA+ young people in care even when they are not ‘out’.

Conclusion

All those involved in child protection and welfare have a moral obligation to provide care that respects, boosts, and honours the experiences and rights of LGBTQIA+ young people. The findings of the Audre project demonstrate that there is more work to do to improve the experiences and outcomes of LGBTQIA+ young people in care. These experiences and what they teach us go to the heart of what youth care and child protection work is or should be. Despite the wide range of experiences of young people, foster carers, and professionals explored in this project, the overall intention of much child protection and welfare work is to alleviate stress and trauma in order to improve livelihood outcomes for young people and families. In order to achieve this fully, child protection and child welfare needs to further acknowledge the role that discrimination, power, and social inequalities play in the development of stress and trauma, and in shaping the individual and group experiences of the young people and their families. The challenges facing these young people and their families are great, and this presents an obstacle to the youth care system. This obstacle, mirroring the challenges facing the young people and their families, is complex and dynamic and requires a complex and dynamic response. This response needs to acknowledge, welcome, and affirm the experiences and needs of LGBTQIA+ young people as individuals and as a vulnerable group who can, at times, also be members of one or more other vulnerable groups. As a result, it is essential for organizations to take the lead on providing a safe environment with the appropriate resources for young people, foster parents, and professionals, instead of leaving the chances and experiences of LGBTQIA+ young people to the lottery of which foster carer or professional they come into contact with. The foster parents and professionals need to challenge themselves to not only work by the rules and policies of their organization, but be able to confidently adjust those to the needs of individual young people. In doing so, they will help to reduce vulnerabilities, increase resilience, and ensure that social justice is central to their social work practice.

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Resources for child welfare professionals working with LGBTQ youth

Books

Dodd, S.J. (2021). ***The Routledge International Handbook for Social Work and Sexualities*****. London: Routledge.**
This handbook addresses the dynamic issues related to sexuality from a social work perspective. It provides a comprehensive overview of issues related to sexuality, exploring topics ranging from sexual identities to sexual health and well-being. It presents practical information that can help practitioners develop their skills to work in different areas related to sexuality.

Henderson, B. (2019). ***Queer studies: beyond binaries*****. Columbia University Press.**
Written for entry-level survey courses in queer or LGBTQ+ studies for students from all majors, this engaging text covers a wide range of topics. Early chapters consider the meaning of the term "queer," and examine identities such as being trans, bi, and intersex. Intersections between sexuality/gender expression and other identities such as race, ethnicity, and class are also examined. The book then reviews life experiences such as with families, friendship, religion and spirituality, health, and politics through the lens of queerness.

Mallon, G.P. (Ed.). (2017). ***Social work practice with lesbian, gay, bisexual, and transgender people*** **(3rd ed.). New York: Routledge.**
This book provides a knowledge base for practice to prepare students and practitioners for working sensitively, competently, and effectively with LGBT individuals and groups, including social work with older and younger LGBT people.

Mallon, G.P. (2021). ***Strategies for child welfare professionals working with transgender and gender expansive youth.*** **London: Jessica Kingsley.**
This guide offers plenty of practical advice for child welfare and youth care professionals looking to increase their knowledge about, and skills in, working with transgender and gender expansive youth and their families, including guidance on relationships, discrimination, mental health, foster care, and homelessness.

Shelton, J. & Mallon, G.P (Eds.). (2021). *Social work practice with transgender and gender variant youth* (3rd ed.). New York: Routledge.
This book explores the childhood and adolescent experiences of transgender persons, providing knowledge for social workers and related professionals about working with trans and gender expansive youth. It includes a range of personal narratives and case studies, and practical recommendations to encourage competent and positive practice.

Research articles

Capous-Desyllas, M., & Mountz, S. (2019). Using Photovoice Methodology to Illuminate the Experiences of LGBTQ Former Foster Youth. *Child and Youth Services, 40*(3), 267–307. https://doi.org/10.1080/0145935X.2019.1583099
This article focuses on the experiences of LGBTQ former foster youth. It explores creatively and ethically, using a photovoice and a community-based methodology, the "ageing out" experiences of 18 diverse LGBTQ youth in foster care. The study is theoretically grounded in intersectionality, queer, and feminist theories. In-depth interviews with youth resulted in narrations of their histories and pathways into the foster care system. The main themes in their life stories were: (1) experiences of foster placement history and transitioning out of care; (2) LGBTQ identities and coming out; (3) overcoming barriers in life related to mental health and substance abuse; and (4) the value of education as a source of resilience. Finally, the paper offers research, practice, and policy recommendations.

