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LESBIAN, GAY, BISEXUAL, AND QUEER (LGBQ) YOUTH IN THE CHILD WELFARE
SYSTEM: HOPE, WELL-BEING, AND FUTURE EXPECTATIONS

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LESBIAN, GAY, BISEXUAL, AND QUEER (LGBQ) YOUTH IN THE CHILD WELFARE
SYSTEM: HOPE, WELL-BEING, AND FUTURE EXPECTATIONS

A DISSERTATION APPROVED FOR THE DEPARTMENT OF SOCIOLOGY

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ABSTRACT

The purpose of this dissertation is to examine the experiences of an often invisible and understudied population within child welfare, lesbian, gay, bisexual, and queer (LGBQ) youth. Specifically, this research explores support from caregivers, peers, and caseworkers to examine how they influence well-being among LGBQ youth who have been involved in the child welfare system. My analyses use standard statistical methods from a nationally representative data set of youth in the child welfare system and data from the state of Oklahoma. Chapter Two explores how sexual orientation and the quality of the relationship with the youth's caregiver influences their internalizing and externalizing behavior problems. I find that for LGBQ youth, as the quality of their relationship with their caregiver increases, so too do their reported behavioral problems. I hypothesize why this might be the case. Chapter Three examines the future expectations for LGBQ and non-LGBQ youth, and results showed that caregiver and peer support influence these expectations, in positive and negative ways. Chapter Four looks at LGB youth placed in foster care within the state of Oklahoma and their levels of hope in their child welfare caseworker. My co-authors and I found that LGB youth who have experienced severe adverse childhood experiences (ACES) had greater hope in their caseworker. I conclude by discussing the implications of this research and how policies and programs could be developed, implemented, or improved to help this vulnerable population.

Chapter One:

Introduction

The purpose of this dissertation is to examine the experiences of an often invisible and understudied population within child welfare--lesbian, gay, bisexual, and queer (LGBQ) youth. Specifically, this research explores support from caregivers, peers, and caseworkers to examine how they influence well-being among LGBQ youth who have been involved in the child welfare system¹. I use the acronym LGBQ as there are no variables to capture transgender identity in the data used in this dissertation, therefore I cannot infer the experiences of transgender youth based on my results. As with other marginalized populations, LGBQ youth are overrepresented in the child welfare system and face unique challenges because of their sexual minority status. My research documents these challenges and explores sources of support that can influence their trajectories through the child welfare system, their transition into adulthood, and their well-being.

In this chapter, I outline the history of the child welfare system and its systemic inequities for marginalized youth, including LGBQ youth, youth of color, and youth from impoverished homes, acknowledging the way that the child welfare system reflects and reproduces inequality, given the associations with system involvement and well-being outcomes across a variety of domains. I then describe the relevant literature on child well-being for youth in this system and the sources of support that may be associated with improved well-being, before outlining the subsequent analytic chapters. Social support has been recognized as a protective factor in the literature examining youth in the child welfare system, and identified as a characteristic that can

¹ Throughout this dissertation I refer to this population as youth involved in the child welfare system. This can include youth who had a child maltreatment report that was later unsubstantiated, youth who did have a substantiated report but were not removed from their home, or youth who were removed and placed in out-of-home care. As further described in the corresponding methods sections, the dataset used in Chapters Two and Three is nationally representative of child welfare investigations and includes reports that were and were not further investigated and is stratified by service type to include cases that received no services, received in-home services, and received out-of-home services. The data used in Chapter Four includes youth placed in out-of-home care only.

lead to healthy child development and reduced likelihood of child abuse and neglect, more generally (Center for the Study of Social Policy 2024). Hopefully, this research will lead to a better understanding of different types of support for LGBTQ youth in child welfare to improve their well-being and support the successful transition into adulthood.

HISTORY OF THE CHILD WELFARE SYSTEM

The child welfare system was originally established in 1853 in New York as a means to care for orphaned and abandoned white children (Simmons 2023). Before this, problems that the modern child welfare system was trying to solve were handled by extended family or local communities on a volunteer basis, meeting the minimum needs of children often through indentureship. Attention to issues of child abuse was not considered to be under the scope of government until 1874, and state intervention typically occurred only when children were orphaned, destitute, or considered delinquent. By the early 19th century a middle-class movement began to recognize the social forces that contributed to poverty and conditions that led to child neglect and abuse, and organizations began forming to provide services for children and parents, as well as establishing childcare institutions designed to care for children under *parens patriae*, the legal principle used to justify state intervention in the family (McGowan 2010). These movements and the continued bureaucratization of organizations led to what eventually became government-sponsored child protective services in 1962 (Myers 2008).

In the mid-1900s policies addressing social welfare such as the Temporary Assistance for Needy Families (TANF) began allowing for children to be removed from homes that were investigated as unsafe, leading to a disproportionate number of Black children being forcibly removed from their homes because of denied social service benefits (Dettlaff and Boyd 2020). Furthermore, amendments to the definition of child maltreatment allowed for forcible separation

and removal of children from their families based on “reasonable suspicion” of abuse or neglect (Hill 2004). These changes were made using racialized narratives and beliefs about parenting standards that glorified white, middle-class parenting practices (Dettlaff and Boyd 2020).

Through these shifts in policies and definitions, more families became involved in the child welfare system, with disparate outcomes for families in poverty, single mothers, and other marginalized groups like Black and American Indian families, intersecting class, race, and gender. By intervening, the child welfare system serves as an institution that shapes family life and child well-being in significant ways and reproduces and exacerbates existing inequalities, yet has received little sociological attention (Reich 2008).

The Current State of the Child Welfare System

In 2021, Child Protective Services received over 3.9 million referrals for child abuse and neglect, impacting approximately 7.2 million children (U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children’s Bureau 2023). Though estimates for the number of children being the victim of abuse or neglect have decreased from 9 in every 1,000 children under the age of eighteen to 8 in every 1,000 (The Annie E. Casey Foundation 2022), cumulative lifetime estimates suggest that one in three children in the United States will be involved in a child welfare investigation by the time they are eighteen years old (Naveed 2022). The child welfare system is not a small one impacting just a few high-risk families, as often viewed.

