

SEXUAL AND GENDER MINORITY YOUTH IN FOSTER CARE:

ASSESSING DISPROPORTIONALITY
AND DISPARITIES IN LOS ANGELES



the
**Williams
INSTITUTE**



**LOS
ANGELES
LGBT
CENTER**
RESEARCH



ACKNOWLEDGMENTS

This report of the Los Angeles Foster Youth Study focuses on the main findings of the research project with regard to the primary research questions about rates of disproportionality and disparities. It is the first of several forthcoming publications examining the demographics and experiences of sexual and gender minority youth in foster care in Los Angeles County. It is the product of several years of hard work and investment by many, including the funders, community collaborators, and supporting institutions.

We would like to thank the Children's Bureau (CB) Federal Project Officers, Matthew McGuire and Catherine Heath, and the Office of Planning, Research and Evaluation (OPRE) liaison, Maria Woolverton, as well as many of their colleagues within the CB and OPRE that provided feedback and support as we finalized the instruments and methodology. Similarly, the PII Evaluation Team (PII-ET) and Training and Technical Assistance Team (PII-TTAP) members have been valued colleagues throughout the process of designing and implementing the study, particularly Jaymie Lorthridge (Westat), Elizabeth Black (Center for the Support of Families, Inc.), and Roseana Bess (JBS International, Inc.) for their suggestions on the final report. We also thank Sue Crystal-Mansour and her team at Westat's survey research center for their due diligence and efficiency in administering the interviews.

We have greatly appreciated the active engagement and support of multiple units and staff within the Los Angeles Department of Children and Family Services, particularly the Systems Improvement Section of the Bureau of Operational Support Services and the Business Information Systems Division within the Senior Chief Deputy Director's Office. We also thank the divisions of the Los Angeles Juvenile Court, and the Children's Law Center and Los Angeles Dependency Lawyers. The initial stages of the project and final study could not have been completed without the work of these groups, as well as the very dedicated staff of multiple foster family agencies, particularly Penny Lane Centers and Five Acres.

We want to acknowledge the Los Angeles LGBT Center for courageously taking the initiative to commission the study as part of RISE, where key support and feedback were provided by Curt Shepard, Lisa Parrish, Lisa Phillips, Simon Costello, and Danielle Altman. Jody Marksamer, in his role as a consultant to RISE, provided insightful substantive feedback throughout the study and in the report; we are indebted to his ability to straddle legal, community, and academic worlds and appreciate his commitment to LGBT youth scholarship. Special thanks goes to the Center's Chief of Staff, Darrel Cummings, for his vision and stewardship.

We also want to thank Brad Sears, Adelin Lo, Matt Strieker, Ilan Meyer, Gary Gates, Jody Herman, Laura Durso, and Andrew Flores, scholars and research support staff at the Williams Institute, who provided input on the research design and instrument, as well as support in thinking through procedural challenges over the years. On behalf of GLSEN, Emily Greytak also provided invaluable feedback on measurement throughout the process. Finally, we want to extend our heartfelt gratitude and appreciation to all the youth who participated in the study. This study was conducted with all of their wellbeing in mind and would not have been possible without their contributions of time and information.

This project is funded by the Children's Bureau, Administration on Children, Youth and Families, Administration for Children and Families, U.S. Department of Health and Human Services, under grant number 90-CT-0154. The contents of this report are solely the responsibility of the authors and do not necessarily represent the official views of the Children's Bureau.

CONTRIBUTORS

FUNDERS

The Federal Permanency Innovations Initiative (PII) is a 5-year, \$100 million, multi-site demonstration project designed to improve permanency outcomes among children in foster care who have the most serious barriers to permanency. PII includes six grantees, one of which is RISE, each with a unique intervention to help a specific subgroup of children leave foster care in fewer than three years.

The L.A. LGBT Center's Children, Youth & Family Services Department operates Recognize Intervene Support Empower (RISE), an initiative designed to help lesbian, gay, bisexual, transgender and questioning (LGBTQ) children and youth in the child welfare system achieve permanency (a safe, stable, permanent family). The Center welcomes nearly a quarter-million client visits from ethnically diverse lesbian, gay, bisexual, and transgender youth and adults each year accessing a variety of services. RISE's partners include the Los Angeles County Department of Children and Family Services (LA-DCFS) and more than 20 community organizations. RISE is designed to help LGBTQ youth in Los Angeles find durable family connections, achieve emotional permanency, and obtain legal permanency in homes where they feel safe, nurtured and loved into adulthood.

AFFILIATED ORGANIZATION DESCRIPTIONS

The Williams Institute is dedicated to conducting rigorous, independent research on sexual orientation and gender identity law and public policy. A national think tank at UCLA Law, the Williams Institute produces high-quality research with real-world relevance and disseminates it to judges, legislators, policymakers, media and the public. Examples of other William's work on

youth and human services include: *Serving Our Youth: Findings from a National Survey of Service Providers Working with Lesbian, Gay, Bisexual and Transgender Youth Who Are Homeless or At Risk of Becoming Homeless* (July 2012)¹ and *Provider Perspectives on the Needs of Gay and Bisexual Male and Transgender Youth of Color* (August 2013)²

Holarchy Consulting has worked in the area of LGBTQ system-involved youth for over 15 years and has conducted several trainings and given multiple talks on the risks LGBTQ youth face. Holarchy clients are governmental units, for and non-profits, school districts, foundations or collaborations thereof. The firm specializes in performance management, public-private partnerships, and demonstration projects in the human services field with a particular focus on foster care and at-risk youth.

Westat is an employee-owned research firm that provides research services to foundations and associations, agencies of the federal government, as well as state and local government, and businesses. Westat is a well-known and respected leader in the field of survey research and has conducted studies and provided technical assistance focused on all modes of survey research across a broad range of topic areas.

¹ Available at: <http://williamsinstitute.law.ucla.edu/research/safe-schools-and-youth/serving-our-youth-july-2012/>

² Available at: <http://williamsinstitute.law.ucla.edu/research/safe-schools-and-youth/project-access-report-aug-2013/>

5	I. EXECUTIVE SUMMARY
11	II. BACKGROUND
13	III. INSTRUMENT DEVELOPMENT
14	IV. PILOT
14	V. MAIN STUDY
	OVERVIEW OF STUDY
16	METHODS
18	MEASURES
	WEIGHTING AND ANALYSIS
20	FINDINGS
	RESPONSE RATES
21	DEMOGRAPHICS
22	RESEARCH QUESTION 1: WHAT PERCENTAGE OF LOS ANGELES COUNTY FOSTER YOUTH ARE LGBTQ?
26	RESEARCH QUESTION 2: IS THE PERCENTAGE OF FOSTER YOUTH WHO ARE LGBTQ LARGER THAN THE PERCENTAGE FOUND IN NON-FOSTER CARE POPULATIONS?
36	RESEARCH QUESTION 3: DO LGBTQ YOUTH IN FOSTER CARE DIFFER ON KEY FACTORS RELATED TO PERMANENCY AND WELL BEING?
37	LIMITATIONS
39	VI. DISCUSSION
39	VII. IMPLICATIONS
41	REFERENCES
43	AUTHORS
46	APPENDIX A. SURVEY INSTRUMENT
	INTRODUCTION AND COGNITIVE ASSESSMENT
47	INTERVIEW ITEMS
49	APPENDIX B. RAW DATA FREQUENCY TABLES
57	

I. EXECUTIVE SUMMARY



SEXUAL & GENDER MINORITY YOUTH IN LOS ANGELES FOSTER CARE

BIANCA D.M. WILSON, KHUSH COOPER, ANGELIKI KASTANIS, SHEILA NEZHAD

INTRODUCTION

The Los Angeles County Child Welfare System has a duty to protect foster care youth from harm and to act in their best interests. In order for the system to fulfill its duty, there is a need to understand who is in the system and how different groups of youth may face unique challenges. Lesbian, gay, bisexual, transgender and questioning (LGBTQ), and other sexual and gender minority youth are one such group. At various points during their time in the child welfare system, LGBTQ youth interact with caseworkers, foster parents, congregate care facility employees, and other foster youth. In these interactions, LGBTQ youth may experience discrimination and stigma unique to their sexual orientation, gender identity and/or gender expression. However, an overall lack of systematic data collection on LGBTQ youth in foster care limits the ability of the child welfare system to address the unique challenges of this group.

For over three decades, research on adolescent demographic characteristics and behavior has been conducted via school-wide, state, or national surveys, many of which have included questions about sexual orientation. More recently, there have also been efforts to integrate measures of gender identity and expression into large scale surveys. Though past studies likely included youth in foster care, they did not specifically focus on foster care youth, nor did they include questions about dependency status. This makes it difficult to answer “How many youth in foster care are LGBTQ?” Similarly, while there has been research on the factors that may lead youth to enter or remain in foster care, such as family rejection or physical and verbal abuse, there is a lack of population-based research on the outcomes of those youth once they enter care. This makes it difficult to answer, “How are LGBTQ youth doing in foster care?”

This summary outlines the findings of the Los Angeles Foster Youth Survey (LAFYS), which represents a first

“12.9% of LGBTQ youth report being treated poorly by the foster care system compared to 5.8% of non-LGBTQ youth.”

step toward population-based data collection on LGBTQ foster youth. This data collection is valuable because it answers questions about whether LGBTQ youth are overrepresented in foster care and adds to the research on how sexual and gender minority youth face unique challenges compared to non LGBTQ youth. These data provide opportunities for policy makers and practitioners to make evidence-based decisions to allocate resources in ways that address the challenges of LGBTQ youth. This study also highlights some areas where further population-based research can be conducted with LGBTQ youth in foster care.

LOS ANGELES FOSTER YOUTH SURVEY

In response to this need for data, researchers from the Williams Institute and Holarchy Consulting conducted the LAFYS, a telephone interview study with 786 randomly sampled youth ages 12-21 living in foster care in Los Angeles County. The LAFYS was a one-time study conducted as part of the RISE (Recognize Intervene Support Empower) Project, a five-year cooperative agreement awarded to the L.A. LGBT Center (The Center) by the federal Permanency Innovations Initiative (PII). PII is a 5-year, \$100 million, multi-site demonstration project designed to improve permanency outcomes among children in foster care who have the most serious barriers to permanency. PII includes six grantees, each with a unique intervention to help a

specific subgroup of children who leave foster care in fewer than three years. The goals of the LAFYS were:

- to accurately and confidentially assess the proportion of foster youth who identify as LGBTQ,
- to assess whether LGBTQ youth are overrepresented in foster care, and
- to help us understand the experiences of these foster youth within the child welfare system.

We collected information about a range of demographics, including sexual orientation, gender identity and gender expression. We also assessed youth’s experiences in foster care as they relate to risks to permanency and wellbeing, such as information on placements, homelessness, and schooling.

FINDINGS

How many.

Around 7,400 youth, ages 12-21, are in out-of-home care in Los Angeles County in any given month (LA-DCFS, 2014); **19% or about 1,400 of these youth identify as LGBTQ.**

Characteristics.

The LGBTQ foster youth population in Los Angeles County has similar racial/ethnic and age demographics as the non-LGBTQ foster youth population. Thus,

the majority of LGBTQ youth in the sample were youth of color. Further, about 10% of LGBTQ youth reported being born outside of the U.S. and nearly one third had a biological mother or father that had been born outside of the U.S.

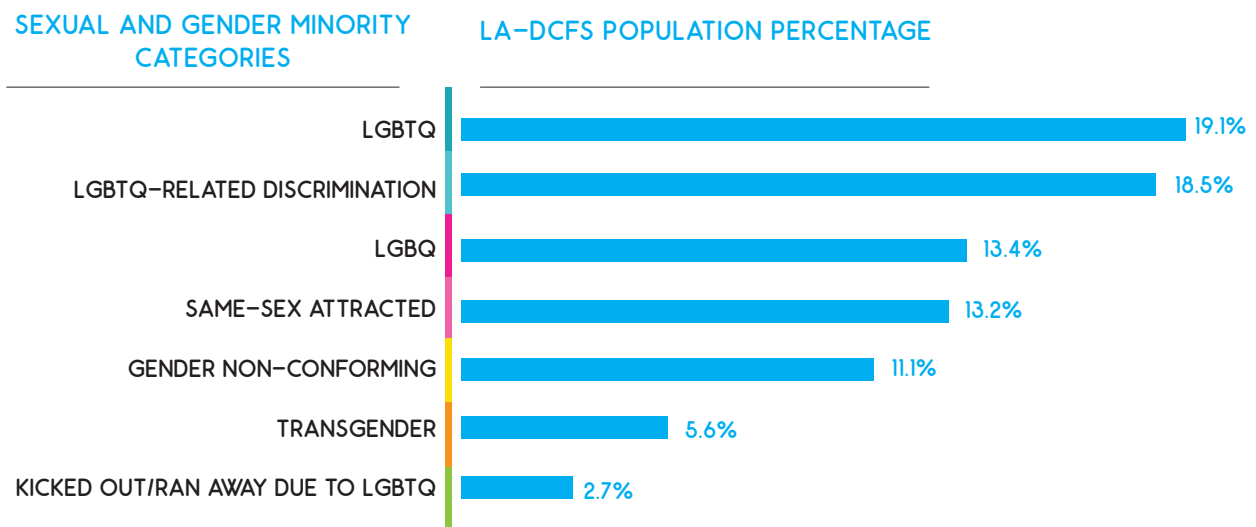
Disproportionality.

13.6% of foster youth identify as lesbian, gay, bisexual, or questioning, 13.2 % reported some level of same sex attraction, and 5.6% identify as transgender. This means that **there are between 1.5 to 2 times as many LGBTQ youth living in foster care as LGBTQ youth estimated to be living outside of foster care.**¹⁻²

Disparities in Experience.

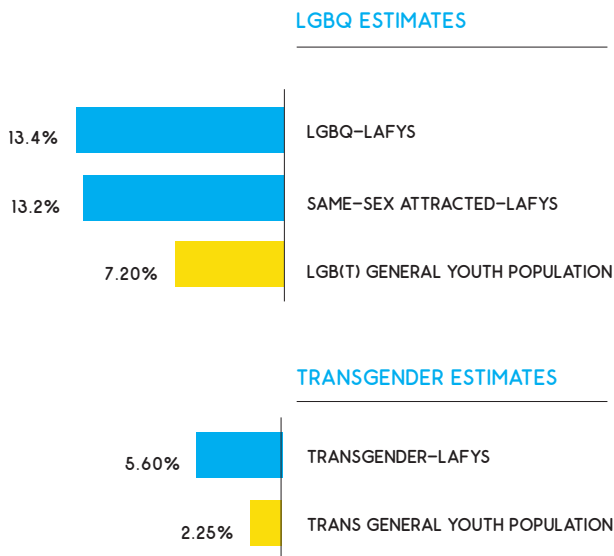
LGBTQ youth have a higher average number of foster care placements and are more likely to be living in a group home. They also reported being treated less well by the child welfare system, were more likely to have been hospitalized for emotional reasons at some point in their lifetime, and were more likely to have been homeless at some point in their life. The significance of these findings is supported by previous scholarship that has linked multiple placements, mental health concerns, homelessness, and placements in group homes are barriers to permanency faced by all youth, and LGBTQ youth in particular.³

CHART 1. SEXUAL AND GENDER MINORITY CATEGORIES OF YOUTH IN FOSTER CARE



*The total LGBTQ population estimate removes overlap created by respondents who fit more than one category.

CHART 2. LGBTQ YOUTH ARE OVERREPRESENTED IN FOSTER CARE



IMPLICATIONS FOR POLICYMAKERS & CAREGIVERS

Policymakers and caregivers can take steps to better understand the lives and unique challenges of the LGBTQ youth they serve.

Data collection.

Despite their overrepresentation among foster care youth, LGBTQ youth have been relatively invisible within the system because of barriers to disclosure and a lack of data collection. To address this:

- Integrate questions about sexual orientation, gender identity, gender conformity, and discriminatory experiences related to these social statuses into existing demographic data collection, intake, service planning and case review processes.
- Raise competencies of child welfare workers to collect this information respectfully and accurately prior to integrating these questions in systems.
- Make sure to maintain confidentiality when sharing and recording this information prior to integrating these questions in systems.

Address oppressions.

Improving permanency outcomes for LGBTQ youth requires a multi-pronged approach that examines how oppressions operate at structural and institutional levels

(e.g., within policies, families, public spaces, and organizations), as well as at the level of interpersonal and workforce interactions.

- Address LGBTQ competencies within the child welfare system workforce and among caregivers.
- Address the roles that racism, heterosexism, and anti-trans-bias play in creating disparities for LGBTQ youth in foster care.

Cost Avoidance.

LGBTQ youth in this sample were particularly overrepresented in group home settings, moved significantly more, and were hospitalized for emotional reasons at

TABLE 1. LGBTQ YOUTH FACE UNIQUE BARRIERS TO PERMANENCY:

BARRIERS TO PERMANENCY	LGBTQ	NON-LGBTQ
Total # of Placements [Mean(SD)]	2.85(1.1)	2.43(1.03)
Ever been hospitalized overnight	38.8%	31.2%
Hospitalization for emotional reasons	13.5%	4.2%
Ever been homeless	21.1%	13.9%
Live in a Group Home	25.7%	10.1%

a higher rate. This all means additional costs – higher rates paid for extensive group care stays and hospital stays, and additional administrative burden on staff when youth move.

- Address the needs of LGBTQ youth in care so their experience begins to approximate those of their non-LGBTQ counterparts. This will result in much needed cost avoidance for already over-burdened child welfare systems.