Fish, J. N., Baams, L., Wojciak, A. S., & Russell, S. T. (2019). Are sexual minority youth overrepresented in foster care, child welfare, and out-of-home placement? Findings from nationally representative data. *Child Abuse and Neglect, 89*, 203–211. https://doi.org/10.1016/j.chiabu.2019.01.005
This is a pivotal article to understanding the study of LGB youth in child welfare systems. After years of several researchers and practitioners pointing to an apparent overrepresentation of LGB youth in child welfare, Fish and collaborators proved this hypothesis correct using a nationally representative sample in the US. Not only was this study the first to draw such conclusions, but it also found that LGB youth met the criteria for worse adverse mental health outcomes compared to non-LGB youth. The authors also offer implications for practice, policy, and research.

González Álvarez, R., ten Brummelaar, M., Orwa, S., & López López, M. (2021). "I actually know that things will get better": The many pathways to resilience of LGBTQIA + youth in out-out-of-home care. *Children & Society*. https://doi.org/10.1111/chso.12464
This open access article talks about the resilience experiences of LGBTQIA + young people in out-of-home care in the Netherlands. It focuses on four important topics: relationships that support and empower; construction of a positive identity around their sexual orientation and gender identity and expression (SOGIE); community involvement; and self-relying strategies. It provides practical advice to work towards a more inclusive and affirmative child welfare practice.

Mountz, S., Capous-desyllas, M., & Pourciau, E. (2018). 'Because We're Fighting to Be Ourselves:' Voices from Former Foster Youth who are Transgender and Gender Expansive. *Child Welfare, 96*(1), 103–126.
This article is one of the few in the field focusing on the exploration of the experiences of former foster youth who are transgender and gender expansive. Making use of a qualitative and community-based participatory approach, the authors identified the enormous structural and systemic barriers experienced by participants, but, also importantly, their sources of resilience.

Paul, J. C. (2020). Exploring support for LGBTQ youth transitioning from foster care to emerging adulthood. *Children and Youth Services Review, 119*. https://doi.org/10.1016/j.childyouth.2020.105481
This article explores the experiences and perspectives of 21 LGBTQ foster youth, aged 17–21, to identify and describe who provides them with support, the kinds of support they have received, and whether there are any specific support-related needs and challenges they may be experiencing during their transitioning from foster care to adulthood. The results provide an initial understanding and awareness of some of the support-related issues and challenges faced by these youth.

Schofield, G., Cossar, J., Ward, E., Larsson, B., & Belderson, P. (2019). Providing a secure base for LGBTQ young people in foster care: The role of foster carers. *Child & Family Social Work, 24*(3), 372–381. https://doi.org/10.1111/cfs.12657
This article provides findings of the first study of LGBTQ young people in care in England. The study focused on the caring experiences of foster carers and their perspectives on caring for LGBTQ youth. Through qualitative analyses, the authors found that foster parents described the importance of offering LGBTQ young people nurturing relationships, availability, sensitivity, and acceptance to help them build a positive SOGIE. The authors provide a theoretical framework (the Secure Base model) to explain the dimensions of caring relationships.

International websites and online resources

All Children - All Families https://www.thehrcfoundation.org/professional-resources/all-children-all-families-about-the-project
This project, from the Human Rights Campaign Foundation, promotes LGBT cultural competency among child welfare agencies through innovative resources, including an online agency self-assessment tool, comprehensive staff training, free technical assistance, and more.

Answers to Your Questions for a Better Understanding of Sexual Orientation and Homosexuality
https://www.apa.org/topics/lgbtq/orientation
This document, developed by the American Psychological Association (APA), provides information about sexual orientation and the impact of prejudice and discrimination on lesbian, gay, or bisexual people.

Answers to Your Questions About Transgender People, Gender Identity, and Gender Expression
https://www.apa.org/topics/lgbtq/transgender.pdf
This document (PDF, 6 pages), developed by the American Psychological Association (APA), provides information about transgender identities and gender expression.

It Gets Better Project
https://itgetsbetter.org
The It Gets Better Project's mission is to uplift, empower, and connect lesbian, gay, bisexual, transgender, and queer (LGBTQ+) youth around the globe.

True Colors United
https://truecolorsunited.org
True Colors United implements innovative solutions to youth homelessness that focus on the unique experiences of LGBTQ young people.

The Trevor Project
https://www.thetrevorproject.org
The Trevor Project is the leading national organization (in the US) providing crisis intervention and suicide prevention services to lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQ) young people under 25.

Rainbow Europe
https://rainbow-europe.org
Rainbow Europe brings together both the legal index of LGBTI equality based on its Rainbow Europe Map and an overview of the social climate for LGBTI people in each country, based on its Annual Review of the Human Rights Situation of Lesbian, Gay, Bisexual, Trans, and Intersex People.