Of children and youth involved in a child maltreatment investigation, the rate of entry into foster care has held steady at 3-4 per 1,000 over the last two decades. However, Black, Hispanic, and American Indian youth continue to be overrepresented among children entering the child welfare system and placed into foster care (Annie E. Casey Foundation 2022). As of 2021, 22% of youth in the foster care system were Black, though Black youth make up only 14%

of the general population (Administration for Children and Families 2022). Youth who identify as LGBQ are also disproportionately represented, with estimates that they are nearly 2.5 times more likely to experience placement into foster care compared to heterosexual youth (Fish et al. 2019). These statistics illustrate the systemic inequities within the child welfare system that lead to disproportionate representation of marginalized youth. The next section will review in more detail these systemic inequities by family and children/youth characteristics.

INEQUITIES IN THE CHILD WELFARE SYSTEM

Impoverished Youth

Research has provided a clear link between socioeconomic disadvantage and a higher risk for child maltreatment. The stress produced by material hardship can contribute to harsh and neglectful parenting practices (Shanahan et al. 2017). While child abuse and neglect occur in families across all income categories, violence is more likely to occur in low-income homes. Drawing on national family violence surveys, Gelles (1992) found that poor single mothers and young parents struggling with economic security had elevated risks of child abuse and neglect. To understand how material factors and poverty play a role in child maltreatment, the U.S. Advisory Board on Child Abuse and Neglect commissioned Pelton (1994) to review and analyze this relationship. This study found strong links between poverty and child abuse and neglect, as children from low-income families are seven times more likely to be reported for neglect and disproportionately represented in the child welfare system (Pelton 2015). Using data from the National Incidence Studies of Child Abuse and Neglect (NIS), Pelton (2015) found that child abuse and neglect are both directly and indirectly related to material hardship. Indirectly, poverty and material hardship produce feelings of stress, depression, low self-esteem, and helplessness that lead to poor coping skills and the increased likelihood of child abuse and neglect. Directly,

poverty and lack of resources within the environment can produce dangerous conditions that also lead to abuse and neglect (Pelton 2015).

Experiencing poverty inhibits informal social control, leading to detrimental impacts on child well-being. Family poverty is associated with parenting styles that can be deleterious to child development such as harsh discipline, lower parental warmth, and hostile parenting (Drake and Jonson-Reid 2014). Risk factors that contribute to reports of child maltreatment include domestic violence, substance abuse, mental illness, and criminal justice involvement, all of which are higher for families experiencing poverty (Drake and Jonson-Reid 2014; Fong 2017; Pelton 2015). Housing stress and instability, lack of employment opportunities, and neighborhood social processes such as collective efficacy, social networks, and perceived physical and social disorder can exacerbate or mitigate stressors present for parents that may lead to poor youth outcomes such as child maltreatment (Molnar et al. 2016). These disadvantages are often concentrated in impoverished neighborhoods and communities, meaning that youth in these areas are more likely to become involved in the child welfare system (Coulton et al. 1995). Because of this relationship between poverty and involvement in the child welfare system, sociologists have argued that the child welfare system is a system of poverty governance, or managing and surveilling families in poverty without making changes to their material circumstances (Fong 2023; Lee 2016).

Youth of Color

In addition to the overrepresentation of youth from disadvantaged neighborhoods stemming from conditions of poverty, there is an overrepresentation of marginalized individualized communities within the child welfare system. According to Dettlaff and Boyd (2020), the removal of Black children from their parents began during the slave trade, and it is through this historical lens that the practices of the current child welfare system are viewed by

those critical of the child welfare system. For Black families, forced family separation through the child welfare system heightens the trauma associated with the legacy of slavery and continues to add to the disparate treatment of Black families. For example, though Black children comprise 14% of the general population, they make up 22% of the child welfare population (Administration for Children and Families 2022). Additionally, there are racialized differences in child maltreatment rates, such that Black families are more likely to be reported for child abuse and neglect, more likely to be investigated, and more likely to have these reports substantiated. As a result, Black children have a higher likelihood of being placed into foster or out-of-home care, remaining in care longer, and ultimately are less likely to be reunified with their family of origin compared to white youth (Dettlaff and Boyd 2020; Hill 2004). As a result of these disparities, there has been ongoing debate among scholars regarding whether the disproportionate representation of marginalized youth is the result of institutional racism and bias within the child welfare system or whether it is the result of the higher rates of poverty among minority families (Fluke et al. 2011; Roberts 2022). An explanation focused on both is probably most accurate.

Similarly, child removal from American Indian tribes can be traced back to colonialism and the Eurocentric view that American Indian communities were ill-equipped to care for their children. Instead, white settlers forcibly removed American Indian children from their tribal lands and placed them in boarding schools or with white families where they were stripped of their cultural identities and practices and were assimilated into white beliefs and practices (Crofoot and Harris 2012). Systemic and institutional biases from state and federal policies continued to enforce these practices. Beginning in the 1960s in Canada and the United States, the child welfare system served as a replacement for boarding schools and was characterized as an

“agent of colonization” by normalizing the removal of Indigenous children and blaming Indigenous mothers (Pon, Gosine, and Phillips 2011). Advocates and scholars have worked to push legislation to eliminate institutional racism for this population, resulting in the Indian Child Welfare Act (ICWA). While the goal of ICWA is to prioritize American Indian children remaining with their tribe or a tribe with similar values, this legislation has not been successful in decreasing the overrepresentation of American Indian children in child welfare (Edwards, Rocha Beardall, and Curtis 2023).