IMPLICATIONS FOR RESEARCHERS

More data on LGBTQ youth in foster care can lead to understanding how best to allocate resources to support youth. It can also increase the ability to make evidence-based requests of systems and programs to identify what is working and what is not working for the youth in care.

Data collection.

Future research should further refine methods used to

TABLE 2. DEMOGRAPHICS OF LGBTQ YOUTH IN FOSTER CARE:

DEMOGRAPHICS OF YOUTH IN FOSTER CARE	LGBTQ
Latino	54.6%
American Indian	3.0%
Asian/Pacific Islander	2.9%
Black	28.5%
White	6.4%
Bi/multi-racial or ethnic	4.7%
Born out of U.S.	9.7%
One or both bio parents born out of U.S.	32.4%
Assigned Female at birth	61.4%
Assigned Male at birth	38.6%
Age in years	16.2 (1.7)

ask about sexual orientation, gender identity, and gender expression among foster care youth. This includes thinking about the best way to construct basic research procedures, like the ones used for this study. It also means collaborating with social services to assist in identifying ways to confidentially integrate sexual orientation and transgender status into public data systems, keeping in mind that a youth's sense of self is likely to shift throughout adolescence.

Linking case data.

This study has shown that LGBTQ-related questions can be asked of foster care youth as young as 12 years of age in a safe, private and non-stressful way. Counties, courts and academic review boards should allow linkage to case data of the participants. This would allow data systems to be used to understand far more information about the status, experience and outcomes of LGBTQ youth in foster care in combination with administrative data.

LGBTQ vs. Non-LGBTQ.

We need to know more about the ways that LGBTQ youth in foster care have different experiences than non-LGBTQ youth. Future studies should examine other details of youth's lives, such as:

- Conditions surrounding entry into care
- Permanency rates and differences in experience by placement setting
- Family relationships and family's reactions to LGBTQ or gender non-conforming youth
- How race, culture, sex, and gender interact to affect other relevant factors
- Identifying resiliency factors that allow some LGBTQ youth to thrive and transition out of foster care into permanency

Looking within LGBTQ.

More research needs to be done to examine the differences in experiences between L, G, B, T, and Q and how these experiences compare across gender and ethnic/racial groups. Also, not all gender non-conforming youth identified as LGBTQ, but many faced much of the same discrimination because rigid cultural norms around gender expression are tied to perceptions of sexual identity. Therefore, there is also a

need to study differences between gender expression and identity.

METHODOLOGY

Initial drafts of the LAFYS questionnaire were revised in consultation with social science researchers, the Center RISE staff, LA-DCFS, and community collaborators from the child welfare and dependency court systems. In order to confirm that the questionnaire items and survey methodology were easy to understand and relevant to LA County youth in foster care, the study team conducted cognitive interviews with youth and caregivers and then used pilot testing the survey before a full launching.

Youth were eligible to participate in the LAFYS if they: 1) were at least 12 years old, 2) were in “out-of-home” care, 3) were not in juvenile detention, 4) had an address in the state of California, 5) were able to complete the survey in English, and 6) if the CWS/ CMS state child welfare database had both an address and phone number for them. In order to achieve a final sample of n=765 completed interviews, The Los Angeles Department of Child and Family Services (LA-DCFS) provided the contact information for a random sample of 2,967 foster youth ages 12-21 years in out-of-home care in Los Angeles County.

A stratified random sampling technique was used where the sample was split into two age groups: 12-16 years and 17 years and up. Interviews took approximately 20 minutes and were conducted over the phone using a Computer-Assisted Telephone Interview process by Westat Inc, which allowed for youth to respond to

questions using their telephone’s keypad. 786 interviews were completed, yielding a 41.8% response rate.

ABOUT CONTRIBUTORS

FUNDING

The Federal Permanency Innovations Initiative (PII)

is a 5-year, \$100 million, multi-site demonstration project designed to improve permanency outcomes among children in foster care who have the most serious barriers to permanency.

The L.A. LGBT Center’s Children, Youth & Family Services

Department operates R.I.S.E., an initiative designed to help LGBTQ youth in the child welfare system achieve permanency.

AUTHORING

The Williams Institute, a national think tank at UCLA School of Law, is dedicated to conducting rigorous, independent research on sexual orientation and gender identity law and public policy.

Holarchy Consulting has worked in the area of LGBTQ system-involved youth for over 15 years, conducting several trainings and presentations on the multiple risks LGBTQ youth face.

OTHER

Westat is an employee-owned research firm that provides

1 (Gates & Newport, 2013; Kann et al., 2011; LAUSD, 2013; Russell, Seif and Truong, 2001)

2 (Almeida, Johnson, Corliss, Molnar, & Azrael, 2009; Greytak, 2013; SFUSD, 2011)

3 (Jacobs & Freundlich, 2006)

research services to foundations and associations, agencies of the federal, state and local government, and businesses.

NOTES

This project is funded by the Children's Bureau, Administration on Children, Youth and Families, Administration for Children and Families, U.S. Department of Health and Human Services, grant number 90-CT-0154. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Children's Bureau.

ABOUT THE AUTHORS

Bianca D.M. Wilson, Ph.D., the LAFYS Principal Investigator, is a Senior Scholar of Public Policy at The Williams Institute.

Contact: WILSONB@law.ucla.edu

Khush Cooper, MSW, Ph.D., the LAFYS Co-Principal Investigator, co-owns Holarchy Consulting.

Contact: KCOOPER@holarchyconsulting.com

Angeliki Kastanis, M.P.P., the LAFYS Study Coordinator, is a Policy Analyst at the Williams Institute

Contact: KASTANIS@law.ucla.edu

Sheila Nezhad, M.D.P. is a Public Policy Fellow at The Williams Institute.

Contact: NEZHAD@law.ucla.edu

Suggested citation:

Wilson, B.D.M., Cooper, K., Kastanis, A., & Nezhad, S. (2014). Sexual and Gender Minority Youth in Foster care: Assessing Disproportionality and Disparities in Los Angeles. Los Angeles: The Williams Institute, UCLA School of Law.



II. BACKGROUND

THE ISSUE

Broadly, it is the duty of the child welfare system to protect children from harm and to act in their best interests. Around 17,000 youth and children are in out-of-home care in Los Angeles County in any given month. Approximately 7,000 of these youth are adolescents and young adults (LA-DCFS, 2014); sexual and gender minority youth³ are likely a significant subgroup of this early-to late adolescent population. In order for the system to fulfill its duty, it is critical that policy-makers and caregivers⁴ have an understanding of the lives and unique challenges of the LGBTQ youth they serve, such as family rejection, abuse (physical, sexual and emotional), exploitation, harassment, and elevated suicide risk in response to their sexual and gender minority statuses.

To date, research on LGBTQ youth in foster care has documented some of the reasons LGBTQ youth enter and remain in foster care. Family rejection and violence is one oft-cited reason for LGBTQ youth entering out-of-home care. One study of homeless youth found that while both sexual minority and majority youth left their homes for similar reasons (family conflict, problems with family members, and desire for freedom), LGBTQ youth left at nearly double the rate (Cochran, Stewart, Ginzler & Cauce, 2002). In a related study, though not specifically with a sample of homeless youth, 20% of gay and lesbian youth reported being verbally abused by their mothers due to their sexual orientation, while 14% reported verbal abuse by their fathers (Savin-Williams, 1994) Hunter. (1990) found that 46% of teenagers who reported violent physical assault were targeted because of

their sexual orientation. Of this 46%, more than half reported that the violence came from within their own families. Experiencing this form of minority stress can have dramatic impacts on adolescent and young adult development. In one study, LGB young adults who reported higher levels of family rejection during adolescence were 8.4 times more likely to report having attempted suicide, 5.9 times more likely to report high levels of depression, 3.4 times more likely to use illegal drugs, and 3.4 times more likely to report having engaged in unprotected sexual intercourse, compared to their peers who reported no or low levels of family rejection (Ryan, Huebner, Diaz, & Sanchez, 2009). Though there are writings on clinical work with transgender youth in social services (Mallon, 2009), there are no empirical studies that help distinguish unique experiences, including minority stress, in the child welfare system among the multiple subgroups that fall under “LGBTQ.”

Rejection, abuse, and discrimination continue to affect LGBTQ youth while they are in out-of-home care. At various points in time while in the child welfare system these youth interact with caseworkers, foster parents, congregate care facility employees, and other foster youth. Prejudice has reportedly manifested in disturbingly common practices such as: deeming these youth “unadoptable;” blaming their being “out” for the harassment and abuse from others; housing them in isolation “for their own safety” or to avoid their “preying on other youth;” repeated placement moves resulting from the discomfort of a caregiver; or disciplining LGBTQ youth for engaging in age appropriate conduct

³The terms sexual minority and gender minority refer to social statuses that remain outside of the dominant heteronormative framework in which only different-sex relationships and polarized gender expression and identities are accepted and valued. Though the terminology is intended to highlight the political and social nature of the nonconforming sexuality and gender identities and norms described in this study, it may also serve as an umbrella term for identity labels such as lesbian, gay, bisexual, and transgender, and therefore the terms are used interchangeably throughout this report.

⁴We are defining caregiver as any adult in whose care the youth is living. This includes, for example, relatives, foster parents, and group home staff.

that would not be punishable were it between youth of different sexes (Wilber, Ryan & Marksamer, 2006). In fact, one study revealed that 56% of LGBTQ foster youth surveyed spent time on the streets because they felt safer there than in their group or foster home (Feinstein, Greenblatt, Hass, Kohn & Rana, 2001). In addition to discrimination and safety concerns, LGBTQ youth in foster care are less likely to find a permanent home (reunification or adoption) than other youth, with transgender youth having the most difficult time achieving permanency (CASA, 2009).

Public systems charged with the care and wellbeing of LGBTQ youth have been unresponsive to their needs and slow to acknowledge that they are in urgent need of appropriate and equitable care (Mallon 1992, 1998). In cases where care providers are affirming of LGBTQ identities, they still may not have had the training on how to work with LGBTQ clients. LGBTQ youth who have experienced discrimination from different people throughout their lives may be hesitant to trust caregivers who are not prepared to address the systemic and psychological barriers related to sexual and gender minority stress.

A consistent feature of research and practitioner accounts of LGBTQ foster youth experiences has been the assertion that sexual and gender minority youth are overrepresented in the child welfare system. However, there are not enough population-based data to support the suggestion that LGBTQ youth are disproportionately overrepresented in foster care or that they universally have disparate experiences. This lack of data affects policymakers' understanding of how best to allocate resources to support LGBTQ youth and affects practitioners' ability to make evidence-based requests of systems to pay attention to the plight of these youth. The lack of data also has an effect on the system itself, one that is rarely noticed. Neglecting to address the needs of LGBTQ foster youth is also a resource drain on the child welfare system as a whole when youth remain in long term foster care or additional services are needed to address experienced trauma due to anti-gay or anti-transgender bias in the system.

Previous research on sexual and gender identification among foster youth

For over three decades, extensive research on adolescent demographic characteristics and behavior has been conducted via school-wide, state, or national surveys. Starting in the mid-1980's, many of these studies included questions about sexual orientation and gender identity (Reis & Saewyc, 1999; Remafedi, Resnick, Blum, & Harris, 1992; Russell & Joyner, 2001; Russell, Seif, & Truong, 2001). These studies likely included youth in foster care, but did not specifically focus on that population, nor did they include questions about dependency status. There has been one large-scale study ("The Midwest Study") on the economic health and demographic characteristics, including sexual orientation, among young adults who were previously in foster care (Dworsky, 2013). The Midwest Study found that 11-15% of respondents identified as LGB. Another study conducted by Tarnai & Krebill-Prather (2008) at Washington State University stands out for its larger sample size and aim to survey the entire population of a state child welfare agency. The study attempted to survey all of Washington State's foster care population to assess basic demographics (including sexual orientation and gender identity) and experiences in foster care (Tarnai & Krebill-Prather, 2008). This was a significant step in documenting the experiences of LGBTQ youth in foster care; however the approach to measuring sexual orientation and gender identity may have limited inquires about and documents the proportion of foster youth who are LGBTQ youth and examines their unique experiences in order to inform allocation of resources and service provision.

The RISE Project & LAFYS

The LAFYS was a one-time study conducted as part of the RISE (Recognize Intervene Support Empower) Project, a five-year cooperative agreement awarded to the Los Angeles LGBT Center (The Center) by the federal Permanency Innovations Initiative (PII). PII is a 5-year, \$100 million, multi-site demonstration project

led by the Children’s Bureau (CB), the Administration of Children, Youth & Families (ACYF), the Administration for Children and Families (ACF), and the U.S. Department of Health & Human Services (USDHHS) designed to improve permanency outcomes among children in foster care who have the most serious barriers to permanency.⁵ PII includes six grantees, each with a unique intervention to help a specific subgroup of children leave foster care in fewer than three years.

RISE uniquely aims to address barriers to permanency and wellbeing for lesbian, gay, bisexual, transgender and questioning (LGBTQ) youth in the child welfare system in Los Angeles County by decreasing anti-gay

and anti-transgender bias in families and caregiving settings. In order to provide data that may contextualize the service and evaluation components of RISE, the Center contracted the Williams Institute and Holarchy Consulting to design and conduct an assessment of the demographics characteristics and experiences of LGBTQ youth in foster care in Los Angeles County. The results of this study help to fill the substantial gaps in the body of rigorous empirical research on LGBTQ foster youth and give child welfare providers and policymakers in Los Angeles County a better understanding of the LGBTQ foster youth population so they can make informed decisions about programs and services that address the needs of sexual and gender minority youth.

III. INSTRUMENT DEVELOPMENT

As a first step to designing the survey study, we identified multiple constructs that characterized the population of youth in foster care for whom interventions and programs addressing anti-gay and anti-transgender bias may be directly relevant. Specifically, youth who: a) identify with a sexual minority label, such as lesbian, gay, bisexual, or questioning; b) identify as transgender or identify with a gender identity that is different than their sex assigned at birth; c) are gender nonconforming; d) report same-sex romantic attraction; and/or e) have experienced discrimination related to their perceived sexual or gender identity. The instrument was designed to assess varying levels of these core constructs, as well as to measure several important wellbeing and foster care experience variables that have been shown to affect LGBTQ youth in other settings. Initial drafts of the instrument were revised in consultation with other Williams Institute research staff, research scholars in LGBT studies at other academic

and non-academic institutions, the Center RISE staff, and community collaborators from the child welfare and dependency court systems. We wanted to confirm that the draft questionnaire items and survey methodology were easy to understand and relevant to LA County youth in foster care. To do this, we did a cognitive interview study where we: a) conducted a small qualitative study to assess youth response to the proposed approach and b) held feedback sessions with groups of caregivers and child welfare staff to gain insight about the proposed survey methodology. We interviewed 20 volunteer foster youth and conducted six feedback sessions. The outcome of the cognitive interview study was the finalized survey instrument and methodology used in a pilot test of the computer-assisted telephone interview (CATI) methodology.

⁵ The current study was conducted in the context of a larger ACF initiative to develop research on the human service needs of LGBT people in the United States. A report on the current knowledge base and remaining research needs regarding family economic security, child welfare services, and programs for at-risk youth, including homeless youth, is forthcoming (<http://www.acf.hhs.gov/programs/opre/research/project/research-development-project-on-human-service-needs-of-lgbt-populations>).

IV. PILOT

After we modified the survey instrument using the data collected from the cognitive interview study, we conducted a pilot of the final survey instrument and methodology. The pilot was a test of the administration of the questionnaire through computer-assisted telephone interviewing techniques. Westat, a third-party contractor experienced in conducting large-scale phone surveys, attempted to contact a random sample of 100 youth. Out of that sample, 14 youth agreed to participate and completed interviews. The instrument and overall approach to interviewing (via telephone) performed well in that respondents typically appeared to understand the questions and were interested in participating once we achieved direct contact with them. Also, having the option of touch tone response worked well. These data indicated that we did not need to make substantial

changes to the interview protocol. However, the low completion rate indicated that a few revisions had to be made before moving into full-scale administration. The revisions included: a) simplifying the comprehension assessment needed for youth to participate in the survey, b) obtaining a second randomly sampled (without replacement) contact list to offset the number of youth who were non-locatable, and c) addressing the issues related to reaching youth who live in group home settings by conducting more outreach to these facilities and getting direct phone numbers to the specific youth residences in each facility.

V. MAIN STUDY

OVERVIEW OF STUDY

OBJECTIVES

The goals of the LAFYS were: a) to accurately and confidentially assess the proportion of foster youth who identify as LGBTQ, and b) to help us understand the experiences of these foster youth within the child welfare system. We framed these goals using three research questions:

1. What percent of youth in foster care identify their sexual orientation or gender identity as lesbian, gay, bisexual, transgender, or questioning?
2. Is there a larger percentage of youth who identify as LGBTQ in foster care than the percentage of LGBTQ youth not in foster care?

3. Do LGBTQ and non-LGBTQ youth in foster care differ on key factors related to permanency and wellbeing?

To address these questions, we collected information about a range of demographics, including sexual orientation, gender identity and gender expression, as well as information about youth's experiences in foster care

SAMPLING FRAME

Power calculations indicated that we needed to achieve a final sample of $n=765$ completed interviews.⁶ Available resources prohibited attempting to contact the entire population and therefore a sample larger than the needed sample size had to be randomly drawn from the sampling frame and used as a contact list to recruit potential participants. The Los Angeles Department of Child and Family Services (LA-DCFS) provided the contact information for a random sample of 2,967 foster youth ages 12-21⁷ years in out-of-home care in Los Angeles County. This sample was selected from the approximately 7,000 LA-DCFS cases that are youth ages 12-21 years at that time.