ILGA World
https://ilga.org/
ILGA is a worldwide federation working since 1978. They have been committed to equal human rights for rainbow communities and their liberation from all forms of discrimination.

NELFA – Network of European LGBTIQ* Families Associations
http://nelfa.org/
With 42 associations (April 2021) representing 33 European countries and thousands of LGBTIQ* families, NELFA promotes the exchange of information between its members and assists in creating and developing LGBTIQ* family associations in Europe.

Iglyo
https://www.iglyo.com/
IGLYO is a youth development and leadership organization building LGBTQI youth activists, ensuring LGBTQI young people are present and heard, and making schools safe, inclusive, and supportive of LGBTQI learners.

The Netherlands

Rutgers
https://www.rutgers.nl
An information center about sexuality.

Jong & out
www.jongenout.nl
A community for LGBTQIA young people up to the age of 18.

Transgenderinfo Nederland
https://www.transgenderinfo.nl/jgz
The online training course "Young and Transgender" has been specially developed for professionals. In the course, participants learn how to identify and discuss gender experiences in children and young people at an early stage (ages 2 to 18).

Transgender Netwerk Nederland
https://www.transgendernetwerk.nl/tnn
A network for the emancipation of transgender people and their environment.

Colourground
www.colourground.nl
An online meeting place for LGBT youth with different cultural backgrounds.

coc
https://www.coc.nl
The COC stands up for the interests of LGBTI people; it is the oldest and largest LGBTQ advocacy organization in the Netherlands.

Movisie
https://www.movisie.nl/lhbti-emancipatie
Movisie is a knowledge institute and has done a lot of research and developed factsheets about LGBTI issues and related social themes.

De roze loper
https://www.rozezorg.nl/jij-en-zorg/roze-loper
This organization evaluates the LGBTQ-friendliness of organizations, testing them on the basis of themes. In this way, they provide institutions with insight into how far their offerings match the diversity of the LGBTI target group.

Helpline
https://www.113.nl
0900 - 0113
This organization offers immediate and urgent help, for example, in situations related to suicide. Contact with the organization remains anonymous.

About the authors

Mijntje ten Brummelaar works at Cornerstones Youth Care and at the University of Groningen. Her projects focus on children's participation in decision-making, participatory research practices in out-of-home care, and LGBTQIA+ youth in care.

Rodrigo González Álvarez is a Mexican queer cisgender PhD candidate at the Faculty of Behavioural and Social Sciences of the University of Groningen, the Netherlands. Rodrigo obtained his bachelor in Psychology at the National Autonomous University of México (UNAM) and moved to the Netherlands to follow his graduate studies. Rodrigo studies the lives of LGBTQIA+ youth in out-of-home care, with a special focus on resilience.

Emi Howard is a translator and editor at the University of Groningen, focusing on inclusive language use. They have an MA in Media Studies from the University of Groningen and a BA in History from the University of Nottingham, both in which they specialised in interdisciplinary postcolonial research. Emi is the chair of Stichting Inclusive Action North and is an activist and community organiser in local queer/feminist and political groups.

Mónica López López, is an associate professor at the University of Groningen, the Netherlands. Her research interests include disparities in child protection decisions, the participation of children and families in decision-making processes, and the experiences of LGBTQIA+ youth in care. She is a board member of the European Scientific Association on Residential and Family Care for Children and Adolescents (EUSARF).

Gary Mallon is the Julia Latrop Professor of Child Welfare and Associate Dean at the Silberman School of Social Work at Hunter College, in New York City. His research interests include LGBTQIA+ issues for children, youth and families and implementing change in child welfare systems for LGBTQIA+ youth and families. He has worked within child welfare systems for more than 45 years.

Kevin van Mierlo, who has lived in out-of-home care in the Netherlands, is a Master student in Political Science at the University of Waterloo, Canada. His academic background lies in Religious Studies in Tilburg, the Netherlands. During his undergrad, Kevin completed a research assistantship within the project Audre at the University of Groningen.

Samar Orwa is a medical student at the University of Groningen, the Netherlands. She has a Bachelor in Medicine, with a profile in Global Health, and is currently following the Master's program of Medicine. Samar's interests include activism, LGBTQIA+ rights and feminism. Samar was a key figure in the development of the Audre Alliance within the Audre project.

Natalia Pierzchawka is a researcher and activist who is a board member of one of the feminist foundations in Poland. She has two bachelor degrees (Political Science and Psychology) and a master degree in Pedagogics. She is originally from Warsaw, but has spent many years abroad in countries such as the Netherlands, Iceland, and Sweden. She loves designing and running ethical qualitative research projects, but only when the results can be used for advocacy work. Currently, she is settling down in Ireland.