LGBQ Youth

My target population for this dissertation, LGBQ youth, are understudied among youth in the child welfare system, though like other marginalized youth, they are disproportionately represented within it. Though LGBQ youth account for only 8% of America’s youth grades 9-12, they represent 14% to 19% of youth in the child welfare system (Dettlaff and Washburn 2018; Fish et al. 2019). Even as these youth are over-represented in the child welfare system and in foster care placements, their experiences are less accounted for in research (Martin, Down, and Erney 2016). Youth who identify as LGBQ often encounter the child welfare system due to family rejection, homelessness (associated with family rejection), and high rates of physical and sexual abuse (Button 2019; Saewyc et al. 2006). Additionally, LGBQ youth in child welfare are more likely to meet the criteria for depression and substance use disorders compared to their heterosexual peers within the child welfare system (Dettlaff and Washburn 2018). Furthermore, LGBQ youth are significantly more likely to experience school-based victimization such as bullying, sexual harassment, and verbal assault based on their sexual orientation (Coulter et al. 2018; Kosciw et al. 2020). According to sexual minority stress theory, elaborated on below, LGBQ youth face additional stressors as they face discrimination and limited economic

opportunities that threaten their self-esteem and lead to worsened physical and emotional well-being (Meyer and Frost, 2013).

Youth who identify as LGBQ also report high rates of adverse childhood experiences (ACEs) compared to their heterosexual peers. Studies on ACEs reveal a dose-response relationship between childhood trauma exposure and adverse effects on well-being and long-term health outcomes in adulthood, including higher prevalence of substance use, heart disease, cancer, obesity, and early mortality (Felitti et al. 1998). In a study examining the prevalence and patterns of ACEs among this population, researchers found that nearly half (43%) of LGBTQ+ youth in their sample experienced four or more ACEs, which is considered a high level of exposure to trauma (Craig et al. 2020). Not only are LGBQ youth more likely to experience ACEs compared to heterosexual youth, but the types of adverse experiences they experience also vary. Compared to their heterosexual peers, LGBQ youth are up to eight times more likely to experience physical, emotional, and sexual abuse (Baams 2018), and twice as likely to experience household dysfunction such as parental mental illness or substance use (Andersen and Blosnich 2013). These adverse experiences increase the likelihood that LGBQ youth will encounter the child welfare system and placement into foster care.

Once involved with the child welfare system, LGBQ youth experience additional abuse, discrimination, and rejection. These challenges include harassment by caregivers and other foster youth, placement instability, placement into group homes, and placement rejection by foster parents who don't support their identity or have misconceptions that LGBQ youth are sexual predators (Wilson and Kastanis 2015). This is in addition to societal homophobia and the dearth of tailored resources available in the child welfare system to help these youth navigate the system. As a result, LGBQ youth often have multiple caregivers and placement changes that lead

to a lower likelihood of achieving permanency compared to heterosexual youth, often aging out of the child welfare system without a permanent family and with few attachments to social supports (Jacobs and Freundlich 2006; Mallon 2011). Even into adulthood, LGBQ individuals transitioning out of foster care report challenges and deficits in education, employment, housing, and financial stability due to inadequate social support networks (Mountz and Capous-Desyllas 2020).

Given these findings, there are several areas of need for effective interventions for LGBQ youth in child welfare. First, according to Prince et al (2022), there is a need for interventions to promote family acceptance for LGBQ youth as a step in reducing foster care placement. Additionally, there is a need to develop a sense of community belonging and understanding for these youth to increase sources of social support. Finally, child welfare policy needs to enact reforms that ensure interactions are affirming in nature and nondiscriminatory in the placements and services that LGBQ youth receive (Prince et al. 2022). The research proposed in this dissertation aims to recognize the different needs for and supports available to these youth to improve their well-being.

CHILD WELL-BEING AND SOURCES OF SUPPORT

Child Well-Being

Youth involved in the child welfare system face numerous challenges, including strained relationships with their parents and caregivers due to adverse experiences such as abuse, neglect, and familial instability including poverty and parental substance use (Dickerson, Milojevich, and Quas 2019). As a result of these experiences, youth involved in the child welfare system are at higher risk for poor mental and physical health and negative developmental, emotional, and behavioral problems than youth in the general population (Casanueva et al. 2012). Compared to youth in the general population, child welfare-involved youth have higher rates of loneliness and

depression (Lalayants and Prince 2015), substance use (Pittenger et al. 2018), aggressive behavior (Yoon, Tebben, and Lee 2017), and homelessness (Fowler et al. 2017). These experiences impact their stability and sense of support, with profound implications for their overall well-being. For youth placed in foster care, risk factors that increase negative behaviors and reduce child well-being include placement instability, and placement into group homes or residential settings. Placement stability consistently shows a positive association with psychosocial well-being (Barber and Delfabbro 2003; O'Neill et al. 2012). Given that LGBTQ youth are already at higher risk for these negative outcomes, child welfare involvement may compound these issues to reduce well-being even further. Therefore, it is crucial to examine characteristics that can improve well-being for these youth.

Social Support

Social support has been thought of as one way to improve child well-being outcomes, particularly for youth in child welfare. Social support is defined as the perceived or received assistance that an individual has from other people in their lives, and is a well-established protective factor for mental illness and life satisfaction (Evans et al. 2022). Research has shown that social support is associated with positive health and well-being outcomes, particularly for youth who have been reported for child maltreatment or who are in foster care (Collins, Spencer, and Ward 2010). Social support from parents and peers has been found to promote well-being among youth who have experienced maltreatment, but may also be challenging to maintain as they face placement instability, difficulties with adjustment and behavior, and potential attachment issues (Corwin et al. 2020; Hershberger and Jones 2018). Social support from parents or caregivers has been found to increase child well-being by reducing internalizing behaviors and increasing placement stability and life satisfaction (Cusumano 2022; Evans et al. 2022). Studies that have looked at peer support among maltreated youth or youth in the child welfare system

have found that positive peer relations can improve school experiences and improve educational outcomes, reduce problem behaviors, and reduce loneliness and depression, (Cassidy and Asher 1992; Merritt 2015). Even support from professional staff within the child welfare system, such as the youth's caseworker or service providers, may be instrumental in improving well-being (Paul 2020a).