Youth were eligible if they: 1) were at least 12 years old, 2) were in “out-of-home” care,⁸ 3) were not in juvenile detention, 4) had an address in the state of California, 5) were able to complete the survey in English, and 6) if the CWS/CMS⁹ state child welfare

database had both an address and phone number for them. The LA-DCFS categorization of youth in “out-of-home” care, commonly referred to as foster youth, includes all youth who are dependents of the court living in residential or group care, foster homes, and kinship care (a type of placement where a child is placed in the home of a relative or a non-related extended family member). Although we provided informational material for youth and caregivers in both English and Spanish, the survey was only available in English.

⁶ Power calculations assume a 15% of LGBTQ youth ages 12+ years, 95% confidence interval, and 2.5% margin of error, given a population of approximately 7,000 youth in out-of-home care within this age range informed the selected desired sample size of $n=795$ ($n=30$ for pilot and 765 for full scale). The population size was estimated at this time because precise data on the number of foster youth meeting our eligibility criteria had not yet been provided by LA-DCFS.

⁷ Assembly Bill 12 extended the maximum age youth may remain in foster care from 18 to 21, as of 2012. As a result, we added youth aged 18-21 to the sample.

⁸ Only children placed in out-of-home care (OHC) were included in the sample. Relative care is considered a form of OHC. Youth who had an open LA-DCFS case with an assigned social worker but were still living with family of origin were not included in the sample as they are not considered to be “in care” and the consent and assent implications are different for this population, making it harder to expediently enroll them in research, particularly that which inquires about conventionally controversial topics such as the sexuality of minors. Future research should include these youth, especially now that we know the questions do not cause any harm or stress. Including this population might give further insight about how to prevent LGBTQ youth from entering foster care in the first place.

⁹ Child Welfare Services/Case Management System

We used a stratified random sampling technique, where we split the sample into two age groups: 12-16 years, 17 years and up. We drew equal numbers of participants from these two groups in order to ensure a large enough sample within the older age group to make an accurate estimate of this LGBTQ subpopulation. Having an accurate estimate for this age range specifically allows us to make comparisons between previous and

future studies of youth transitioning out of foster care, many of which focus on youth ages 17 and older. In order to achieve this goal, we needed to oversample the older age group since they make up a smaller proportion of youth in foster care.

METHODS

RESEARCH ETHICS

Many national or state survey research studies with adolescents—most of which currently include questions about sexual orientation—use passive parental consent procedures or waive parental consent altogether. Due to the legal intricacies related to minors who are wards of the dependency court, LAFYS had to approach the consent issue differently. Obtaining parental consent is often challenging with regard to foster youth because the court has either terminated parental rights, the whereabouts of parents are unknown, or the relationship between the youth and their parents is contentious and/or distant. Regardless of the legal relationship the foster youth has to their family of origin, the youth’s attorneys are the additional authorized parties responsible for making legal decisions on behalf of the youth.¹⁰ In order to prevent the extensive time and resources that would be required to track down the parents of each youth in the sample, we sought to obtain the court’s permission to recruit and enroll youth to participate in the study.

According to established procedures for conducting research with foster youth, all research has to be approved by the LA-DCFS Research Department and the Dependency Court. After the LA-DCFS Research Department reviewed the scientific merits of the study, we filed the petition with the court and, at that point, Children’s Law Center (CLC, the attorneys for foster children and youth), the Los Angeles Dependency Lawyers (LADL, the parents’ attorney group), LA-DCFS and the Department of Probation¹¹ received notice of the study and had the opportunity to object to the proposed consent procedures or any other component. None of the parties raised any concerns with the court. As a minimal risk study asking relatively routine demographic questions, the court approved our procedures as described in the next section. In addition to court and LA-DCFS approval, the study was reviewed and approved by the UCLA Institutional Review Board (IRB).

PROCEDURES

Before the survey fielding began, we sent letters to potential youth participants and their caregivers describing the project and providing an opportunity to contact us for questions. The letters also included a

copy of “Survey FAQs” in English and Spanish, which answered some basic questions about the survey. Once the letters were sent, Westat interviewers began calling youth. Interviewers read a contact script that

¹⁰ A Guardian Ad Litem is appointed by the court to represent the child’s best interests and wishes.

¹¹ In some cases, foster youth are dually supervised by LA-DCFS and the Department of Probation if the foster youth has committed criminal or status offenses.

briefly described the study to the youth and asked the potential participant whether they agreed to allow the interviewer to tell them more details about the study. If a potential respondent agreed to allow the interviewer to provide more information, the interviewer proceeded with the assent script and ended with asking if the youth agreed to be in the study. If the participant was unavailable when the interviewer called, they asked for a better time to call and left a project telephone number. If no contact was made, the interviewer left a voicemail message. The interviewer attempted to make contact up to 12 times before removing a potential participant from the selection list. The interviewer did not begin the interview until the participant agreed to be in the study and correctly answered the three comprehension questions designed to assess their

level of understanding of their rights and expectations as a research participant. The actual interview took approximately 20 minutes using a Computer-Assisted Telephone Interview (CATI) process where the interviewer followed a computer-programmed script of the questionnaire. Every respondent used interactive voice response (IVR) technology that allowed for touchtone responses to the questions over the phone for complete privacy. As an additional measure, LA-DCFS sent out their own informational bulletin alerting case-carrying social workers to the study in the event that youth or their caregivers contacted them for confirmation that this was a legitimate study.

INTERVIEWER TRAINING

Westat had a series of interviewer training processes that data collectors completed before joining the survey team. All newly hired telephone interviewers received Westat's general interviewer training, which covered telephone interviewing protocols, interview best practices, and CATI administration and coding procedures. All interviewers received project-specific training that covered the study background, protocol, and in-depth coverage of the questionnaire. Interviewers also completed Westat's telephone data collector training, which consisted of self-paced tutorials, live interactive training sessions led by Williams Institute staff and Holarchy Consulting, and practice sessions. Practice interviews gave Williams Institute staff the opportunity to prevent data collection problems by monitoring interviewers and correcting any weaknesses relevant to the LAFYS.

Westat also gave interviewers supplemental trainings during survey implementation. One area of additional training led by Holarchy Consulting provided further information on the complexities of calling a group home

as compared to calling a foster home. The interviewers who completed this additional training were gathered into a "group home specialist" team that focused on calling youth in residential facilities and group homes.

Westat trained the interviewers on a distress response protocol that we developed in collaboration with Westat and LA-DCFS. The protocol instructed interviewers on questions to ask if the participant seemed upset and who to call if that was the case. Additionally, the co-PI was on call 24/7 in the event a distress protocol was triggered to ensure that the correct follow-up had been completed as she is a social worker with over 15 years of experience with LGBTQ youth in child welfare and probation settings, and is well versed in the stresses and risks for youth associated with disclosure of sexual orientation and or gender identity. However, this distress protocol was never activated during the study.

Whether it was due to a disconnected phone line, incorrect phone number, or that a particular youth's contact information had changed, for confidentiality reasons the LAFYS did not attempt to contact youth's social workers to find new phone numbers for youth who were "non-locatable." Instead, the LAFYS team periodically sent information about cases with

non-working numbers to LA-DCFS throughout the calling period and a subset of youth's information was sent back to the research team and re-entered into the calling system to attempt a call back.

MEASURES

As noted above, the interview items were designed to measure the core constructs used to define the LGBTQ youth in foster care population and to measure a set of wellbeing factors and foster care experiences.

SEXUAL ORIENTATION

Our final interview items draw on the Williams Institutes's expertise on asking questions about sexual orientation and gender identity (Sexual Minority Assessment Research Team, 2009; personal communications with staff, 2012-2013) and knowledge gathered from the cognitive interviews and feedback groups with foster youth, LA-DCFS staff, caregivers, and providers. According to the Sexual Minority Assessment Research Team report (2009), sexual orientation is best captured in a survey by asking about three separate components: attraction, identity and behavior. We chose to omit a question about sexual behavior because a) this dimension of sexual orientation tends to be less informative for younger samples given the range of sexual behav-

ior that is heavily skewed toward little or no sexual history, b) there was concern on the part of LA-DCFS about asking 12 year olds about sexual behavior, and c) Probation has strict policies about youth in their jurisdiction disclosing sexual behavior as this can have implications with respect to their criminal cases. We also added "I am not sure yet" and "I don't know what this question means" to the sexual orientation identity question to distinguish between youth who may be questioning their sexual orientation and those who may not be familiar with the terms. We chose to use a two-part attraction question that seemed most suitable for adolescents, who may report no sexual attraction to both males and females (listed below).

IDENTITY (SEXUAL ORIENTATION)	ATTRACTION (SEXUAL ORIENTATION)	
<p>Do you consider yourself to be:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Straight or Heterosexual; <input type="checkbox"/> Gay or lesbian; <input type="checkbox"/> Bisexual; <input type="checkbox"/> I am not sure yet; or <input type="checkbox"/> I don't know what this question means 	<p>Are you romantically attracted to boys/men?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I am not sure yet; or <input type="checkbox"/> I don't know what this question means 	<p>Are you romantically attracted to girls/women?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I am not sure yet; or <input type="checkbox"/> I don't know what this question means

GENDER IDENTITY

According to the Center of Excellence for Transgender Health (CETH), gender identity is best captured in a survey by using a two-part series of questions that asks about a person's sex assigned at birth and their current sex or gender (Sausa, Sevelius, Keatley, Iñiguez, & Reyes, 2009). Asking two questions instead of just one captures a person's sex/gender history while also validating their present sex and gender identity. While CETH did not test the suggested question wording with youth specifically, GLSEN had tested a similar set of items (Greytak, 2013) and our pre-survey study

indicated that foster youth understood the two-part question. Again, we added "I am not sure yet" and "I don't know what this question means" to the gender identity question in order to distinguish between youth who may be questioning their gender identity and those who may not be familiar with the terms or concept of gender identity. The first three answer choices (girl, boy, transgender) of the second question in the two-part series were provided in random order to avoid response error.

IDENTITY (GENDER)

What sex were you assigned at birth (what the doctor put on your birth certificate)? (Check one)

- Male
- Female
- Decline to answer

When you think about how you see yourself now, which of the following terms best fits how you describe your gender?

- Girl or young woman
- Boy or young man
- Trans or transgender
- I am not sure yet; or
- I don't know what this question means

Research shows that levels of gender conformity matter when studying experiences of discrimination (Friedman Koeske, Silvestre, Korr, & Sites, 2006; Toomey, Ryan, Diaz, Card & Russell, 2010). That is to say, bullying, anti-trans and anti-gay discrimination do not just target those who self-identify as LGBT; many gender nonconforming heterosexual youth suffer the

same discriminatory behaviors due to their perceived sexual orientation or gender identity. For this reason, we included a two-part gender expression scale that allowed youth to describe their feminine and masculine expression separately on a scale of 1-9.

EXPRESSION (GENDER)

- On a scale from 1–9, where 1 is not at all feminine and 9 is extremely feminine, how would you describe yourself at this point in your life?

- On a scale from 1–9, where 1 is not at all masculine and 9 is extremely masculine, how would you describe yourself at this point in your life?

EXPERIENCES OF DISCRIMINATION

Our questionnaire included several items that helped us understand youth's lived experiences as it relates to their multiple social statuses and identities (e.g., gender, gender expression, and race). Our items focused on types of everyday discrimination and were derived from

Meyer's broader work on sexual minority stress and specifically his measure of self-appraised everyday discriminatory experiences (Gordon & Meyer, 2008).

FOSTER CARE AND OTHER FACTORS RELATED TO PERMANENCY

The questionnaire also included items that gave us specific information about youth's experiences with the foster care system. This section was comprised of questions that asked about the youth's time in foster care and the placements in which they have lived. By including these questions, we were able to analyze responses by youth's LGBTQ status and to see if LGBTQ youth had more positive or negative experiences than non-LGBTQ youth.

Finally, we included several items about experiences known to be connected to risks to not achieving

permanency and risks to overall wellbeing. A majority of these items have been used in other surveys that focus on youth, particularly youth in the foster care or juvenile justice system (Irvine, 2010). By including questions about type of placement, and experiences—such as whether youth have been expelled from school, or if they have been hospitalized overnight—we were able to assess whether LGBTQ youth fared better or worse than non-LGBTQ youth in foster care in certain domains.

WEIGHTING AND ANALYSIS

Sampling designs used to ensure large enough sample sizes of subgroups (e.g., over sampling an age group) and patterns of non-responses among various subgroups may bias the data. To address this, we used sample weights. Weighting is a strategy for adjusting the data to compensate for design and response issues. Using a two-stage procedure, we weighted the sample to match the Los Angeles foster

youth population aged 12-21 years. The first stage of weighting corrected for the different probabilities of selection associated with the number of youth in foster care in either the 12-16 year old or 17-21 year old age groups (i.e., design weight). The weighting of this first stage takes into account the higher probability of a youth being selected if they are in the older age

group, than if they were in the younger age group. The second stage accounted for the differences in proportions between males and females within the sample compared to the population (i.e., post-sampling weight). This second stage takes into account the proportion of female and male respondents as compared to the female/male ratio in the foster care population. The final weight created was a product of the design weight (age group) and sampling weight (sex).

We calculated the response rate, cooperation rate, refusal rate and contact rates are based on standards set by the American Association for Public Opinion Research Standard Definitions Committee (2011).

We used SPSS and Stata statistical software to complete descriptive and inferential analyses (IBM Corp., 2013, Statacorp, 2013). Sample sizes are reported for each variable and proportions are reported using the total number of non-missing responses as the denominator.

FINDINGS

This section provides summary information about the study findings. First, we describe response rates, the demographic and foster care experiences for the overall sample. We then focus on the analyses that

provide answers to the three primary research questions regarding estimating the LGBTQ youth population proportions.

RESPONSE RATES

Table 1.1 shows the data used to calculate the response rate, cooperation rate, refusal rate and contact rate for the LAFYS. The response rate (41.8%) is the proportion of the sample that completed the interview. This was heavily affected by the 36% of randomly drawn cases that were unable to be located because current address and phone number information that was provided

was no longer accurate. The cooperation rate (65.7%) is the proportion of contacted youth that completed the interview. The refusal rate (21.9%) is the proportion of all eligible cases in the sample that declined to be interviewed. The contact rate (73.5%) is the proportion of the eligible sample that interviewers were able to contact.

TABLE 1.1 SURVEY RATE CALCULATIONS

FINAL NUMBERS	FREQUENCY	SURVEY RATES	%	SURVEY RATE CALCULATIONS
I=Complete Interviews	786	Response Rate (RR4)	41.8	$(I+P)/((I+P) + (R+NC+O) + e(UH+UO))$
P=Partial Interviews	0	Cooperation Rate (CR4)	65.7	$(I+P)/((I+P)+R)$
R=Refusal and break off	411	Refusal Rate RF3	21.9	$R/((I+P)+(R+NC+O))$
NC=Non Contact	498	Contact Rate CT3	73.5	$((I+P)+R+O) / ((I+P)+R+O+NC)$
O=Other ¹²	186			
UH=Unknown Household	0			
UO=Unknown other	0			

¹²“Other” call attempts include attempts that ended in an assessment that the respondent was physically or mentally unable to respond to interview before consenting to begin informed consent process, as well as those who had language barriers or were deceased.

DEMOGRAPHICS

All demographics are reported as unweighted sample data (n), split by the age categories of the stratified survey design. To highlight levels of representativeness, we also present the population demographics (N) of all youth in foster care in Los Angeles County, for the variables available in the CWS/CMS database (Table 2.1). The total population size fitting the sampling characteristics of the study was 7,376. The sample and target population are clearly not an exact match, but the total sample is representative in terms of being heavily compromised of ethnic minority youth and slightly higher numbers of girls compared to boys.

The age of study participants ranged from 12 to 21 years old, with an average age across the sample of 15.88 years old. In both age groups, more than 80% of youth identified as either Latino or African American. Further, female-assigned-at-birth youth comprised the majority of the sample for both age groups. Also notable, the overall percentage of youth who reported currently living in a group care setting, such as a group home or residential facility, was comparable to the population percentage. However, the distribution of group home status differed somewhat by age group. With regard to country of origin, over one third of the sample

reported having a biological mother or father who was born outside of the U.S. Though we do not have data on this topic for the LA-DCFS population, U.S. Census data indicate that approximately 25% of children have at least one parent born outside of the U.S. (Federal Interagency Forum on Child and Family Statistics, 2013).

We measured several indicators of risks to permanency and wellbeing among youth in foster care (Table 2.2). With regard to foster care-specific experiences, respondents reported multiple placements and were on average in care for periods that could be defined as long term foster care. Yet, most participants felt the foster care system had treated them well. But, there was also great variability in these figures as indicated by the large standard deviations. Additionally, significant numbers of youth in the study had been suspended or expelled from school, had been hospitalized, had been homeless at least one night, and/or reported some involvement with law enforcement (e.g. on probation).