Bjorn Ridderbos is a social worker and an expert by experience in foster care at JongWijs, the Netherlands. Bjorn grew up in foster care and he uses his experiences to advise and train care professionals and foster parents. He also provides advice about youth care to policy makers and government agencies. He has worked in different research projects, including the Audre project at the University of Groningen.

Charly Ros is a multidisciplinary artist and activist living and working in Groningen, the Netherlands. Their work is informed by the multiple layers of their identity and personal experiences; being transgender and non-binary, being queer, living with trauma and disability, coming from a migration background and being part of a liberal Jewish community. They are an outspoken feminist and advocate for trans rights, and initiated a peer-support group for trans and gender-nonconforming internationals in the city of Groningen. Currently in their final Bachelor year of Fine Arts, their final project revolves around the complex intersections of queerness, Jewishness, history and trauma.

Selena Torsius lived in several residential youth care homes during her youth. During that time she suffered abuse and neglect by her care professionals due to her gender identity. As an adult woman, she succeeded in her transition to get rid of her male body. Occasionally she talks about some of those traumatic experiences in public. By doing this, she hopes that people, especially care professionals, will be more sensitive to trans clients without pushing them towards any direction.

Daylano Verwer is a Dutch trans man committed to promote the rights of young people and the LGBTQIA+ community. He works as a volunteer at the organization COC Zwolle to preserve the wellbeing and safety of LGBTQIA+ people through developing safe spaces for socializing. He also works as an expert by experience at the organization JongWijs to ensure that the voice of young people is heard in the child protection system and their and their rights are fulfilled. Daylano wants to promote changes in the child protection system so it does not fail any young person.

Leo Wieldraaijer-Vincent grew up in foster care, has been a foster carer and is now the Director of Cornerstones Youth Care, a professional foster care organization. He has an MA Equality and Diversity, BSc (Hons) International Studies and Economics, and he is a qualified teacher. Since 2020 he is a Fellow of the Royal Society for Arts, Manufactures and Commerce and is an international researcher linked to a number of universities focusing on youth care and intersectionality. He is the author of Raising the Village: A Framework for Wellbeing and Resilience.

Skye Wijkstra is a Dutch trans girl engaged in the promotions of children and youth rights, specially the right to health care for LGBTQIA youth. She volunteers for many youth councils and helps create online solutions to problems such as the luck of resources for LGBTQIA+ youth. Skye wants to change the child protection system to prevent abusive foster parents and make sure that every single child gets the family they deserve. To accomplish this goal, Skye shares her experiences with people who can make a change.

Written through a constant exchange between LGBTQIA+ young people, researchers, professionals and foster families, this book offers a valuable tool to improve the practice with LGBTQIA+ youth at a personal, organizational, and policy levels. This book shows the powerful influence of relationships and networks for the LGBTQIA+ young person growing up in child protection and welfare systems. LGBTQIA+ youth need meaningful connections with individuals within their communities in order to be able to heal, learn, and be authentically themselves. Child welfare professionals have a crucial role in creating these connections and cultivating supportive environments, free of additional trauma, where LGBTQIA+ young people can feel valued and loved.

Mónica López López is an associate professor at the University of Groningen, the Netherlands. She teaches decision-making in child welfare at the master Youth, Society and Policy. She is a board member of the European Scientific Association on Residential and Family Care for Children and Adolescents (EUSARF).

Rodrigo González Álvarez is a Mexican queer cisgender PhD candidate at the Faculty of Behavioural and Social Sciences of the University of Groningen, the Netherlands. Rodrigo studies the lives of LGBTQIA+ youth in out-of-home care, with a special focus on resilience.

Mijntje ten Brummelaar works at Cornerstones Youth Care. During her work as researcher at the University of Groningen she developed projects on participation in decision-making, participatory research practices and out-of-home care, and LGBTQIA+ youth in care.

Kevin R.O. van Mierlo, who has lived in out-of-home care in the Netherlands, is a Master student in Political Science at the University of Waterloo, Canada. During his undergrad, he completed a Research Assistantship stay with Project Audre at the Rijksuniversiteit Groningen, the Netherlands.

Leo Wieldraaijer-Vincent grew up in foster care, has been a foster carer and is now the Director of Cornerstones Youth Care, a professional foster care organization. He has an MA Equality and Diversity, BSc (Hons) International Studies and Economics, and he is a qualified teacher. He is the author of the *Raising the Village: A Framework for Wellbeing and Resilience*.

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