THEORETICAL FRAMEWORK

To understand the well-being of LGBTQ youth in child welfare, I utilize several theories throughout the empirical chapters of this dissertation. A primary framework that explains how interconnected relationships with family, peers, and institutions shape life outcomes for LGBTQ youth in child welfare is the social-ecological theory of development. This theory suggests that factors at the individual, family, and community level shape adolescent development (Bronfenbrenner 1979; Brumley, Jaffee, and Brumley 2017). Parenting practices, neighborhood influences, available community resources, in addition to the child welfare system's policies and practices have implications on child well-being from this ecological perspective. Youth who experience maltreatment, harsh parenting, and low parental bonding often have more pessimistic views of their futures and engage in risky behaviors such as substance use and early pregnancy, continuing a cycle of harsh parenting, maltreatment, and lower well-being outcomes (Saupe et al. 2020). Neighborhood disadvantage and lack of economic resources contribute to a higher risk of child maltreatment and continued system involvement (Coulton et al. 1995; Fong 2017). Child welfare policies and practices shape the trajectories for youth in care through established timelines for reunification and decision-making processes for referring youth and families to services (Raghavan and Alexandrova 2015; Thompson et al. 2021). The social-ecological theory of development also helps explain the influence of social support. Adolescents in child welfare often report three main sources of social support aligned with the social-ecological model:

parents, peers, and professional staff including caseworkers and foster parents (Courtney et al. 2014). Each of the following empirical chapters explores these sources of support and how they influence youth's sense of hope, their well-being, and/or their expectations for their future beyond the child welfare system.

A second theory I rely on in Chapters Two and Three is the linked lives principle from life course theory. Life course theory is predominantly used to understand the trajectories adolescents may move through into adulthood and how early childhood development can significantly shape these trajectories (Elder 1998). Based on life course theory, social bonds to family and school are important for counteracting negative life trajectories. The linked lives principle is a component of life course theory that suggests that an individual and their life course cannot be understood independently from their social relationships and is especially useful in exploring how support from family, peers, and institutions can counteract negative life trajectories (Landes and Settersten 2019). In a study on maternal instability and poverty using a linked lives perspective, scholars found that youth develop within the context of their family relationships, as continuity and change in the life circumstances of mothers influences and exacerbates antisocial behavior among their children (Macmillan, McMorris, and Kruttschnitt 2004). In another study of the parent-child relationship using a linked lives perspective, Bucx (2009) found that the parental bond remains important to youth even as they become adults, and major life transitions for both youth and adults impact their relationships throughout the rest of their lives. For youth in child welfare, their relationships with parents can often be disrupted or strained, contributing to poor well-being outcomes. In the context of LGBTQ youth in child welfare, family and peer relationships are even more unstable given the high rates of family and

peer rejection (Parra et al. 2018; Shilo and Savaya 2011). Instead, youth are often forced to rely on relationships with paid professionals to provide some of the guidance and support they need.

Another theory is sexual minority stress theory, which posits that cultural and social stressors such as prejudiced attitudes, discriminatory behaviors, and limited or restricted access to economic opportunities act as threats to self-esteem and security for individuals belonging to sexual minority populations (Rich et al. 2020). The experiences of stress and stigmatization during the period of adolescence can disrupt youth development and contribute to negative outcomes in adulthood (Radkowsky and Siegel 1997). This is in addition to the experience of adverse childhood experiences (ACEs) such as child abuse and neglect, which have been shown to lead to a high prevalence of heart disease, substance use, and early mortality (Felitti et al. 1998). Research on sexual minority stress theory has found that general stressors in the environment such as mental health problems, job loss, and loss of family can be exacerbated by minority stress. In addition to these general stressors, Meyer and Frost (2013) identified four stressors specific to LGBTQ individuals such as heterosexist discrimination, expectations or anticipation of encountering homophobia and discrimination, internalized heterosexism, and concealment or non-disclosure of their sexual orientation or gender identity. These specific stressors can have severe consequences. Furthermore, for LGBTQ youth in child welfare, compounding and related stressors may include abuse and neglect, placement rejection and disruption, and family loss. Given that LGBTQ youth experience higher rates of internalizing and externalizing behaviors compared to their peers (Fergusson, Horwood, and Beautrais 1999), sexual minority stress theory helps identify the mechanisms that exacerbate the stress experienced by these youth, particularly as they navigate the child welfare system. Chapters Two and Three of my dissertation utilize sexual minority stress theory to understand how the unique

experiences of LGBTQ youth in child welfare may impact their sense of well-being and expectations for their future.

A fourth theory is hope theory, which I focus on in Chapter Four. Hope theory was developed by Snyder (1994) and defines hope as a positive motivational state based on an individual's sense of agency and the pathways they use to meet their goals. Hope has been demonstrated to positively impact behaviors, relationships, and academic success (Sulimani-Aidan, Melkman, and Hellman 2018). Hope directly measures an individual's goal-seeking and perceived abilities to achieve these goals, which is critical for youth in child welfare who are preparing to transition from the child welfare system into adulthood. According to hope theory, youth can use hope as a buffer from adverse childhood experiences such as child abuse and neglect to redirect their thinking toward coping skills and higher self-control (Hellman et al. 2018). External agents such as parents, caregivers, peers, and child welfare workers can influence hope among youth in the child welfare system by helping identify and navigate goal attainment, which increases the probability of a successful transition into adulthood and therefore the overall well-being of these youth (Pharris et al. 2023). These external agents, particularly professional staff within the child welfare system, may be crucial supports for LGBTQ youth within the system as they lack social support from caregivers and peers due to rejection (Shilo and Savaya 2011).