TABLE 2.1 UNWEIGHTED DEMOGRAPHICS IN TOTAL SAMPLE

	12–16 YEARS OLD				17–21 YEARS OLD				TOTAL			
	SAMPLE n=428		POPULATION N=4281		SAMPLE n=358		POPULATION N=3095		SAMPLE n=786		POPULATION N=7376	
Age [mean in yrs.(SD)]	14.14(1.42)		14.12(1.41)		17.96(.99)		18.18(1.08)		15.88 (2.74)		15.83 (2.38)	
Race/Ethnicity¹³	n	%	N	%	n	%	N	%	n	%	N	%
Latino	253	60.1	2216	51.8	181	51.3	1438	46.5	434	56.1	3654	49.5
American Indian	8	1.9	26	.6	7	2.0	17	.5	15	1.9	43	0.6
Asian/Pacific Islander	12	2.9	92	2.1	10	2.8	87	2.8	22	2.8	179	2.4
Black	88	20.9	1435	33.5	98	27.8	1203	38.9	186	24.0	2638	35.8
White	39	9.3	502	11.7	35	9.9	347	11.2	74	9.6	849	11.5
Biracial/Multiracial	21	5.0	--	--	22	6.2	--	--	43	5.6	--	--
Born out of U.S.	30	7	--	--	34	9.5	--	--	64	8.1	--	--
At least one bio parent born out of U.S.	167	39.0	--	--	134	37.4	--	--	301	38.3	--	--
Placement type¹⁴												
Group Home	35	8.2	649	5.2	65	18.1	370	12.0	100	12.7	1019	13.8
Relative/Guardian	190	44.4	2407	56.3	113	31.6	1205	38.9	303	38.5	3612	48.9
Foster Home	203	47.4	1224	28.6	170	47.5	714	23.1	373	47.4	938	26.2
Sex assigned at birth¹⁵												
Male	188	43.9	2104	49.1	144	40.2	1303	42.1	332	42.2	3407	46.2
Female	240	56.1	2177	50.9	214	59.8	1792	57.9	454	57.8	3969	53.8

¹³ Ethnic/racial categories are mutually exclusive and represent unique subgroups. The bi- or multi-racial category is not used in the CWS/CMS and only primary racial identification was provided; therefore, statistics on population data for that variable level are not included.

¹⁴ The variable options for type of placement in the LAFYS and the LA-DCFS population datasets were not identical. We re-categorized each variable to provide the best match possible between datasets and provided data for the top three represented categories. It is critical to subsequent analyses to note that “group home” refers to survey respondents reporting that they lived in a group home or residential facility and it refers to DCFS cases labeled as living in a group home at the time of data extraction.

¹⁵ LA-DCFS does not distinguish between gender identity and sex assigned at birth in their administrative case management database. We compare the LA-DCFS population data against study participants’ reported sex assigned at birth.

TABLE 2.2 RISKS TO PERMANENCY AND WELLBEING AMONG YOUTH IN FOSTER CARE IN TOTAL SAMPLE

	12-16 YEARS OLD	17-21 YEARS OLD	TOTAL
	n=428	n=358	n=786
	Mean (SD)		
Years spent in foster care	3.41 (4.49)	7.41 (6.10)	5.23 (5.64)
Total placements	2.39 (3.57)	3.71 (5.60)	2.99 (4.65)
Placements in last year	.92 (1.55)	.92 (1.8)	92 (1.67)
	%		
Currently placed in a group home setting	8.2	18.1	12.7
Perception of foster care system treatment			
Very well	66.6	50.3	59.2
Somewhat well	26.4	41.1	33.1
Not very well	6.8	8.1	7.4
Ever been hospitalized	28.5	37.4	32.6
Ever been homeless	9.6	21.3	14.5
Suspended from school once	16.1	11.2	13.9
Suspended from school more than once	15.9	7.0	11.8
Expelled from school once	5.8	2.8	4.5
Expelled from school more than once	2.1	1.4	1.8
Law enforcement involvement (e.g., on probation)	17.5	26.5	21.6

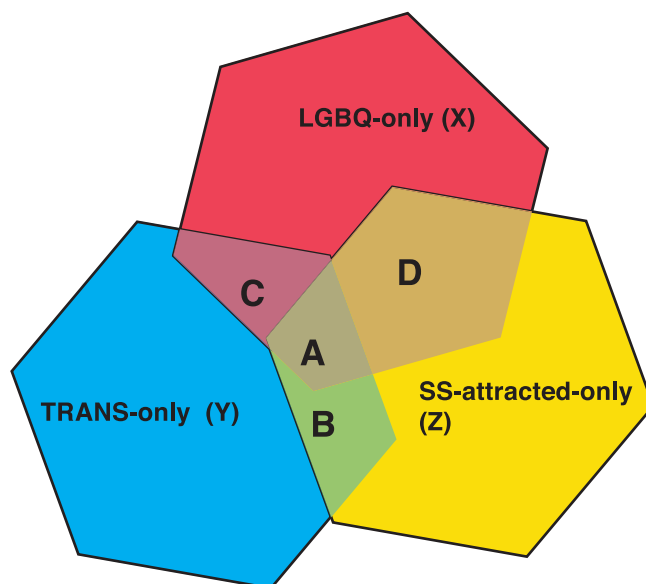
	12-16 YEARS OLD	17-21 YEARS OLD	TOTAL
	n=428	n=358	n=786
Experienced everyday discrimination based on:			
Foster care status	22.2	33.0	27.1
Clothing and shoes	18.7	19.8	19.2
Race or ethnicity	13.8	22.6	17.8
Weight	14.5	14.8	14.6
Girlish mannerisms/ not being manly enough	5.8	8.1	6.9
Boyish mannerisms/ not being womanly enough	5.8	6.4	6.1
Gender	3.3	5.0	4.1
Immigrant status	3.3	4.2	3.7
Being lesbian, gay, bisexual, or questioning	3.0	7.0	4.8
Transgender status	.5	.8	.6

RESEARCH QUESTION 1: WHAT PERCENTAGE OF LOS ANGELES COUNTY FOSTER YOUTH ARE LGBTQ?

Once survey weights were applied, we estimated that 19.1% of the Los Angeles foster care youth population ages 12-21 years are LGBTQ (approximately 17.0% among youth ages 12-16 years and 22.2% among youth ages 17-21 years) – meaning approximately 1,409 youth in care in LA-DCFS are LGBTQ. This estimate includes 13.4% of youth who identify as LGBQ, 5.6% who identify as transgender, and 13.2% who report some level of same-sex attractions. The

estimate of the total LGBTQ population removes overlap created by respondents who fit more than one category (e.g., a transgender lesbian-identified youth would only be counted once in this overall estimate of LGBTQ youth). Using Figure 1 to identify the sub-populations that make up the intersections of these three variables, the unweighted LGBTQ status count = $a+b+c+d+x+y+z$

FIGURE 1. CALCULATING LGBTQ STATUS



Further, among all youth regardless of sexual orientation or gender identity, 11.1% were categorized as gender nonconforming, 2.7% had been kicked out of or run away from their homes for being perceived as LGBTQ or as gender nonconforming, and 18.5%

reported experiencing discrimination related to their transgender identity, sexual minority status, or gender expression. See Figure 2, and Tables 3.1 and 3.2 for estimates and confidence intervals.

FIGURE 2. POPULATION PROPORTION ESTIMATES OF SEXUAL AND GENDER MINORITY STATUSES

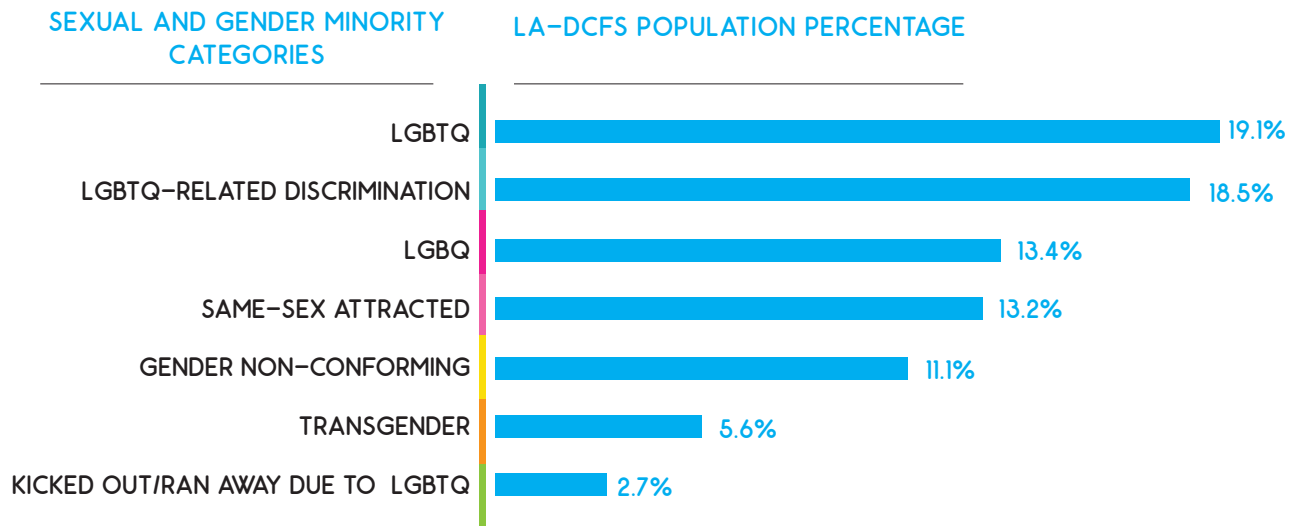


TABLE 3.1 POPULATION PROPORTION ESTIMATES OF SEXUAL AND GENDER MINORITY STATUSES

	PROPORTION ESTIMATE/ SAMPLE SIZE	95% CONFIDENCE INTERVAL LOWER LIMIT, UPPER LIMIT
LGBTQ	19.1%/n=684	16.26, 22.03
LGBQ	13.4%/n=758	11.04, 15.76
Transgender	5.6%/n=756	3.95, 7.24
Same-sex attracted	13.2%/n=739	10.83, 15.49
Gender nonconforming	11.1%/n=755	8.85, 13.34

TABLE 3.2 POPULATION PROPORTION ESTIMATES OF LGBT STATUS–RELATED DISCRIMINATION

	PROPORTION ESTIMATE/ SAMPLE SIZE	95% CONFIDENCE INTERVAL LOWER LIMIT,UPPER LIMIT
Experienced LGBTQ-related discrimination	18.5%/n=651	15.58, 21.67
Kicked out of their homes related to sexual or gender minority status	2.7%/n=786	1.65, 3.84

Below, we present descriptive data for each of these constructs to provide greater context of the findings for research question one

SEXUAL ORIENTATION

As mentioned earlier, we assessed sexual orientation through one question about sexual identity and two questions about romantic attraction. Our first question allowed youth to report their sexual orientation identity as straight or heterosexual, gay or lesbian, bisexual, “I’m not sure yet” or “I don’t know what the question means.” The two part attraction questions asked participants whether they are romantically attracted to boys/men and whether they are romantically attracted to girls/women.¹⁶

We operationalized LGBQ-identified as a response to the one identity question that indicates a non-heterosexual or a questioning identity. We estimated that 13.4% of youth self-identified as ‘lesbian’, ‘gay’, ‘bisexual’ or ‘questioning’ (LGBQ) in the LA-DCFS population. Looking at each identity category, 3.8% of participants identified as gay or lesbian, 7.3% of participants identified as bisexual, and 86.6% of participants identified as straight or heterosexual.

The 2.4% of participants that reported “I am not sure yet” made up the ‘questioning’ category. Those who indicated they did not understand the question were removed from the denominator.

While 13.4% of youth self-identified as LGBQ, 13.2% were estimated to have some level of same-sex attraction (exclusively same-sex or same and other sex). The data reported for LGBQ-identified youth and for levels of same- sex attraction highlight that while these constructs are very much connected, they are not the same. Within these two groups, gender, ethnicity, and age distributions are similar, though not equal. For example, a greater percentage of youth who reported being same-sex attracted are in group care than those that identified as LGBQ. See Table 3.3 for weighted age group breakdown for responses to sexual orientation questions and 3.4 for demographics of who comprises the sexual minority population

¹⁶ For variables that required a comparison between a reported identity or behavior and their gender, such as same-sex attraction or gender non-conformity, respondents’ birth sex was used as the referent gender. We assumed that experiences of psychological and structural forms of discrimination were more likely to be a function of the expectations of behaviors, mannerisms, and dress associated with their sex assigned at birth than their current gender identity.

TABLE 3.3 SEXUAL ORIENTATION BY AGE GROUP

	12-16 YEARS OLD	17-21 YEARS OLD	TOTAL SAMPLE
	%	%	%
LGBQ	n=462	n=296	n=758
Gay or Lesbian	1.7	7.0	3.8
Bisexual	6.8	8.0	7.3
I am not sure yet (questioning)	3.0	1.3	2.4
Non-LGBQ (Straight or Heterosexual)	88.5	83.7	86.6
Same-sex attracted	n=449	n=290	n=739
Same-sex only	1.2	7.1	3.6
Same-and other sex attracted	8.5	11.3	9.6
Different-sex attracted only	90.2	81.6	86.8

Sexual orientation varied by assigned sex. Among foster care youth, an estimated 15% percent of male-assigned youth identify as LGBQ, while 23.2% percent of female-assigned youth identify as LGBQ. This finding corresponds with the data presented in Table 3.4 showing that more than two thirds of the LGBQ and same-sex attracted youth were assigned female at birth. The demographic make-up of the participants who identified as LGBQ and same-sex

attracted maintained a racial and ethnic distribution similar to the demographics of the total sample. Thus, the majority of LGBQ-identified and same-sex attracted youth in the sample were youth of color. Further, about 8% of LGBQ-identified and 9% of same-sex attracted youth reported being born outside of the U.S. and nearly one fifth in both groups had a biological mother or father that had been born outside of the U.S.

TABLE 3.4 SEXUAL MINORITY DEMOGRAPHICS

	LGBQ	SAME-SEX ATTRACTED
	n=102	n=98
Sex assigned at birth		
Female	69.2	69.5
Male	31.9	30.5
Race/Ethnicity		
Latino	52.6	49.0
American Indian	1.3	3.0
Asian/Pacific Islander	3.3	3.1
Black	27.2	31.3
White	10.6	7.3
Bi/Multi racial or ethnic	4.8	6.4
Born out of U.S.	8.1	9.3
At least one bio parent born out of U.S.	29.4	29.4
Group home or residential facility	28.6	24.8
Age [mean in yrs.(SD)]	16.1 (.21)	16.6 (.19)

GENDER IDENTITY

We asked participants two questions related to gender identity. Our survey questions on gender identity allowed youth to report a current gender that is different from their sex assigned at birth. Further, they were allowed to choose as many categories as they felt appropriate for current gender, for example, “transgender” and “girl.” In Table 3.5, we present the distribution of gender identities in terms of who identified their assigned sex at birth as female and their current gender identity as “girl” (cisgender girl), identified their assigned sex at birth as male and their

current gender identity as “boy” (cisgender boy), identified their current gender as “transgender,” indicated a current gender (boy or girl) different from their sex assigned at birth (female or male), or responded “I am not sure yet” in response to the current gender identity question.

For our analyses, we operationally defined “transgender” as a youth whose current gender identity was transgender, or if their current gender was different from their sex at birth, or if they responded to the current

gender question with “I am not sure yet.” These three ways of defining transgender status fit current research on transgender identity in which the focus is both on self-defined transgender status as well as a sense that one’s current and chosen gender identity is other than that which was assigned to them at birth. Using this definition, “transgender” in this report as a status represents both a self-claimed transgender identity as well as what Irvine (2010) calls a gender nonconforming identity in that the sex assigned at birth is not the same

as the current gender identity, whether that the current gender identity is transgender, girl, boy, unclear, or fluid. Applying this framework, transgender youth made up 5.6% of the total sample.¹⁷ Similar to the sexual orientation dimensions, the majority of transgender youth in foster care in LA-DCFS are youth of color. However, the sex assigned at birth distribution is more equal among trans youth than among the sexual minority groups (Table 3.6).

TABLE 3.5 GENDER IDENTITY BY AGE GROUP

	12–16 YEARS OLD n=466	17–21 YEARS OLD n=290	TOTAL SAMPLE n=756
	%	%	%
Cisgender girl	48.6	53.8	50.6
Cisgender boy	45.2	41.5	43.8
Transgender			
Transgender Identified	0.8	0.2	0.6
Current gender different from sex assigned at birth	3.7	2.3	3.1
I am not sure yet	1.8	2.0	1.9

¹⁷ The investigators have noted that there are a significant number of respondents categorized as transgender using the definition of incongruence between their sex assigned at birth and current gender identity in this sample compared to prior research on estimates of transgender populations. It is also noted that there appear to be higher proportions of transgender respondents who are Latino and lower percentage for whom English is their primary language (84% among transgender youth vs. 93% among cisgender youth). For the purposes of the current report, we retain these participants in the transgender category because a) no data on the survey administration process indicated that there was a systematic response bias, and the response options to the current gender question were presented in random order to each respondent; b) all participants who participated passed the consent comprehension assessment, indicating they understood English enough to participate fully; c) respondents had the option to select “I don’t know what this question means”; and d) there are no population level data that indicate we should expect transgender status to be evenly distributed across ethnicities. Nonetheless, further work to understand the relationships between culture, language, and transgender status among youth should be undertaken.