OVERVIEW OF ANALYTIC CHAPTERS

- Chapter Two: What's Love Got to do With It? How LGBTQ Youth's Relationship with their Caregiver Impacts their Well-Being
- Chapter Three: Supporting the Future: Future Expectations for LGBTQ Youth in Child Welfare and How Social Support Shapes Them

- Chapter Four: The Caseworker as an External Locus of Hope for LGB Youth in Foster Care

Data

Chapters Two and Three will use data from the National Survey of Child and Adolescent Well-Being (NSCAW II). NSCAW II is a longitudinal study designed to assess the functioning, service needs, service use, and well-being of 5,782 youth ages 0 to 17.5 years old who are involved in the child welfare system (CWS). This sample includes youth who had contact with the child welfare system, including investigations that were and were not further substantiated and is stratified by service type to include cases that received no services, received in-home services, and received out-of-home services. The panel survey collected data in three waves: a baseline (Wave 1: April 2008-December 2009), an 18-month follow-up (Wave 2: October 2009-January 2011), and a 36-month follow-up (Wave 3: June 2011-December 2012). NSCAW II used a two-stage stratified sampling design, with stage one sampling nine strata. Eight of these strata represent states with the largest population of child welfare-involved youth, and the ninth stratum represents the remaining states. Within these strata, 86 primary sampling units (PSUs) were randomly selected. The second stage sampled CWS cases within the primary sampling units, with infants, youth receiving services, or youth in out-of-home care placement oversampled. Due to this oversampling, NSCAW II included analytic survey weights to correct for the unequal probability of being sampled and allow for a nationally representative comparison (Dolan et al. 2011).

Chapter Four uses data from the Oklahoma Successful Adulthood (OKSA) survey, collected by Dr. Angela Pharris and her team at the University of Oklahoma. These data were part of a longitudinal study under contract with Oklahoma Human Services (OKDHS) to gather

information on youth in the foster care system and their goals for a successful transition out of the system. The analysis focuses on baseline data (2020). All youth ages 14-18 years old with an open case in the child welfare system and placed in foster care were contacted by DHS staff via telephone and invited to complete an online survey. Shelter staff and group home or residential facility staff were also contacted to distribute the survey link. Individual-level case record data from the Statewide Automated Child Welfare Information System (SACWIS) were merged into the dataset and de-identified.

Methods

Chapter Two uses logistic regression models to examine the following research question: how do youth's sexual orientation and the quality of their relationship with their primary caregiver affect their well-being within the child welfare system? We first examined bivariate comparisons of internalizing and externalizing behavior problems between LGBQ youth and non-LGBQ youth. We then used logistic regression analyses to examine whether youth's sexual orientation and the quality of their relationship with their caregiver predicted differences in internalizing and externalizing behavior problems at Wave Three of the NSCAW II data, controlling for age, sex, race, internalizing and externalizing behaviors at Wave One, and whether the youth were currently in out-of-home care. Finally, we used an interaction term between youth's sexual orientation and the quality of the relationship with their caregiver to determine whether the effects of caregiver relationship on behavior problems differs for LGBQ youth compared to heterosexual youth.

Chapter Three asks two research questions. First, how do the future expectations of LGBQ youth involved in the child welfare system compare to their heterosexual peers? Second, how does social support from caregivers and peers moderate these future expectations for LGBQ and heterosexual youth? To examine this, we first analyzed bivariate comparisons for future

expectations, sexual orientation, peer support, and youth's relationship with their caregiver. Then, we use multinomial logistic regression analyses to measure whether sexual orientation predicts differences in future expectations, using interaction terms to examine whether peer and caregiver supports affect LGBQ youth differently. Rather than ordered logistic regression analyses, which often violate the parallel line assumption, multinomial logistic regression is most often used for dependent variables that have no inherent ordered structure but can also be used for ordered variables. These models fit multiple binary logistic regression models simultaneously for comparisons among each alternative of the dependent variable (Long and Freese 2001). After running these models for each of the three future expectations (having a family, getting married by twenty-five, and living to thirty-five), we also run subsequent models to examine whether peer support and youth's relationship with their caregiver moderates these expectations.

Chapter Four focuses on three research questions: (1) For youth in foster care, how do LGB youth compare to their non-LGB counterparts on ACEs and the relationship of the caseworker as an external locus of hope? (2) For youth in foster care, how is LGB identity associated with caseworkers as an external locus of hope controlling for other factors, including ACEs? (3) Finally, for youth in foster care, how do high ACEs and LGB status interact to influence hope in the caseworker? To answer these questions, we first examined bivariate comparisons of both ACEs and hope in their caseworker between LGB youth and non-LGB youth. We used a two-sample test for significant differences in means between these two groups. We then conducted three stepwise OLS regression analyses. Our first model examined the association of youth's sexual orientation with the caseworker as a source of hope, controlling for sex and race. We then examined the effect of having high ACEs (eight or more) on youth's hope in their caseworker by including it in our second model. Finally, we examined the interaction

effect of LGB status and having high ACEs on the caseworker as a source of hope in our final model.

Together these chapters focus on an understudied topic in sociology (child welfare), an understudied group in child welfare (LGBQ youth) and utilize a strengths-based approach to understanding how to improve well-being among this population. They rely on quantitative methods appropriate for the questions being asked, and they contribute to our understanding of the well-being of a particularly vulnerable group of youth.

CONCLUSION

The goal of this dissertation is to bring attention to the disparities faced by LGBQ youth within the child welfare system, using a sociological lens. Sociology has established itself as a discipline focused on structural and institutional inequities, making this topic a ripe area to explore given the disproportionality and disparities faced by LGBQ youth within child welfare. This chapter provides a history of the child welfare system and the inequities faced by marginalized youth, such as impoverished youth, youth of color, and LGBQ youth that gives insight into how sociology is well-equipped to examine LGBQ youth in child welfare and the issues they face as a structural issue. Additionally, I hope to draw attention to the various characteristics such as social support that can improve this population's well-being and transition from the system into adulthood. Social support is considered a protective factor against the adverse outcomes of involvement in the system, such as substance abuse, lower likelihoods of permanency, and higher rates of depression and anxiety (Collins et al. 2010; Traube et al. 2012). Protective factors are characteristics that decrease the likelihood of behavioral problems and increase positive behaviors and well-being (Catalano et al. 1999). According to the linked lives principle and the social-ecological theory of development, social support from caregivers, peers, and professional staff may be a crucial protective factor in improving well-being among this

population as youth development and outcomes are strongly tied to their environmental influences (Bronfenbrenner 1979; Landes and Settersten 2019).

The analytic chapters of this dissertation explore various forms of social support for LGBQ youth in child welfare. Chapter Two explores LGBQ youth's relationship with their caregiver, Chapter Three examines both caregiver and peer support, and Chapter Four analyzes hope in the youth's caseworker. The results of these analyses will reveal how these supports influence LGBQ youth's well-being, their sense of hope, and their expectations for their future. These findings can be used to develop effective practices, interventions, and policies to improve well-being and promote a successful transition from the child welfare system into adulthood for an often-invisible population.

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Chapter Two:

What's Love Got to Do with It? How LGBTQ Youth's Relationship
with their Caregiver Impacts Well-Being

Abstract

Lesbian, gay, bisexual, and queer (LGBQ) youth are disproportionately represented in the child welfare system, often with poor permanency and well-being outcomes. A key protective factor for youth in the foster care system includes supportive relationships with family members and caregivers, which has been much less studied for LGBQ youth in particular. This study uses the National Survey of Child and Adolescent Well-Being (NSCAW-II) to analyze child well-being, as measured by externalizing and internalizing behaviors, among LGBQ youth involved in child welfare and how it is influenced by the quality of the relationship with their caregiver. Using logistic regression analyses, I find that LGBQ youth have lower log odds of externalizing behavior problems compared to heterosexual youth. Interaction terms between LGBQ youth and the quality of their relationship with their caregiver reveal that for LGBQ youth, caregiver reports of clinically significant externalizing behavior problems increase as the youth's perception of the quality of their relationship with their caregiver increases. These findings have implications for how social workers and caregivers can improve well-being outcomes for this vulnerable population.

Keywords: LGBQ youth, foster care, caregiver relationships, child well-being

Introduction

Lesbian, gay, bisexual, and queer (LGBQ) youth are disproportionately represented in the child welfare system compared to their heterosexual peers and represent a vulnerable population within this system. I use the acronym LGBQ as there are no variables to capture transgender identity in the data used in this analysis, therefore I cannot infer the experiences of transgender youth based on my results. Though only 8% of America's youth in grades 9-12 identify as LGBQ (Dettlaff & Washburn, 2018), Fish et al (2019) found that 14% of youth in foster care identify as LGBQ. Other estimates reveal 18-60% of youth in foster care identify as LGBQ (Wilson and Kastanis 2015). In retrospective or self-report surveys, LGBQ youth are almost 2.5 times more likely to report having spent time in foster care than their heterosexual peers, further illustrating this disproportionality (Fish et al., 2019). Given this overrepresentation, it is important to examine the well-being of LGBQ youth involved in the child welfare system.

Youth involved with the child welfare system face many challenges to their overall well-being (McCrae 2009; Turney and Wildeman 2016). In fact, among youth with an active case in the child welfare system, 80% present with internalizing or externalizing behaviors (Aarons et al. 2010). Internalizing behaviors include symptoms of anxiety, depression, and social withdrawal from others, while externalizing behaviors include opposition, aggression, and delinquency (Achenbach, 1991). Exposure to child abuse and neglect, as well as family disruption and removal, contribute to these problems by negatively impacting stress regulatory systems in the brain leading to higher rates of behavioral problems (Cole, Michel, and Teti 1994; Konijn et al. 2019; Trivedi 2019). For some youth, these elevated levels of behavioral and emotional problems lead to an increased likelihood of out-of-home, or foster care, placements (Barth et al. 2007).

For youth who are placed in out-of-home care, risk factors that further increase these problem behaviors and symptoms include placement instability and placement into group homes

or residential settings (Melkman 2015). Placement stability consistently shows a positive association with psychosocial well-being (Barber and Delfabbro 2003). Multiple placement changes for youth in foster care contribute negatively to both internalizing and externalizing behaviors (Newton, Litrownik, and Landsverk 2000). Similarly, the type of placement for youth also contributes to their overall well-being, though due to selection bias, this has been historically difficult to study. Research has shown that youth in kinship care have fewer externalizing behaviors than youth in non-relative foster care (Swanke et al. 2016), though more recent research has shown that kinship providers are less likely to take on youth with challenging behaviors (Ferraro, Maher, and Grinnell-Davis 2022). This research found little effect of kinship care on youth behavior outcomes. It has also been shown that more restricted placement settings such as group homes or residential settings contribute to higher rates of internalizing and externalizing behaviors (Dregan and Gulliford 2012), though this is subject to the same source of possible selection bias since problematic behaviors are often the reason youth end up in congregate settings (Berger et al. 2009). Among LGBQ youth, these factors should be considered given they are more likely to be placed in out-of-home care and even in residential settings compared to their peers (Wilson and Kastanis 2015). In addition, the stress of being a sexual minority may interact with the influence of these other factors to exacerbate these emotional and behavioral disorders, which is why this is such an important topic to investigate.

For this analysis, I analyze whether differences exist for LGBQ youth involved in the child welfare system in internalizing and externalizing behaviors, and how protective factors such as the youth's quality of the relationship with their caregiver influence these outcomes. In the next section, I discuss the challenges for LGBQ youth in child welfare, then highlight how protective factors such as the quality of the relationship with their caregivers may improve well-

being outcomes. I then discuss the methods and analytical strategy for examining well-being among LGBQ youth within this study and present my results.

Literature Review

LGBQ Youth and Sexual Minority Stress Theory

As sexual minorities, LGBQ youth face additional challenges during their youth, including high levels of minority stress, large estimates of verbal and physical harassment, and stigmatization (Murdock and Bolch 2005). Compared to heterosexual youth, LGBQ youth are more likely to experience abandonment, sexual abuse from a caretaker, or be kicked out of their home due to their sexual identity (Button 2019). As such, LGBQ youth often enter the foster care system due to conflict with their parents over their sexual identity and orientation (Mallon 2011). LGBQ youth within the foster care system are more likely to meet the criteria for depression, substance use disorders, and be subject to higher trauma scores (Dettlaff and Washburn 2018). Additionally, LGBQ youth in foster care are also more likely to report deficits in education, employment, housing, and financial stability (Mountz and Capous-Desyllas 2020). Harassment by caregivers and other foster youth, placement instability, unfair isolation in group homes, misconceptions by foster parents that LGBQ youth are sexual predators, and high rates of homelessness are struggles these youth continually face while in or out of foster care and involved with child welfare (Wilson & Kastanis 2015). Due to this, LGBQ youth in foster care are less likely to achieve permanency than non-LGBQ youth in care and often age out of the foster care system with few attachments to social supports or caring individuals in their lives (Jacobs and Freundlich 2006; Mallon 2011). LGBQ youth in foster care also voice a lack of competent adults willing to help them deal with stressors such as discrimination and harassment, family conflicts, and the unwelcoming foster care system (Gonzalez Alvarez et al. 2021).