TABLE 3.6 GENDER MINORITY DEMOGRAPHICS

	TRANSGENDER
	n=41
	%
Sex assigned at birth	
Female	52.6
Male	47.4
Race/Ethnicity	
Latino	68.4
American Indian	2.5
Asian/Pacific Islander	6.6
Black	19.5
White	0
Mixed Race	3.0
Born out of U.S.	11.2
At least one bio parent born out of U.S.	38.5
Group Home or Residential Facility	19.6
Age [mean in years (SD)]	15.3 (.32)

To answer the primary research questions, we created a “LGBTQ” category by combining those who self-identified as LGBQ, those who reported some level of same-sex attraction, and those we classified or self-identified as transgender. The overall demographics of LGBTQ youth are shown in Table 3.7, again indicating that the sexual and gender minority youth population

is predominantly comprised of both younger and older girls who are ethnic minorities, and appear to be in group home settings more so than the general population of LA-DCFS.

TABLE 3.7 WEIGHTED LGBTQ AND TOTAL SAMPLE DEMOGRAPHICS

	LGBTQ	TOTAL SAMPLE ^{18,19}
	%	%
	n=130	n=786
Sex assigned at birth		
Female	61.4	53.5
Male	38.6	46.5
Race/Ethnicity		
Latino	54.6	56.9
American Indian	3.0	1.9
Asian/Pacific Islander	2.9	2.8
Black	28.5	23.4
White	6.4	9.4
Bi/Multi racial or ethnic	4.7	5.4
Born out of U.S.	9.7	7.9
At least one bio parent born out of U.S.	32.4	38.5
Age Category		
12-16 years old	52.3	62.4
17-21 years old	47.7	37.6
Age [mean in yrs.(SD)]	16.2 (1.7)	5.6 (.08)

¹⁸ Total sample figures include all respondents, including those who may not have answered the sexual orientation, attraction, or gender identity questions. The authors chose to present the weighted LGBTQ population data in comparison to the total sample (rather than presenting the LGBTQ population compared to the non-LGBTQ sample) because it is more likely that current work is being done based on the demographics of the full foster youth population, and the authors wanted to highlight where the LGBTQ population differs.

¹⁹ This column represents weighted overall sample data to provide a best possible approximation of the population from which it is drawn, resulting in different figures from the unweighted data presented in Table 2.1.

GENDER EXPRESSION

Another important indicator related to LGBTQ status is gender expression, and in particular, levels of gender conformity. As described above, we asked two questions about gender expression that allowed youth to indicate their level of masculinity or femininity on a scale of 1 to 9. Using prior research on the experiences of gender nonconforming youth in the context of mental health outcomes and bullying (Roberts, Austin, Corliss, Vandermorris, & Koenen, 2012), we defined a participant as gender nonconforming if they scored in the top decile above the median on the one gender expression scale that in the dominant culture is seen as discordant with their sex assigned at birth. For both groups, the median response on the scale that would

define their primary level of nonconformity (feminine for males, and masculine for females) was 1. The score required for a youth to be coded as gender nonconforming (i.e., the top decile point) was 7 on both scales. For example, a youth was categorized as being gender nonconforming if they were assigned female at birth and scored at least a 7 on the masculine scale. Between 9.3%-13.4% of youth across age groups and assigned sexes reported being perceived as gender nonconforming using this measure. Table 3.8 presents the percentages of gender nonconformity for the two sex assigned at birth groups by age.

TABLE 3.8 PERCENTAGE OF GENDER NONCONFORMITY BY AGE GROUP AND SEX ASSIGNED AT BIRTH

	12–16 YEARS OLD	17–21 YEARS OLD
n=684	%	%
Gender Nonconforming		
Assigned female at birth	10.8	9.9
Assigned male at birth	13.4	9.3

DISCRIMINATION BASED ON PERCEIVED SEXUAL OR GENDER MINORITY STATUS AND GENDER EXPRESSION

As noted earlier in Table 3.2, nearly 3% of the overall foster care youth population are estimated to have ever been kicked out of or run away from their homes for issues related to sexuality, gender identity and gender expression, regardless of whether they were LGBTQ. Among LGBTQ youth specifically, 7.5% report this form of anti-LGBTQ bias experience. When we examined this variable further, findings indicated that some sub-groups experienced this at particularly high levels (Table 3.9). For example, 12% of LGBTQ youth ages 17-21 indicated that they had been kicked out of or ran away from a home or placement due to perceptions that they

were LGBTQ or due to their gender expression. Also significant, 2% of non-LGBTQ youth in the same age group also responded that they had been kicked out or ran away due to their perceived sexual orientation, gender identity or gender expression. These responses reflect whether this incident had ever happened and do not necessarily mean that this happened while in foster care, yet indicate that LGBTQ-related stigma and oppression are not experienced by youth in foster care solely by the group traditionally targeted for LGBTQ services.

TABLE 3.9 EVER KICKED OUT OF OR RAN AWAY FROM HOME OR PLACEMENT DUE TO LGBTQ STATUS

	12-16 YEARS OLD	17-21 YEARS OLD
n=684	%	%
Kicked out of home or ran away		
LGBTQ	3.4	12.1
Non LGBTQ	1.4	2.0

We also asked participants a series of questions about whether they perceived that others had ever treated them poorly and whether or not this poor treatment seemed to be in relationship to various aspects of themselves (see unweighted values for this variable in Table 2.2). As noted in Table 3.2, 18.5% of all youth reported having experienced some form of discrimination based on people’s perceptions of their LGBT status or

their expression of masculinity or femininity. Among LGBTQ youth, 37.7% reported poor treatment connected to their gender expression, sexual minority status, or transgender status. However, it is again notable that youth who do not identify as LGBTQ also report experiencing this LGBTQ-related stigma and oppression, though clearly at lower rates than LGBTQ youth (Table 3.10).

TABLE 3.10 FREQUENCIES OF DISCRIMINATION BASED ON PERCEIVED SEXUAL, GENDER IDENTITY, OR GENDER EXPRESSION

	12-16 YEARS OLD	17-21 YEARS OLD
n=684	%	%
Experienced LGBT or gender expression related discrimination		
LGBTQ	29.5	46.3
Non LGBTQ	14.6	14.2

RESEARCH QUESTION 2: IS THE PERCENTAGE OF FOSTER YOUTH WHO ARE LGBTQ LARGER THAN THE PERCENTAGE FOUND IN THE NON-FOSTER CARE POPULATION?

The findings indicate that LGBTQ youth are disproportionately overrepresented in out-of-home care in Los Angeles County. Most of the previous studies examining sexual orientation and gender identity among adolescents and young adults were conducted with school samples. As such, it is reasonable to assume that their samples included youth in foster care, though it is unclear how many or whether there were differences in sexual or gender identity between foster care status subgroups. Though previous studies do not target the exact corresponding non-foster care population of interest for this study, a few population-based studies provide useful approximate estimates.

In an analysis of the largest sample of people asked directly about their sexual and gender minority status, Gates and Newport (2013) reported that 6.4% of the U.S. adult population 18-29 years old identified as LGBT. The data used for these estimates were responses to the Gallup Daily tracking survey using one item that asked whether they identified as lesbian, gay, bisexual, or transgender – combining an assessment of sexual and gender minority status. Specific to youth, both the Youth Risk Behavior Surveillance System (YRBSS) and the National Longitudinal Study of Adolescent Health (Add Health Study) have provided estimates of sexual minority status among adolescents. Using YRBS data, Kann and colleagues (2011) assessed sexual orientation through both self-identification with a sexual minority label and sex of sexual partners across multiple states and districts that opted-in to include sexual orientation questions on their YRBS surveys. Though the exact wording of the sexual identity question varied among municipalities, they generally used one question about which sexual identity label the respondents would choose for themselves, similar to the item used in this study. They estimated that, across the locations using a sexual orientation survey item, a median of 93% identified as heterosexual, 3.7% identified as bisexual, and 2.5% were unsure about their sexual identity, and 1.3% identified as gay or lesbian. A collective median for the three sexual minority identities (gay/lesbian, bisexual, and questioning/unsure) was not

provided and it is not appropriate to simply add medi-ans for the purpose of the current study’s analyses. However, it is reasonable to assume given these data and the ranges reported that a median of approximately 7-8% identified with some sexual minority identity. Unfortunately, the Kann et al. (2011) study did not use Los Angeles YRBS data making it challenging to compare to the current data set. Specific to Los Angeles, reported 2013 YRBS data for Los Angeles Unified School District (LAUSD) indicate that 4.5% of middle school and 7.1% of high school students identify as gay, bisexual, or transgender (LAUSD, 2013). Again looking beyond Los Angeles, using Wave 1 of the Add Health data from 1995, Russell, Seif and Truong (2001) found similar rates of sexual minority status through an assessment of responses to items about romantic attraction, similar to those used in the current study. Among adolescents 12-19 years old, they estimated that 7.4% of boys and 5.3% of girls reported some level of same-sex attraction. Taken together, these studies of sexual orientation using identity and attraction measures would suggest that sexual minority youth and young adults make up somewhere between 6-8% of the U.S. youth population.

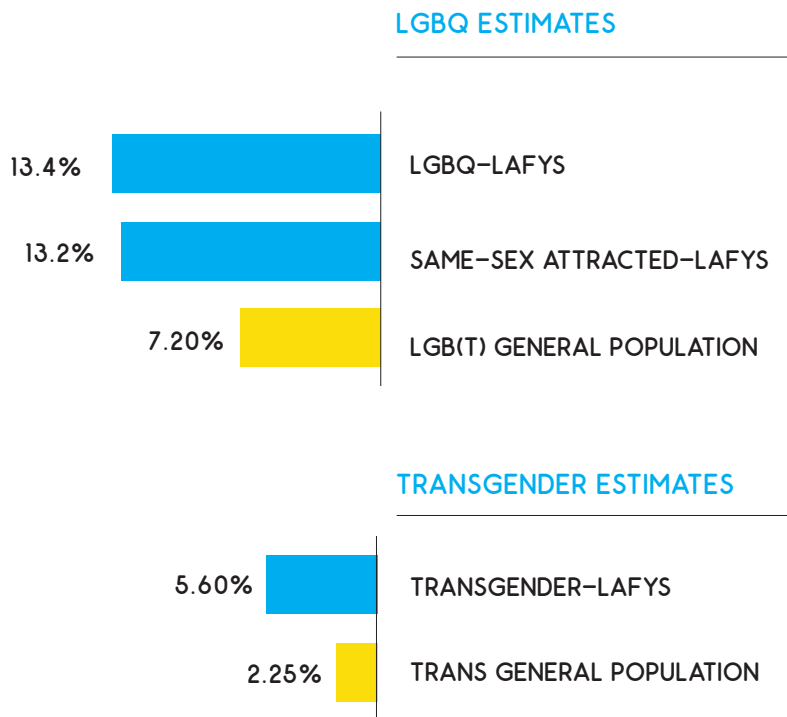
With regard to transgender status, population estimates are more challenging to identify because transgender status alone is not yet uniformly included on any national or statewide probability sample surveys of youth. However, some studies do provide estimates to consider in relation to the current study. For example, the Boston Youth Survey (BYS) conducted a probability survey of the city school district and used a single item approach to assess transgender status. Analyses of BYS reported in a peer-reviewed publication indicated that 17 out of 908 (1.7%) youth 13-19 years old identified as transgender (Almeida, Johnson, Corliss, Molnar, & Azrael, 2009). In a recent pilot using a nationally representative online survey, 1.4% of the year 1 and 3.2% of the year 2 samples identified as transgender (Greytak, 2013). Finally, the San Francisco Unified School District was the first to include both sexual orientation and gender identity on their middle and high school YRBS instruments. In 2011, they self-

published reports indicating that 1.3% of middle school and 1.6% of high school students identified as transgender (SFUSD, 2011). Taken together, these studies of transgender status within local probability surveys or national convenience sample surveys would suggest that transgender youth make up somewhere between 1.3- 3.2% of the U.S. youth population.

Figure 1 represents the estimates identified in other national, state, or local studies of the general population of youth and young adults, with interval whiskers at the previously assessed extremes (6.4 – 8% for sexual

orientation and 1.3- 3.2% for transgender status). Thus, depending on the population estimates used, there are anywhere from 1.5 to 2 times more LGBTQ youth living in out-of-home care in Los Angeles than in the non-foster care population of youth and young adults (Figure 3). Though there are a number of limitations inherent to using prior research using various survey questions and sampling techniques to compare to the current study, regardless of the population estimate used, LGBTQ youth appear to be disproportionately represented at high rates within the foster care system.

FIGURE 3. LAFYS POPULATION ESTIMATES COMPARED TO NON-FOSTER CARE ESTIMATES



RESEARCH QUESTION 3: DO LGBTQ AND NON-LGBTQ YOUTH IN FOSTER CARE DIFFER ON KEY FACTORS RELATED TO PERMANENCY AND WELLBEING?

In response to the final research question, we examined differences between the LGBTQ and non-LGBTQ groups with regards to key foster youth outcomes or factors, such as number of placements and amount of time in foster care. We also examined how these groups differed in terms of wellbeing, and experiences

with schooling, homelessness, and the juvenile justice or criminal justice system. The experiences of LGBTQ youth in foster care do not seem different from non-LGBTQ youth across most of lived experience areas that we included in our survey.

However, there were some statistically significant differences on four key indicators.²⁰ Specifically, LGBTQ youth have an estimated higher average of foster care placements, reported being treated less well by the child welfare system, have been hospitalized

for emotional reasons at some point in their lifetime, and were more likely to have been homeless at some point in their life (see Table 4.1). For a full description of question wording, please see the survey instrument in Appendix A.

TABLE 4.1 DIFFERENCES BETWEEN LGBTQ AND NON-LGBTQ ON RISKS TO PERMANENCY & WELLBEING

FACTOR	MEAN(se) or %		TEST STATISTIC
	LGBTQ	NON LGBTQ	
Total # of placements²¹	2.85(1.1)	2.43(1.03)	t(682)= 2.19*
# of placements in last year	1.05(.14)	.89(.07)	t(682)= 1.07
Total years in foster care	5.56(.50)	5.20(.22)	t(682)= .65
Currently in group home	25.7%	10.1%	F(1, 682) = 23.84***
Treatment by foster care system			F(3.00, 2044.44)= 3.57 *
Very well	51.10%	61.02%	
Somewhat well	35.14%	32.87%	
Not very well	12.93%	5.78%	
Hospitalized	38.80%	31.17%	F(1, 682) = 2.97†
Reason for hospitalization			F(3.99, 2724.52)= 7.81 ***
Emotional reasons	13.47%	4.25%	
Physical reasons	13.60%	21.87%	
Emotional and physical reasons	11.04%	4.16%	
Ever been arrested	25.74%	22.17%	F(1.97, 1345.69)= 0.49
Ever been homeless	21.09%	13.90%	F(2.00, 1362.72)= 4.57*
Times suspended from school	.73(.57)	.57(.11)	t(682)= .76
Times expelled from school	16 (.16)	.05(.02)	t(682)= .70

Note. * = $p < .05$, **= $p \leq .01$, ***= $p < .001$, †= $p < .10$. Standard Deviations appear in parentheses next to the means.

²⁰ All inferential statistics were conducted taking into account the stratified survey design.

²¹ Geometric means reported; conducted test of mean difference with log transform of outcome variable to adjust for highly skewed data.

LIMITATIONS

There are a few limitations to the study that need to be noted to contextualize the findings. During the initial survey administration, a larger number of cases than anticipated were “non-locatable” (44%), indicating that the contact information provided by DCFS was not currently accurate. In order to reach our desired sample size, DCFS conducted a second extraction of data (randomly without replacement) and provided information for an additional sample of youth. The high number of cases that were unable to be contacted creates a potential and unknown sample bias. We assume that the distribution of cases that were deemed “non-locatable” was random with regard to sexual orientation and gender identity and not significantly different from the cases that were locatable. But this assumption may not be true if, for example, LGBTQ youth are more likely to be moved around among placements and therefore less likely to have correctly updated information. If this were the case, then the current point estimates would represent an undercount of the proportion of foster care youth who are LGBTQ.

Another key limitation is that the survey was only available in English. This was appropriate given the limits of resources, which made conducting field tests of multiple versions of the survey in various languages unfeasible. However, we recognize this may have reduced our understanding of LGBTQ foster youth who do not comprehend English at a level that made them eligible for the survey.

Additionally, the questions asking if youth had ever been hospitalized, arrested, or homeless did not ask youth

to specify if these events took place while they were in foster care, so it is possible that these events preceded and possibly contributed to youths’ entry into foster care.

One of the key research questions focused on evidence for claims of disproportionality of LGBTQ youth in foster care. Available data seem to suggest that the answer to this question is yes. However, a clear limitation in our ability to answer this question is the availability of data on sexual orientation and gender identity and expression among a population that matches the population from which we drew the sample. That is, we are not able to directly compare our findings to a probability sample of youth ages 12-21 years in Los Angeles County who are not in foster care who responded to interview items worded the same as they were in this study.

Finally, it is important to recognize that these estimates were formulated in a study of one large urban county child welfare service department. It is possible that levels of disclosure of sexual and gender minority statuses are higher and levels of experienced anti-gay and anti-trans bias are lower in urban areas where more explicit work is done around improving climates for LGBTQ youth. However, this may not be the case and more research is needed to understand the experiences of foster youth in other locations and to assess the usefulness of the methodology and generalizability of the results beyond Los Angeles County.

VI. DISCUSSION

The Los Angeles Foster Youth Survey is the first study designed primarily to empirically document the proportion of LGBTQ youth in a child welfare system using a random sample and Computer Assisted Telephone Interviewing. The study assessed the proportion of LGBTQ-identified youth in the care of the Los Angeles Department of Children and Family Services, one of the largest metropolitan jurisdictions

in the country. The data indicate that 19.1% of foster youth identify as LGBTQ, making them significantly over-represented among LA foster youth. For example, U.S. population estimates of LGBT identification range from 3.4%-7.75% (Russell et al., 2001; Gates & Newport, 2013).

The majority of youth within the LGBTQ foster youth population were youth of color, indicating that many of them likely face both racial and anti-LGBTQ discrimination. Further, across age and sex groups, 9.3-13.4% of youth in the sample were classified as gender nonconforming. Future research needs to examine how subgroups of gender nonconforming youth may experience foster care differently. Transgirls, that is gender nonconforming youth who now identify along the feminine spectrum, may be especially vulnerable to discrimination based on gender conformity as studies show that parents have a stronger negative reaction to gender atypicality among male- assigned at birth children (D'Augelli, Grossman, & Starks, 2008; Galambos, Almeida, & Peterson, 1990) and transgirls are often more visible within systems (Irvine, 2010).

Despite their overrepresentation among foster youth, LGBTQ youth have been relatively invisible within the system because of barriers to disclosure and a lack of data collection. In order to meet the needs of LGBTQ youth, caregivers may need to know about a youth's identity. However, many youth may not feel safe identifying themselves as LGBTQ or sharing about their attractions and gender identities with child welfare workers and caregivers. Such reluctance is understandable given that this study found that 12% of foster youth ages 17-21 years had been kicked out of their house or run away due to their identified or perceived sexual orientation or gender identity. Other research has found that family rejection based on sexual orientation has been associated with higher rates of suicide, depression, illegal drug use, and risky sexual behavior (Ryan et al., 2009). In order to reduce barriers to disclosure, caregivers need to be trained on ways to ask about sexual orientation and gender identity and to have the skills to assure that if youth want to disclose an LGBTQ identity, that identity will be accepted and affirmed by the caregiver.

A lack of systematic data collection has also contributed to the invisibility of LGBTQ youth in the system. The results of this study of foster youth, as well as studies of the general youth population since the 1980's (Reis & Saewyc, 1999; Remafedi et al., 1992; Russell & Joyner, 2001; Russell, et al., 2001) show that it is possible to systematically collect sexual orientation and gender identity data among youth. Just like any other minority

demographic data, collecting sexual orientation and gender identity data helps policymakers and providers understand disparities and make informed resource allocation decisions. However, given the vulnerability of youth within systems of care, precautions must be taken to collect only the data that are needed and to protect confidentiality of the information.

LA-DCFS states that "Achieving timely permanency for every child in out-of-home care is a top priority" (LA-DCFS, 2011). Although permanency can look different for each youth, at minimum it involves the creation of a safe, stable, and secure relationship with at least one committed adult care provider. The study results revealed a few indicators of significantly greater barriers to permanency among LGBTQ youth when compared with non-LGBTQ youth. LGBTQ youth in the sample reported higher numbers of placements, a risk factor to not obtaining permanency and to wellbeing in general. Additionally, LGBTQ respondents were more than twice as likely to report that the foster system treated them "not very well." This finding supports anecdotal accounts of prejudice in the child welfare system such as deeming LGBTQ youth "unadoptable" or blaming their being "out" for the harassment and abuse from others (Wilber, Ryan & Marksamer, 2006).

LGBTQ youth were marginally more likely to have been hospitalized in general, and significantly more likely to have been hospitalized for emotional reasons. Prior studies have shown that identity-specific stressors contribute to higher rates of depression, mood disorders, and suicidality among LGBTQ youth, which may be related to being hospitalized for emotional reasons (Spirito & Esposito-Smythers, 2006). Unmet mental health needs may also be an additional barrier to permanency for LGBTQ youth if caregivers are less likely to be accepting of youth in emotional distress. Additionally, LGBTQ respondents were more likely to have been homeless, kicked out, or run away. This is consistent with previous evidence that LGBTQ youth leave their homes at nearly double the rate of non-LGBTQ youth (Cochran, 2002) and may choose to spend time on the streets because they felt safer there than in their group or foster home (Feinstein et al., 2001).

VII. IMPLICATIONS

IMPLICATIONS FOR POLICYMAKERS AND PRACTITIONERS:

Understanding disproportionality:

The study findings indicate that the proportion of foster youth in Los Angeles County who identify as LGBTQ is disproportionately high, which suggests that this is an important demographic factor. Policies and procedures need to be developed that will make it possible to integrate questions about sexual orientation, gender identity, gender conformity, and discriminatory experiences related to these social statuses into the existing demographic data collection, interview processes (with regard to intake, service planning, and transition) and case review processes in ways that ensure confidentiality when sharing and recording this information and involve raising competencies of child welfare workers to collect information respectfully and accurately.

Implications for permanency:

LGBTQ youth in this sample significantly differed from their non-LGBTQ counterparts with regard to the number of placements, rates of homelessness, hospitalization for emotional reasons, and likelihood of living in group settings. All of these suggest that LGBTQ youth face unique barriers to—and may require different strategies to achieve—permanency. Because LGBTQ youth are disproportionately represented in out-of-home care and have reported these disparities, public child welfare systems and the private providers with whom they contract must provide additional consideration for how sexual orientation and gender identity affect this constellation of experiences. Further, given that a third of the respondents had immigrant parents, family-based interventions must be designed taking those specific cultural and regulatory issues associated with being from an immigrant family into account.

Addressing systemic and interpersonal level oppressions:

The reported experiences with discrimination and the permanency-related disparities within the sample highlight the need to address sexuality and gender minority status-related competencies within the child welfare system workforce and among caregivers. In addition, the demographic diversity displayed by the sample points to a need to interweave into those cultural competencies ways to address racial disparities and to address the particular kind of marginalization which occurs at the intersection of race (culture, ethnicity) and sexual orientation and/or gender identity. Addressing the roles that racism, heterosexism, and anti-trans bias play in creating these disparities, in the interest of potentially improving permanency outcomes, requires a multi-pronged approach that examines how oppressions operate at structural and institutional levels (e.g., within policies, families, public spaces, and organizational cultures), as well as at the level of interpersonal and workforce interactions.

Implications for cost avoidance:

LGBTQ youth in this sample were overrepresented in the child welfare system, particularly in congregate care settings, moved significantly more (causing additional work for social workers), and were hospitalized for emotional reasons at a higher rate. These findings all correlate to additional costs – higher rates paid for extensive group care stays and hospital stays and additional administrative burden on staff when youth move. Addressing the needs of LGBTQ youth in care such that their experiences begin to approximate those of their non-LGBT counterparts will result in much-needed cost avoidance for already over-burdened child welfare systems.

IMPLICATIONS FOR RESEARCHERS:

Refining research methods:

Future research should continue to refine methods for assessing sexual orientation, gender identity, and gender expression among foster youth. This includes further examination of the best practices for basic research procedures (like the ones used for this study). But, it also includes further assessments of whether there are confidential strategies for integrating assessment of sexual orientation and transgender status into public data systems in ways that protect youth and remain flexible for expected shifts in youths' sense of selves throughout adolescence.

Public sector collaboration and data management: Now that a precedent has been set and there is evidence that these questions can be asked of foster youth as young as 12 years of age in a safe, private and non-stressful way, counties, courts and IRBs should allow linkage to case data of the participants so that data systems can be mined to gather and analyze far more information about the status, experience and outcomes of LGBTQ youth in foster care in connection to standardized administrative data.

Future surveys with further depth:

Future surveys should inquire about other details of youth's lives to provide a more nuanced picture and to allow for more comparisons between LGBTQ youth's experiences in the system and their non-LGBTQ counterparts. Important areas to ask future survey participants about include conditions surrounding entry into care, permanency rates, family relationships and reactions to LGB sexual orientation and/or gender nonconformity, and differences in experience by placement setting, as well as assessments of how race, culture, sex, and gender interact to affect these factors. Additionally, identification of theoretically relevant resiliency factors would further the field's understanding of how some

LGBTQ youth may also be thriving and transitioning out of foster care into permanency.

Looking within LGBTQ:

More research needs to be done to examine within group comparisons, such as the differences in experiences between the various sexual and gender minority sub-groups (i.e., differences between L, G, B, and T), and how these experiences look similar or different across gender and ethnic/racial groups. Finally, the data also indicate a need to understand the importance of understanding differences between gender expression and identity, since not all gender nonconforming youth identified as LGBTQ, but may face much of the same discrimination based on perceptions of sexual identity and due to rigid dominant cultural norms around gender expression.

In sum, the results of the Los Angeles County Foster Youth survey revealed a significant LGBTQ foster youth population in LA County that experiences unique barriers to high quality care and permanency within the foster care system. To care for the now-established significant population of LGBTQ foster youth, further research needs to be conducted on this population, and policymakers and caregivers need to undertake coordinated efforts to address outcome disparities. Addressing these disparities will not only improve the lives of the LGBTQ children and their families who have come to the attention of the child welfare system, it will also provide significant cost avoidance to child welfare systems that already face resource constraints.

REFERENCES

- Almeida, J., Johnson, R. M., Corliss, H. L., Molnar, B. E., & Azrael, D. (2009). Emotional distress among LGBT youth: The influence of perceived discrimination based on sexual orientation. *Journal of Youth and Adolescence, 38*(7), 1001–1014.
- American Association for Public Opinion Research (AAPOR). 2011. *Standard definitions: Final dispositions of case codes and outcome rates for surveys*. 7th edition. Deerfield, IL: AAPOR.
- CASA. (2009). *Helping courts serve the best interests of LGBTQ youth*. Casa Connections Newsletter. Seattle, WA: National Court Appointed Special Advocate Association. Retrieved from: http://nc.casaforchildren.org/files/public/site/publications/TheConnection/Fall2009/Full_Issue.pdf
- Cochran, B. N., Stewart, A. J., Ginzler, J. A., & Cauce, A. M. (2002). Challenges faced by homeless sexual minorities: Comparison of gay, lesbian, bisexual, and transgender homeless adolescents with their heterosexual counterparts. *American Journal of Public Health, 92*(5), 773-777.
- D'Augelli, A.R., Grossman, A.H., & Starks, M. T. (2008). Gender atypicality and sexual orientation development among lesbian, gay, and bisexual youth. *Journal of Gay & Lesbian Mental Health, 12*(1-2), 121–143.
- Dworsky, A., & Hall, C. (2013). *The economic wellbeing of lesbian, gay, and bisexual youth transitioning out of foster care* (No. 7635). Princeton, NJ: Mathematica Policy Research.
- Federal Interagency Forum on Child and Family Statistics. (2013). *America's children: Key national indicators of well-being 2013, children of at least one foreign-born parent*. Retrieved from: <http://www.childstats.gov/americaschildren/famsoc4.asp>
- Feinstein, R., Greenblatt, A., Hass, L., Kohn, S., & Rana, J. (2001). *Justice for all? A report on lesbian, gay, bisexual and transgendered youth in the New York juvenile justice system*. Retrieved from: <http://equityproject.org/pdfs/justiceforallreport.pdf>
- Friedman, M. S., Koeske, G. F., Silvestre, A. J., Korr, W. S., & Sites, E. W. (2006). The impact of gender-role nonconforming behavior, bullying, and social support on suicidality among gay male youth. *Journal of Adolescent Health, 38*(5), 621-623.
- Galambos, N. L., Almeida, D. M., & Petersen, A. C. (1990). Masculinity, femininity, and sex role attitudes in early adolescence: Exploring gender intensification. *Child Development, 61*(6), 1905-1914.
- Gates, G. J., & Newport, F. (2012). *Special report: 3.4% of US adults identify as LGBT*. Gallup, Inc.
- Gordon, A. R., & Meyer, I. H. (2008). Gender nonconformity as a target of prejudice, discrimination, and violence against LGB individuals. *Journal of LGBT Health Research, 3*(3), 55–71.
- Greytak, E. (2013). *How do you ask the question? Assessing sex and gender in a national sample of adolescents*. Paper presented at the 27th Annual American Evaluation Association. Washington D.C.
- Hunter, J. (1990). Violence against lesbian and gay male youths. *Journal of Interpersonal Violence, 5*(3), 295-300.

- IBM Corp. (2013). IBM SPSS statistics for Windows, Version 22.0. Armonk, NY: IBM Corp.
- Irvine, A. (2010). "We've had three of them": Addressing the invisibility of lesbian, gay, bisexual and gender nonconforming youths in the juvenile justice system. *Columbia Journal of Gender and Law*, 19(1), 675-702.
- Kann, L., O'Malley Olsen, E., McManus, T., Kinchen, S., Chyen, D., Harris, W., & Wechsler, H. (2011). Sexual identity, sex of sexual contacts, and health-risk behaviors among students in grades 9–12: Youth Risk Behavior Surveillance, selected sites, United States, 2001–2009. *Mortality and Morbidity Weekly Report (MMWR)*, 60(SS07), 1-133.
- LA-DCFS. (2014). *Children in out-of-home placement*. Retrieved from: http://www.lacdcfs.org/aboutus/fact_sheet/DRS/December2013/OHC.htm
- LA-DCFS. (2011). *A guide to permanency options for youth*. Retrieved from: <http://lacdcfs.org/Permanency/documents/Permanency%20Option%20For%20Youth%20Print.pdf>
- LAUSD. (2013). *Data reports*. Retrieved from: <http://data.lausd.net/>
- Mallon, G. P. (1992). Serving the needs of gay and lesbian youth in residential treatment centers. *Residential Treatment For Children & Youth*, 10(2), 47-61.
- Mallon, G. P. (1998). *We don't exactly get the welcome wagon: The experiences of gay and lesbian adolescents in child welfare systems*. New York, NY: Columbia University Press.
- Mallon, G.P. (Ed.) (2009). *Social work practice with transgender and gender variant youth*. New York, NY: Routledge.
- Reis, B., & Saewyc, E. M. (1999). *Eighty-three thousand youth: Selected findings of eight population-based studies as they pertain to anti-gay harassment and the safety and wellbeing of sexual minority students*. Safe Schools Coalition of Washington.
- Remafedi, G., Resnick, M., Blum, R., & Harris, L. (1992). Demography of sexual orientation in adolescents. *Pediatrics*, 89, 714-721.
- Roberts, A. L., Austin, S. B., Corliss, H. L., Vandermorris, A. K., & Koenen, K. C. (2010). Pervasive trauma exposure among US sexual orientation minority adults and risk of post traumatic stress disorder. *Journal Information*, 100(12), 2433-2441.
- Russell, S. T., & Joyner, K. (2001). Adolescent sexual orientation and suicide risk: Evidence from a national study. *American Journal of Public Health*, 91(8), 1276-1281.
- Russell, S. T., Seif, H., & Truong, N. L. (2001). School outcomes of sexual minority youth in the United States: Evidence from a national study. *Journal of Adolescence*, 24(1), 111-127.
- Ryan, C., Huebner, D., Diaz, R. M., & Sanchez, J. (2009). Family rejection as a predictor of negative health outcomes in white and Latino lesbian, gay, and bisexual young adults. *Pediatrics*, 123(1), 346-352.

- Sausa, L. A., Sevelius, J., Keatley, J., Iñiguez, J. R., & Reyes, M. (2009). *Policy recommendations for inclusive data collection of trans people in HIV prevention, care & services*. San Francisco, CA: Center of Excellence for Transgender HIV Prevention, University of California, San Francisco.
- Savin-Williams, R. C. (1994). Verbal and physical abuse as stressors in the lives of lesbian, gay male, and bisexual youths: associations with school problems, running away, substance abuse, prostitution, and suicide. *Journal of Consulting and Clinical Psychology, 62*(2), 261-269.
- Sexual Minority Assessment Research Team. (2009). *Best practices for asking questions about sexual orientation on surveys*. The Williams Institute. Available at: <http://williamsinstitute.law.ucla.edu/wp-content/uploads/SMART-FINAL-Nov-2009.pdf>
- SFUSD. (2011). *Keeping our LGBTQ youth safe and in school: 2011 youth risk behavior survey results*. San Francisco Unified School District. Available at: http://www.sfspeakersbureau.org/LGBTQ_websiteHealthSurvey1011.pdf
- Spirito, A., & Esposito-Smythers, C. (2006). Attempted and completed suicide in adolescence. *Annual Review of Clinical Psychology, 2*, 237-266.
- StataCorp. (2013). *Stata statistical software: Release 13*. College Station, TX: StataCorp LP.
- Tarnai, J., & Krebill-Prather, R. (2008). *2008 Survey of Washington state youth in foster care*. Pullman, WA: Social & Economic Sciences Research Center, Washington State University.
- Toomey, R. B., Ryan, C., Diaz, R. M., Card, N. A., & Russell, S. T. (2010). Gender-nonconforming lesbian, gay, bisexual, and transgender youth: School victimization and young adult psychosocial adjustment. *Developmental Psychology, 46*(6), 1580-1589.
- Wilber, S., Caitlin, R., & Marksamer, J. (2006). *CWLA Best Practice Guidelines*. Washington, DC: Child Welfare League of America.

AUTHORS

Bianca D.M. Wilson, Ph.D., the LAFYS Principal Investigator, is a Senior Scholar of Public Policy at The Williams Institute. She earned a Ph.D. in Psychology from the Community and Prevention Research program at the University of Illinois at Chicago (UIC) with a minor in Statistics, Methods, and Measurement, and received postdoctoral training at the UCSF Institute for Health Policy Studies and the UCSF Lesbian Health and Research Center through an Agency for Health Research and Quality (AHRQ) postdoctoral fellowship. Her research focuses on the relationships between culture, oppression, and health and wellbeing, particularly among sexual, gender, and racial minority youth.