Sexual minority stress theory is a framework for understanding the physical and mental health outcomes among LGBQ individuals and has emerged in research on this vulnerable population over the last 40 years (Rich et al. 2020). First developed by Winn Kelly Brooks (1981) in her book *Minority Stress and Lesbian Women*, sexual minority stress theory identifies how identity- or social status-based stress affects individuals belonging to sexual minority populations. Conceptualized as a systems theory approach, sexual minority stress theory illustrates how cultural and social stressors including prejudiced attitudes, discriminatory behaviors, and restricted access to economic opportunities act as threats to self-esteem and basic security, inducing states of stress for LGBQ individuals (Rich et al. 2020). Brooks (1981) argued that differences in health and well-being for sexual minority individuals can be traced back to a “lack of social sanctions” and acceptance within the sociocultural environment rather than the inherent features of being LGBQ. Sexual minority stress theory was therefore developed to identify key variables that may contribute to the reduction of stress and lead to improved well-being among LGBQ individuals (Brooks 1981).

Meyer (2003) built on sexual minority stress theory, positing that general environmental circumstances, including socioeconomic circumstances, are interconnected with minority status. General stressors found in the environment (mental health problems, job loss, loss of family, etc.) are often exacerbated by minority stress. In addition to these general stressors, Meyer (2003) identified four stressors specific to LGBQ individuals. The first is heterosexist discrimination, or the differential treatment, harassment, stigma, and victimization of individuals based on their LGBQ status. Second, LGBQ individuals often face the expectations or anticipation of encountering homophobia and heterosexist discrimination. Third, LGBQ individuals often have internalized heterosexism and may devalue themselves because of their sexual identity. Finally,

concealment or low outness, which is the extent that LGBTQ individuals hide or avoid disclosing their sexual orientation, is an additional minority stressor as individuals must make choices about who, when, and how people learn about their sexual identity (Velez and Moradi 2016).

Discovering sexual identity at a younger age is a critical struggle faced by youth as they must contemplate whether to publicly or privately identify themselves as a sexual minority (Saewyc et al. 2006). Research on sexual minority stress theory shows that the minority stressors faced by LGBTQ adults are also present among LGBTQ youth (Goldbach and Gibbs 2017). Experiences of stress and stigmatizing experiences for LGBTQ individuals is critically important during the period of adolescence, as they may disrupt youth development and contribute to further negative outcomes in adulthood (Radkowsky and Siegel 1997). As LGBTQ youth continually experience higher rates of both internalizing and externalizing behaviors compared to their peers (Fergusson et al. 1999), sexual minority stress theory helps explain the mechanisms that can exacerbate or reduce the stress experienced among these youth. Specifically, protective factors such as group solidarity, social support and caring relationships, and being part of affirming communities can improve mental health and well-being for sexual minority youth (Goldbach and Gibbs 2017).

Protective Factors

To alleviate the negative outcomes experienced by youth in the foster care system, especially for LGBTQ youth, research has shifted to focus on protective factors that have been shown to increase well-being. Protective factors can be defined as characteristics at any level (biological, psychological, peer, family, and community) that are associated with reduced likelihoods for problem outcomes (National Research Council (US) and Institute of Medicine (US) Committee on the Prevention of Mental Disorders and Substance Abuse Among Children, Youth, and Young Adults: Research Advances and Promising Interventions 2009). Put more

simply, protective factors are factors that decrease the likelihood of behavior problems and increase the likelihood of positive behaviors (Catalano et al. 1999).

One specific protective factor found to improve child well-being is the relationship with a caregiver. Parent support or understanding of their youth can lower children's levels of stress thereby reducing symptoms of emotional and behavioral disorders (Quamma and Greenberg 1994). Yoon et al. (2021) found that among child-welfare-involved youth, better caregiver-child relationships decreased the development trajectory of internalizing and externalizing behaviors over time. Among youth involved in the foster care system, relationships with caregivers can serve as a protective factor for problem behaviors such as substance abuse (Traube et al. 2012). Additionally, warm relationships with caregivers among youth in the foster care system have been shown to decrease reports of internalizing behaviors and serve as a moderator for trauma (Wojciak, Thompson, and Cooley 2017). While in foster care, attachments to foster parents or other caregivers provide security which can decrease behavior problems such as withdrawal or opposition (Dozier et al. 2002). Given these findings, more research needs to focus on this critical factor when examining youth who have experienced abuse and neglect and may have had many changes in their caregivers and caregiving relationships, and must constantly re-establish trust (Cederbaum et al. 2017).

The relationship between youth in foster care and a supportive caregiver can also influence permanency outcomes. Youth with at least one loving and supportive biological family member experienced 16% fewer placement changes than youth without strong family connections (Summersett-Ringgold et al. 2018). However, the impact of caregiver relationships as a protective factor has not been as well studied for LGBTQ youth in the foster care system, who experience family rejection (potentially from both birth families and foster families), higher rates

of placement instability, disproportionate representation in group homes, and higher rates of homelessness (Mallon 2011). Among LGBQ youth, positive and accepting parents or caregivers who can address their unique developmental needs serve as a protective factor and promote well-being by buffering LGBQ youth from negative responses and stressors related to their sexual orientation (Salazar et al. 2020). I focus my research on the following question: How do youth's sexual orientation and the quality of their relationship with their primary caregiver affect their well-being within the child welfare system?