Khush Cooper, MSW, Ph.D., the LAFYS Co-Principal Investigator, has had a successful career as therapist, social worker, non-profit administrator, quality executive, and researcher. She earned her PhD. in Social Work from UCLA. She is a teacher, public speaker, social scientist, certified mediator, and behavior modification specialist and she has considerable assessment and intervention experience with individuals and groups in organizational and therapeutic settings. Her primary focus is on nonprofit administration, motivation, quality and communication systems, research and analysis, evaluation, and diversity and cultural issues, including analysis of socio-economic policies, service delivery systems and evidence-based practices. Khush Cooper and her colleagues at Holarchy Consulting also led the writing and initial conceptualization of the grant that was awarded to The Center under the PII initiative.

Angeliki Kastanis, M.P.P., the LAFYS Study Coordinator, is a Policy Analyst at the Williams Institute, UCLA School of Law. She received her Master's in Public Policy from the Irving B. Harris School of Public Policy at the University of Chicago. Her work focuses on LGBTQ community demographics, the economic impact of marriage equality and various policy issues that affect LGBTQ youth. She has also led the design and development of original maps and data visualizations for a variety of Williams Institute projects.

Sheila Nezhad, M.D.P. is a public policy fellow at the Williams Institute. She earned her Master of Development Practice degree from the Humphrey School of Public Affairs at the University of Minnesota. At the Williams Institute, Sheila works on projects ranging from experiences of sexual and gender minorities in Nepal to suicide among LGBTQ teens and the legal needs of people living with HIV/AIDS in Los Angeles County. Before coming to the Williams Institute, Sheila worked as a community-based LGBTQ health researcher and a program evaluation consultant for international NGOs.

APPENDIX A. SURVEY INSTRUMENT

NOTE: *If the instrument is used, cite as: The Williams Institute & Holarchy Consulting (2013). Los Angeles Foster Youth Survey. Unpublished. Information on source of items is available upon request.*

INTRODUCTION AND COGNITIVE ASSESSMENT

LOS ANGELES FOSTER YOUTH SURVEY-PHASE II TELEPHONE QUESTIONNAIRE INTRO AND ASSENT

Again, we are helping UCLA with a research project on youth in foster care. The survey includes questions about basic information like age, ethnicity, sexual orientation, and other questions about your experiences in foster care. DCFS has given permission for you to participate. Even though they have said it is OK for you to participate, it is up to you if you want to talk to me.

Before you decide if you want to do the survey, there are a few things I need to tell you:

- The questions I will ask you are part of a research project. They are not required by your social worker.
- No one will be able to see how you answered the questions. Your name and other information will be kept separate from the survey answers.
- I will be asking you questions about basic information like age, ethnicity, sexual orientation, and other questions about your experiences in foster care.
- The interview will take between 15 and 20 minutes to complete, but could take up to half an hour.
- All of the information that you provide will be kept confidential. The only exception to this is if you are in danger of hurting yourself, threatening to hurt someone else, or are being hurt now, I will have to report it to a government agency for your protection.

JUST SO I'M ABSOLUTELY SURE YOU UNDERSTAND THIS, IF YOU TELL ME THAT YOU ARE BEING HURT, MAY HURT YOURSELF, OR YOU MAY HURT SOMEONE ELSE, WILL I HAVE TO REPORT IT TO A GOVERNMENT AGENCY?

1. YES

2. NO

[If youth answers "yes", continue]

OK THANK YOU.

[If youth answers "no", repeat the question using the following script]

LET ME REPEAT THE QUESTION. ALL OF THE INFORMATION THAT YOU PROVIDE WILL BE KEPT CONFIDENTIAL. THE ONLY EXCEPTION TO THIS IS IF YOU ARE IN DANGER OF HURTING YOURSELF, THREATENING TO HURT SOMEONE ELSE, OR ARE BEING HURT NOW, I WILL HAVE TO REPORT IT TO A GOVERNMENT AGENCY FOR YOUR PROTECTION.

NOW, IF YOU TELL ME THAT YOU ARE BEING HURT, MAY HURT YOURSELF, OR YOU MAY HURT SOMEONE ELSE, WILL I HAVE TO REPORT IT TO A GOVERNMENT AGENCY?

1. YES
2. NO

[If youth answers "yes", continue]

OK THANK YOU.

[If they answer "no" twice, Thank them for their time and participation and code out as IC]

- As mentioned in the letter we sent, you don't have to do this study. It's entirely up to you. No matter what you decide, no one will be mad at you. You can start the interview and then decide to quit at any time. Just tell me that you want to stop. If you want to skip a question, that's ok too.

BEFORE I GO ON, LET ME MAKE SURE THAT WHAT I'M TELLING YOU MAKES SENSE. DO YOU UNDERSTAND THAT DOING THE INTERVIEW IS COMPLETELY UP TO YOU?

1. YES
2. NO

[If youth answers "yes", continue]

OK THANK YOU.

[If youth answers "no", repeat the question using the following script:

LET ME REPEAT THAT. YOU DON'T HAVE TO DO THIS STUDY. IT'S ENTIRELY UP TO YOU. NO MATTER WHAT YOU DECIDE, NO ONE WILL BE MAD AT YOU. YOU CAN START THE INTERVIEW AND THEN DECIDE TO QUIT AT ANY TIME. JUST TELL ME THAT YOU WANT TO STOP. IF YOU WANT TO SKIP A QUESTION, THAT'S OK TOO.

DO YOU UNDERSTAND THAT DOING THE INTERVIEW IS COMPLETELY UP TO YOU?

[If they answer "no" twice, Thank them for their time and participation and code out as IC]

- You can answer the questions by saying the answer, pushing the number that goes with the answer, or saying the number that goes with the answer. Whatever is most comfortable for you.
- To protect your privacy, you should be on a phone where you are comfortable and can't be overheard by other people, or on a phone that allows you to push the numbers to respond.
- If not, I would be glad to call again later, or at a different number, or I can give you our toll free 800 number, and you can call us.
- If you feel more comfortable having someone in the room with you, (guardian, CSW, or clinician), during the survey, I would be glad to call again later, when you are both available.
- You will receive a \$10 gift card for participating in this survey.

ASSENT/CONSENT

Do you agree to do this interview?

1. YES - CONTINUE
2. WOULD PREFER A CALLBACK AT THIS NUMBER
3. WOULD PREFER A CALLBACK AT A DIFFERENT NUMBER 4. WANTS 800 NUMBER
91. OTHER

INTERVIEW ITEMS

DEMOGRAPHICS

Thank you again for being willing to talk to us. Remember that all of your answers to these questions will be kept confidential. No one will be told what you say, so feel free to answer them as honestly as you can. You may answer them using the buttons on their phone, or by saying the number out loud, or saying the answer out loud.

First, I have some basic questions about your background.

1. How old are you? _____ # years

- 8 don't know

2. What grade are you in? _____ grade

- 8 don't know

3. What is your zip code where you live now? _____

- 8 don't know

4. What is the language you speak most of the time?

- English
- Spanish
- Korean
- Armenian

5. Do you have a second language?

- Yes- >>>If Yes, go to 5b.
- No- >>>If Yes, go to 6.

5b. If yes, which one of the following is your second language?

- English
- Spanish

- Korean
- Armenian
- Tagalog
- Other _____

6. Were you born in the United States?

- Yes
- No
- I don't know

7. Where was your biological mother born?

- Mother was born outside of the U.S.
- Mother was born in the U.S.
- I don't know

Now, I am going to ask you a few questions about how you see yourself or how you identify. I want to remind you again that at any point you are welcome to respond using the number keys on your phone. For each response I will also give you a number code to press.

9. Do you identify as Hispanic or Latino?

- Yes
- No
- I don't know

10. Which term do you use to describe your race?

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- South Asian
- White
- Bi/multi racial or ethnic (allow skip to page where they select groups)
 - American Indian or Alaska Native
 - Asian

- Black or African American
- Hispanic/Latino
- Native Hawaiian or Other Pacific Islander or South Asian
- White
- 88Other_____

88 Other_____

8 don't know

11. What was your sex at birth? (Check one)

(IF NEEDED: what the doctor put on your birth certificate?) [SINGLE RESPONSE; DO NOT RANDOMIZE]

- Male
- Female
- 8 don't know

12. When you think about how you see yourself, which of the following terms best fits how you describe your gender? (Check all that apply) [RANDOMIZE]

- Girl
- Boy
- Trans or transgender
- I am not sure yet; or
- I don't know what this question means

13. Do you consider yourself to be:

- Straight or Heterosexual
- Gay or lesbian
- Bisexual
- I am not sure
- I don't know what this question means

14. Are you romantically attracted to boys/men?


- Yes
- No

I am not sure yet


I don't know what this question means

Many people describe themselves as some combination of feminine (girlish) and masculine (boyish) because of how we act, talk, or dress. The next two questions are about how you describe yourself.

16. On a scale from 1–9, where 1 is not at all feminine and 9 is extremely feminine, how would you describe yourself at this point in your life?"

1	2	3	4	5	6	7	8	9
Not at all feminine								Extremely feminine

17. On a scale from 1–9, where 1 is not at all masculine and 9 is extremely masculine, how would you describe yourself at this point in your life?"

1	2	3	4	5	6	7	8	9
Not at all masculine								Extremely masculine

LIFE EXPERIENCES

Now, I have a few questions about your general life experiences. Again, feel free to answer them as honestly as you can.

18. How many times have you been suspended from school in the past year (since June 2012)?
_____ # of times

8 don't know

19. How many times have you been expelled from school in the past year (since June 2012)?
_____ # of times

8 don't know

20. Have you ever been homeless after being kicked out of home or running away (IF NEEDED: By homeless, I mean that you did not have a place to sleep at night that is intended for regular use or living?)

Yes

No

I don't know

21. Have you ever been kicked out of your home or placement, or run away because you are too feminine or masculine, or because someone assumed you were lesbian, gay, bisexual, or transgender?

Yes

No

I don't know

22. Have you ever spent a night or more in a hospital?

Yes >>go to Q22b

No>>gotoQ23

I don't know>> go to Q23

22b. [If Yes], was this because of emotional reasons or physical reasons, such as illness or injury, or both?

emotional reasons

physical illness or injury

Both emotional and physical illness or injury

I don't know

23. Have you ever been arrested, been on probation, or been picked up by the police because they thought you were doing something wrong?

Yes

No

I don't know

This next section will ask about experiences you may have had in the last year. Please tell me whether each experience has never happened, rarely happened, sometimes happened, or happened almost every day.

[For each question, repeat “1- Never, 2- Rarely, 3- Sometimes, 4- Often, or 8- Don’t know?”]

24. How often in the last year (since June 2012) have you....

	Never 1	Rarely 2	Sometimes 3	Often 4	Don't know 8
24. a...been treated with less respect than others					
24. b...received poorer services than others in restaurants or stores?					
24. c...experienced people treating you as if you're not smart?					
24. d...experienced people acting as if they are better than you are?					
24. e...experienced people acting as if they are afraid of you?					
24. f...experienced people acting as if they think you are dishonest?					
24. g...been called names or insulted?					

>>>If all are marked Never- skip to Q27.

For the next set of questions, I want to follow up on the events that you mentioned happening in the last year. You may choose as many categories as you want that apply to the event or events you are thinking about.

25. You mentioned one or more ways that you were treated poorly in the last year. Would you say that being treated poorly was related to your...? (check all that apply)[RANDOMIZE]

- Being in foster care
- Gender
- Being transgender
- Boyish mannerisms or not being womanly enough
- Girlish mannerisms or not being manly enough
- Immigrant status
- Race or ethnicity
- Being lesbian, gay, bisexual, or unsure about your sexual orientation

- Weight
- Clothing and shoes
- Other >>>If OTHER, ask “why do you think you were treated this way?” _____

26. You mentioned one or more ways that you were treated poorly in the last year. What type of settings would you say you were treated like that in? (check all that apply)[RANDOMIZE]

- Group home or residential campus
- Social worker office
- Family Setting
- Local business
- Neighborhood
- School
- Other place >>> If OTHER, ask “where were you treated this way?” _____

FOSTER CARE EXPERIENCES

Now, I would like to ask you a few questions about your experiences in foster care.

27. About how many years have you spent in foster care, including placements with relatives?
 _____ # YEARS

- 8 don't know

28. What type of place was your first placement?

- Home of a relative
- Home of someone not related to you
- Foster Home
- Group Home
- Residential Campus
- 8 don't know

29. Where do you live right now?

- Home of a relative
- Home of someone not related to you
- Foster Home

Group Home

Residential Campus

>>>If age is reported to be 18 or older, ask Q30. if not, skip to Q31..

30. [If the child is 18 years of age or older, ask:] “Is your current placement a voluntary placement which you asked to stay in even though you are eligible to leave the system?”

Yes

No

I don't know

31. How many TOTAL placements have you had since you've been in foster care, including placements with relatives?

_____ Total # Placements

I don't know

32. How many different placements did you have since June of last year?

_____ # Placements in last year

I don't know

33. How has the foster care system treated you since June of last year? Would you say . . .

Very well

Somewhat well

Not very well

I don't know

We are almost done, I have one more question and it is about your hopes for the future.

34. In the next five to ten years, which type of work or career do you most likely see yourself working in? _____

I don't know

That was my last question. Do you have any questions for me about the study?

Ok, as I explained, we will not share the information you have provided with your social worker or placement. But would you like me to let a DCFS social worker know that you would like to be contacted about any concerns you have?

If yes, follow contact form completion protocol. If no, thank them for their time and end call.

APPENDIX B.
RAW DATA FREQUENCY
TABLES

HOW OLD ARE YOU?	FREQUENCY	VALID PERCENT
12	73	9.3
13	84	10.7
14	83	10.6
15	86	10.9
16	102	13.0
17	150	19.1
18	105	13.4
19	71	9.0
20	31	3.9
21	1	.1
TOTAL	786	100.0

WHAT GRADE ARE YOU IN?	FREQUENCY	VALID PERCENT
6	18	2.3
7	64	8.1
8	84	10.7
9	87	11.1
10	103	13.1
11	117	14.9
12	155	19.7
13	1	.1
OTHER	36	4.6
TOTAL	786	100.0

WHAT LANGUAGE SPOKEN MOST	FREQUENCY	VALID PERCENT
ENGLISH	728	92.63
SPANISH	57	7.3
<hr/>		
DO YOU HAVE A SECOND LANGUAGE?	FREQUENCY	VALID PERCENT
YES	389	49.5
NO	397	50.5
TOTAL	786	100.0
<hr/>		
OTHER	1	.1
TOTAL	786	100.0
<hr/>		
WHAT IS YOUR SECOND LANGUAGE?	FREQUENCY	VALID PERCENT
MISSING	397	.1
ENGLISH	55	7.0
SPANISH	311	39.6
KOREAN	2	.3
ARMENIAN	1	.1
TAGALOG	3	.4
OTHER	17	2.2
TOTAL	786	100.0
<hr/>		
SECOND LANGUAGE OTHER SPECIFY	FREQUENCY	VALID PERCENT
MISSING	769	.1
AMERICAN SIGN LANGUAGE	1	.1
ARABIC	1	.1
CAMBODIAN	1	.1
CHINESE	1	.1
CREOLE	1	.1

SECOND LANGUAGE OTHER SPECIFY	FREQUENCY	VALID PERCENT
FILIPINO	1	.1
FRENCH	1	.1
ITALIAN	1	.1
JAPANESE	2	.3
PATOIS	2	.3
RUSSIAN	2	.3
SIGN LANGUAGE	1	.1
VIETNAMESE	1	.1
TOTAL	786	100.0
WERE YOU BORN IN THE UNITED STATES?	FREQUENCY	VALID PERCENT
DON'T KNOW	5	.6
YES	717	91.2
NO	64	8.1
TOTAL	786	100.0
WHERE WAS YOUR BIOLOGICAL MOTHER BORN?	FREQUENCY	VALID PERCENT
DON'T KNOW	107	13.6
REFUSE	1	.1
OUTSIDE U.S.	223	28.4
IN THE U.S.	455	57.9
TOTAL	786	100.0
WHERE WAS YOUR BIOLOGICAL FATHER BORN?	FREQUENCY	VALID PERCENT
DON'T KNOW	214	27.2
REFUSE	1	.1
OUTSIDE U.S.	241	30.7
IN THE U.S.	330	42.0
TOTAL	786	100.0

DO YOU IDENTIFY AS HISPANIC OR LATINO	FREQUENCY	VALID PERCENT
DON'T KNOW	2	.3
YES	434	55.2
NO	223	44.5
TOTAL	786	100.0

WHICH TERM TO DESCRIBE YOUR RACE	FREQUENCY	VALID PERCENT
DON'T KNOW	22	2.8
REFUSE	3	.4
AMERICAN INDIAN OR ALASKA NATIVE	121	15.4
ASIAN.	17	2.2
BLACK OR AFRICAN AMERICAN	201	25.6
NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	10	1.3
SOUTH ASIAN	12	1.5
WHITE	131	16.7
BI/MULTI RACIAL OR ETHNIC	144	18.3
OTHER	25	15.9
TOTAL	786	100.0

If selected Bi/Multi Racial, which races:		
WHICH BI/MULTI RACIAL/ETHNIC	FREQUENCY	VALID PERCENT
DON'T KNOW	5	.6
MISSING	642	81.7
AMERICAN INDIAN OR ALASKA NATIVE	23	2.9
ASIAN	4	.5
BLACK OR AFRICAN AMERICAN	35	4.5
NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	3	.4
SOUTH ASIAN	1	.1

WHICH BI/MULTI RACIAL/ETHNIC	FREQUENCY	VALID PERCENT
WHITE	32	4.1
OTHER	41	5.2
TOTAL	786	100.0
If selected other race:		
RACE OTHER SPECIFY	FREQUENCY	VALID PERCENT
MISSING	661	84.1
AMERICAN	2	.3
AMERICAN HISPANIC	1	.1
HISPANIC/LATINO	65	8.3
HUMAN	1	.1
LATIN	1	.1
LATINA HISPANIC	1	.1
LATINO	15	1.9
LIGHT BROWN	1	.1
MEXICAN	24	3.1
MEXICAN AMERICAN	7	.9
NONE	4	.5
NONE OF THE ABOVE	1	.1
PUERTO RICAN	1	.1
SALVADORIAN	1	.1
TOTAL	786	100.0
WHAT WAS SEX AT BIRTH	FREQUENCY	VALID PERCENT
MALE	332	42.2
FEMALE	454	57.8
TOTAL	786	100.0

HOW DESCRIBE GENDER	FREQUENCY	VALID PERCENT
DONT'KNOW	1	.1
GIRL	424	53.9
BOY	314	39.9
TRANS OR TRANSGENDER	4	.5
I AM NOT SURE YET	14	1.8
I DON'T KNOW WHAT THIS QUESTION MEANS	29	3.7
TOTAL	786	100.0

WHAT IS SEXUAL ORIENTATION	FREQUENCY	VALID PERCENT
REFUSE	1	.1
STRAIGHT TO HETEROSEXUAL	645	82.1
GAY OR LESBIAN	32	4.1
BISEXUAL	57	7.3
I AM NOT SURE	17	2.2
I DON'T KNOW WHAT THIS QUESTION MEANS	34	4.3
TOTAL	786	100.0

ARE YOU ATTRACTED TO BOYS/ MEN?	FREQUENCY	VALID PERCENT
DON'T KNOW	1	.1
REFUSE	2	.3
YES	393	50.0
NO	328	41.7
I AM NOT SURE YET	31	3.9
I DON'T KNOW WHAT THIS QUESTION MEANS	31	3.9
TOTAL	786	100.0

ARE YOU ATTRACTED TO GIRLS/ WOMEN?	FREQUENCY	VALID PERCENT
REFUSE	1	.1
YES	371	47.2
NO	376	47.8
I AM NOT SURE YET	26	3.3
I DON'T KNOW WHAT THIS QUESTION MEANS	12	1.5
TOTAL	786	100.0

RATE 1-9 FEMININITY	FREQUENCY	VALID PERCENT
I DON'T KNOW	25	3.2
REFUSE	3	.4
NOT AT ALL FEMININE	205	26.1
2	37	4.7
3	25	3.2
4	32	4.1
5	74	9.4
6	49	6.2
7	110	14.0
8	76	9.7
EXTREMELY FEMININE	150	19.1
TOTAL	786	100.0

RATE 1-9 MASCULINITY	FREQUENCY	VALID PERCENT
I DON'T KNOW	16	2.0
REFUSE	6	.8
NOT AT ALL FEMININE	247	31.4
2	59	7.5
3	39	5.0
4	38	4.8
5	65	8.3
6	42	5.3
7	56	7.1
8	75	9.5
EXTREMELY MASCULINE	143	18.2
TOTAL	786	100.0

HOW MANY TIME SUSPENDED FROM SCHOOL	FREQUENCY	VALID PERCENT
I DON'T KNOW	9	1.0
0	575	73.2
1	109	13.9
2	42	5.3
3	20	2.5
4	10	1.3
5	6	.8
6	1	.1
7	4	.5
8	1	.1
9	1	.1
10	4	.5

HOW MANY TIME SUSPENDED FROM SCHOOL?	FREQUENCY	VALID PERCENT
13	1	.1
14	1	.1
25	1	.1
30	1	.1
TOTAL	786	100.0

TIMES EXPELLED FROM SCHOOL?	FREQUENCY	VALID PERCENT
DON'T KNOW	5	.6
0	732	93.1
1	35	4.5
2	4	.5
3	2	.3
4	3	.4
5	3	.4
6	1	.1
9	1	.1
TOTAL	786	100.0

HAVE YOU EVER BEEN HOMELESS?	FREQUENCY	VALID PERCENT
DON'T KNOW	1	.1
YES	116	14.8
NO	669	85.1
TOTAL	786	100.0

EVER KICKED OUT OF HOME FOR SEXUALITY?	FREQUENCY	VALID PERCENT
DON'T KNOW	1	.1
YES	23	2.9
NO	762	96.9
TOTAL	786	100.0

EVER SPENT A NIGHT OR MORE IN HOSPITAL?	FREQUENCY	VALID PERCENT
DON'T KNOW	1	.1
YES	256	32.6
NO	529	67.3
TOTAL	786	100.0

WHY SPENT NIGHT IN HOSPITAL?	FREQUENCY	VALID PERCENT
DON'T KNOW	7	.9
MISSING	530	67.4
EMOTIONAL REASONS	54	6.9
PHYSICAL ILLNESS OR INJURY	150	19.1
BOTH EMOTIONAL AND PHYSICAL ILLNESS OR INJURY	45	5.7
TOTAL	786	100.0

EVER BEEN ARRESTED/ PROBATION?	FREQUENCY	VALID PERCENT
REFUSE	1	.1
YES	170	21.6
NO	615	78.2
TOTAL	786	100.0

HOW OFTEN BEEN TREATED W/ LESS RESPECT	FREQUENCY	VALID PERCENT
DON'T KNOW	1	.1
REFUSE	2	.3
NEVER	329	41.9
RARELY	233	29.6
SOMETIMES	157	20.0
OFTEN	64	8.1
TOTAL	786	100.0
HOW OFTEN RECEIVED POORER SERVICE?	FREQUENCY	VALID PERCENT
DON'T KNOW	3	.4
REFUSE	1	.1
NEVER	511	65.0
RARELY	184	23.4
SOMETIMES	78	9.9
OFTEN	9	1.1
TOTAL	786	100.0
HOW OFTEN TREATED AS NOT SMART?	FREQUENCY	VALID PERCENT
NEVER	385	49.0
RARELY	199	25.3
SOMETIMES	154	19.6
OFTEN	48	6.1
TOTAL	786	100.0

HOW OFTEN PEOPLE ACTED AS IF BETTER	FREQUENCY	VALID PERCENT
DON'T KNOW	1	.1
NEVER	208	26.5
RARELY	211	26.8
SOMETIMES	252	32.1
OFTEN	114	14.5
TOTAL	786	100.0

HOW OFTEN PEOPLE ACTED AFRAID OF YOU?	FREQUENCY	VALID PERCENT
DON'T KNOW	2	.3
NEVER	456	58.0
RARELY	184	23.4
SOMETIMES	115	14.6
OFTEN	29	3.7
TOTAL	786	100.0

HOW OFTEN PEOPLE THINK YOU'RE DISHONEST?	FREQUENCY	VALID PERCENT
NEVER	327	41.6
RARELY	263	33.5
SOMETIMES	153	19.5
OFTEN	43	5.5
TOTAL	786	100.0

HOW OFTEN BEEN CALLED NAMES/INSULTED?	FREQUENCY	VALID PERCENT
NEVER	253	26.5
RARELY	239	26.8
SOMETIMES	206	32.1
OFTEN	88	14.5
TOTAL	786	100.0
WHY INSULTED:		
BEING IN FOSTER CARE	FREQUENCY	VALID PERCENT
DON'T KNOW	56	.3
REFUSE	7	58.0
MISSING	72	23.4
YES	213	14.6
NO	438	55.7
TOTAL	786	100.0
GENDER	FREQUENCY	VALID PERCENT
DON'T KNOW	56	7.1
REFUSE	7	.9
MISSING	72	9.2
YES	32	4.1
NO	619	78.8
TOTAL	786	100.0

BEING TRANSGENDER	FREQUENCY	VALID PERCENT
DON'T KNOW	56	7.1
REFUSE	7	.9
MISSING	72	9.2
YES	5	.6
NO	646	82.2
TOTAL	786	100.0

BOYISH MANNERISMS/NOT WOMANLY ENOUGH	FREQUENCY	VALID PERCENT
DON'T KNOW	56	7.1
REFUSE	7	.9
MISSING	72	9.2
YES	48	6.1
NO	603	76.7
TOTAL	786	100.0

GIRLISH MANNERISMS/NOT MANLY ENOUGH	FREQUENCY	VALID PERCENT
DON'T KNOW	56	7.1
REFUSE	7	.9
MISSING	72	9.2
YES	54	6.9
NO	597	76.0
TOTAL	786	100.0

IMMIGRANT STATUS	FREQUENCY	VALID PERCENT
DON'T KNOW	56	7.1
REFUSE	7	.9
MISSING	72	9.2
YES	29	3.7
NO	622	79.1
TOTAL	786	100.0

RACE OR ETHNICITY	FREQUENCY	VALID PERCENT
DON'T KNOW	56	7.1
REFUSE	7	.9
MISSING	72	9.2
YES	140	17.8
NO	511	65.0
TOTAL	786	100.0

BEING LESBIAN/GAY/BISEXUAL/ UNSURE	FREQUENCY	VALID PERCENT
DON'T KNOW	56	7.1
REFUSE	7	.9
MISSING	72	9.2
YES	38	4.8
NO	613	78.0
TOTAL	786	100.0

WEIGHT	FREQUENCY	VALID PERCENT
DON'T KNOW	56	7.1
REFUSE	7	.9
MISSING	72	9.2
YES	115	14.6
NO	536	68.2
TOTAL	786	100.0

CLOTHING AND SHOES	FREQUENCY	VALID PERCENT
DON'T KNOW	56	7.1
REFUSE	7	.9
MISSING	72	9.2
YES	151	19.2
NO	500	63.6
TOTAL	786	100.0

OTHER	FREQUENCY	VALID PERCENT
DON'T KNOW	56	7.1
REFUSE	7	.9
MISSING	72	9.2
YES	136	17.3
NO	515	65.5
TOTAL	786	100.0

WHERE TREATED BADLY:

FOSTER HOME	FREQUENCY	VALID PERCENT
DON'T KNOW	21	2.7
REFUSE	5	.6
MISSING	72	9.2
YES	130	16.5
NO	558	71.0
TOTAL	786	100.0

GROUP HOME OR RESIDENTIAL CAMPUS	FREQUENCY	VALID PERCENT
DON'T KNOW	21	2.7
REFUSE	5	.6
MISSING	72	9.2
YES	75	9.5
NO	613	78.0
TOTAL	786	100.0

SOCIAL WORKER OFFICE	FREQUENCY	VALID PERCENT
DON'T KNOW	21	2.7
REFUSE	5	.6
MISSING	72	9.2
YES	40	5.1
NO	648	82.4
TOTAL	786	100.0

FAMILY SETTING	FREQUENCY	VALID PERCENT
DON'T KNOW	21	2.7
REFUSE	5	.6
MISSING	72	9.2
YES	142	18.1
NO	546	69.5
TOTAL	786	100.0

LOCAL BUSINESS	FREQUENCY	VALID PERCENT
DON'T KNOW	21	2.7
REFUSE	5	.6
MISSING	72	9.2
YES	65	8.3
NO	623	79.3
TOTAL	786	100.0

NEIGHBORHOOD	FREQUENCY	VALID PERCENT
DON'T KNOW	21	2.7
REFUSE	5	.6
MISSING	72	9.2
YES	95	2.1
NO	593	75.4
TOTAL	786	100.0

SCHOOL	FREQUENCY	VALID PERCENT
DON'T KNOW	21	2.7
REFUSE	5	.6
MISSING	72	9.2
YES	378	48.1
NO	310	39.4
TOTAL	786	100.0

OTHER	FREQUENCY	VALID PERCENT
DON'T KNOW	21	2.7
REFUSE	5	.6
MISSING	72	9.2
YES	29	3.7
NO	659	83.8
TOTAL	786	100.0

WHERE TREATED POORLY OTHER SPECIFY	FREQUENCY	VALID PERCENT
MISSING	757	96.3
BY MY FRIENDS	1	.1
DRIVING	1	.1
FRIENDS HOUSE	1	.1
FRIENDS WHEN WE PLAY AROUND EACH OTHER	1	.1
IN SPORTS	1	.1
METRO BUS	1	.1
N/A	2	.3
PERSONAL RELATIONSHIPS	14	1.8
TRANSITIONAL HOUSING	1	.1
WAS HOMELESS	1	.1

WHERE TREATED POORLY OTHER SPECIFY	FREQUENCY	VALID PERCENT
WHERE I WORK	1	.1
WORK	3	.4
TOTAL	786	100.0

HOW MANY YEARS SPENT IN FOSTER CARE?	FREQUENCY	VALID PERCENT
I DON'T KNOW	19	2.4
REFUSE	3	.4
0	69	8.8
1	136	7.3
2	79	10.1
3	90	11.5
4	51	6.5
5	43	5.5
6	43	5.5
7	36	4.6
8	21	2.7
9	19	2.4
10	36	4.6
11	20	2.7
12	20	2.4
13	15	4.6
14	12	2.5
15	13	2.5
16	16	1.9
17	11	1.5
18	18	1.7
19	11	2.0

HOW MANY YEARS SPENT IN FOSTER CARE?	FREQUENCY	VALID PERCENT
20	4	.5
21	1	.1
TOTAL	786	100.0
WHAT TYPE OF PLACE WAS FIRST PLACEMENT?	FREQUENCY	VALID PERCENT
DON'T KNOW	13	1.7
REFUSE	1	.1
HOME OF RELATIVE	239	30.4
HOME OF SOMEONE NOT RELATED TO YOU	129	16.4
FOSTER HOME	346	44.0
GROUP HOME	44	5.6
RESIDENTIAL CAMPUS	14	1.8
TOTAL	786	100.0
WHERE DO YOU LIVE RIGHT NOW?	FREQUENCY	VALID PERCENT
DON'T KNOW	9	1.1
REFUSE	1	.1
HOME OF A RELATIVE	303	38.5
HOME OF SOMEONE NOT RELATED TO YOU	108	13.7
FOSTER HOME	265	33.7
GROUP HOME	85	10.8
RESIDENTIAL CAMPUS	15	1.9
TOTAL	786	100.0

IS CURRENT PLACEMENT VOLUNTARY?	FREQUENCY	VALID PERCENT
DON'T KNOW	5	.6
REFUSE	1	.1
MISSING	578	73.5
YES	179	22.8
NO	23	2.9
TOTAL	786	100.0

HOW MANY TOTAL PLACEMENTS?	FREQUENCY	VALID PERCENT
I DON'T KNOW	37	4.7
REFUSE	2	.3
1	224	28.5
2	171	21.8
3	115	14.6
4	65	8.3
5	45	5.7
6	42	5.3
7	20	2.5
8	15	1.9
9	6	.8
10	12	1.5
11	2	.3
12	7	.9
14	7	.9
15	2	.3
16	2	.3
17	1	.1

HOW MANY TOTAL PLACEMENTS?	FREQUENCY	VALID PERCENT
18	1	.1
20	2	.3
25	3	.4
27	1	.1
30	1	.1
32	1	.1
36	1	.1
38	1	.1
TOTAL	786	100.0
HOW MANY PLACEMENTS IN LAST YEAR?	FREQUENCY	VALID PERCENT
DON'T KNOW	9	1.1
REFUSE	2	.3
0	280	35.6
1	309	39.3
2	124	15.8
3	35	4.5
4	14	1.8
5	6	.8
6	4	.5
7	1	.1
10	1	.1
20	1	.1
TOTAL	786	100.0

HOW HAS FOSTER CARE SYSTEM TREATED YOU?	FREQUENCY	VALID PERCENT
DON'T KNOW	3	.4
VERY WELL	465	.1
SOMEWHAT WELL	260	30.4
NOT VERY WELL	58	16.4
TOTAL	786	100.0

WHAT TYPE OF WORK/CAREER IN 5-10 YEARS? ²²	FREQUENCY	VALID PERCENT
BUILDING AND FIXING THINGS	41	5.2
COMPUTERS	19	2.4
HOME OF A RELATIVE	254	32.3
HELPING PEOPLE	118	15.0
LAW	31	3.9
MANAGING MONEY	29	3.7
MATH	38	4.8
MILITARY, AVIATION	87	11.1
MUSIC & ART	43	5.5
NATURE	12	1.5
READING	14	1.8
SCIENCE	4	0.5
SOCIAL STUDIES	44	5.6
SPORTS	7	0.9
OTHER	45	5.7
TOTAL	786	100.0

²² Raw responses were recoded according to the Bureau of Labor Statistics K12 career interest fields (Available at: <http://www.bls.gov/k12/students.htm>). Examples of "Building and fixing things" careers are: automotive mechanic, architect, and chef. Examples of "Helping people" professions include medical professional, teacher, and firefighter. Examples of "nature" careers include veterinarian, farmer. Examples of "social studies" careers include historian, urban planner.

HOW MANY SPORTS TEAMS?	FREQUENCY	VALID PERCENT
MISSING	102	13.0
1	174	22.1
2	102	13.0
3	61	7.8
4	347	44.1
TOTAL	786	100.0



UCLA | SCHOOL OF LAW



the
Williams
INSTITUTE

Box 951476 | Los Angeles CA, 90095 | www.williamsinstitute.law.ucla.edu
www.williamsinstitute.law.ucla.edu

DESIGNED BY: HARLEY GRAPHIC DESIGN | www.harleygraphicdesign.com