Methods

Data and Sample

Data for this study come from the National Survey of Child and Adolescent Well-Being II (NSCAW II). NSCAW II is a longitudinal study designed to assess the functioning, service needs, service use, and well-being of 5,782 youth ages 0 to 17.5 years old involved in the child welfare system (CWS). This sample includes youth who were the subject of a child maltreatment investigation, regardless of whether the investigation resulted in a substantiation of child maltreatment or not, and is stratified by service type to include cases that received no services, received in-home services, and received out-of-home services. NSCAW II collected data on these youth in three waves: a baseline Wave One (April 2008-December 2009), an 18-month follow-up Wave Two (October 2009-January 2011), and a 36-month follow-up Wave Three (June 2011-December 2012). NSCAW II uses a two-stage stratified sampling design, with stage one sampling nine strata, eight of which represent states with the largest population of CWS-involved youth, and one stratum for the remaining states. Within these strata, 86 primary sampling units (PSUs) were randomly selected. For stage two, CWS cases within the PSUs were sampled, with infants, youth receiving services, or youth in out-of-home placement oversampled. Due to this

oversampling, NSCAW II includes survey weights to correct for the unequal probability of being sampled and to allow for a nationally representative comparison (Dolan et al. 2011).

For the current study, I focus my sample on youth ages 11-17 at Wave Three who completed the measure of support used in this study -- the 12-item version of the relatedness scale of the Research Assessment Package for Schools (Lynch and Cicchetti 1997) and who had complete information on our behavioral outcomes--the Child Behavior Checklist (CBCL 4-18). This resulted in a sample of 796 youth. These inclusion criteria are necessary based on data availability of the variables needed for this analysis. We dropped an additional 188 cases due to missing data through listwise deletion after including our other independent and control variables. Therefore, my analytical sample is 608 youth.

Measures

Well-Being. To measure youth's well-being as my outcome variable, I used the broadband Internalizing and Externalizing scales of the Child Behavior Checklist (CBCL) 4-18 at Wave 3 (Achenbach 1991). The CBCL is an empirically based measure identifying syndromes characteristic of emotional or behavioral problems. The Internalizing scale includes measures of Anxious/Depressed, Somatic Complaints, and Withdrawn syndromes. The Externalizing scale is comprised of Aggressive and Delinquent behavior syndromes. These measures use a checklist of 113 statements for school-aged children with responses on a 3-point Likert scale to indicate how accurately the caregivers feel the statement describes the child (0 = Not true, 1= Sometimes true, 2 = Very true or often true). Scores are then standardized, with scores of 64 or higher indicating children are at elevated risk for behavioral or emotional problems (Dolan et al. 2011). I used this standard clinical cutoff score to create an indicator variable (coded 1) for the presence of clinical levels of internalizing and externalizing behaviors at Wave 3.

Sexual Orientation. The first key independent variable for the logistic regression is sexual orientation. Youth self-reported how they thought of themselves: totally straight, mostly straight, bisexual, mostly gay, totally gay, or not sexually attracted to either sex. I created an indicator variable with those answering as anything other than totally straight considered LGBTQ (coded 1). In this sample, 22% of youth identified as LGBTQ, compared to only 8% of America's youth grades 9-12 who identify as LGBTQ (Dettlaff and Washburn 2018). This is consistent with prior research on the disproportionality of LGBTQ youth in the child welfare system (Fish et al. 2019).

Relationship with Caregiver. The second key independent variable is the quality of the relationship with the youth's current caregiver at Wave Three, whether this is their foster parent or their birth parent. To measure this, I used the shortened 12-item version of the relatedness scale of the Research Assessment Package for Schools (Lynch and Cicchetti 1997). This scale measures youth's perceptions of their primary caregivers in areas including parental involvement, autonomy support, and emotional security and structure (Yoon et al. 2021). Items such as "when I'm with my caregiver, I feel happy" or "my caregiver does a lot for me" were answered using a 4-point Likert scale (1= "not at all true," 2= "not very true," 3= "sort of true," 4= "very true"). Negatively worded questions were reverse-coded. I summed these responses to create a total score ranging from 17-48, with higher scores indicating better or higher quality relationships with caregivers.

Control Variables. I controlled for Wave 1 internalizing and externalizing behaviors, age, sex, race, whether the youth lived in an urban or rural sampling unit, whether the household fell below the federal poverty level, and the youth's prior history of maltreatment. Using the clinical cutoff of the standard CBCL score ($T > 64$), representing respondents who scored in the 90th percentile on these scales (McConaughy 1993), I created indicator variables to detect the

presence of clinical internalizing and externalizing behavior problems at Wave 1 (coded 1). Age is a continuous variable ranging from 11-17. Sex is a dichotomous variable with females coded 1. Race is a categorical variable coded as White non-Hispanic, Black non-Hispanic, Hispanic, and Other Race as reported in NSCAW-II. For youth in urban sampling units, I used a dichotomous variable representing the percentage of youth living in an urban area. I created dichotomous measures of whether the household fell below the federal poverty level, and whether youth had prior reports of child maltreatment.

Analytical Strategies

To analyze internalizing and externalizing behavior problems at Wave 3, I ran four logistic regression models, examining internalizing behavior problems and externalizing behavior problems separately. Model 1 is a logistic regression of clinical internalizing behaviors on sexual orientation and the quality of the youth's relationship with their caregiver, controlling for other factors. Model 2 includes an interaction term for sexual orientation and the quality of the caregiver relationship on internalizing behavior problems. Models 3 and 4 reiterate this process for externalizing behavior problems.

Results

[TABLE 1 HERE]

Bivariate Comparisons

Table 1 shows the descriptive statistics of my analytical sample. The prevalence of internalizing and externalizing behavior problems at Wave 1 is higher for LGBQ youth (Internalizing = 21.83%, Externalizing = 28.85%) than for heterosexual youth (Internalizing = 20.73%, Externalizing = 23.05%), though *t*-test comparisons show no significant difference. This pattern remains for Wave 3 internalizing behavior problems, again with LGBQ youth having

higher reported behavior problems (Wave 3 Internalizing = 24.26%), compared to heterosexual youth (Wave 3 Internalizing = 15.65%), though again not significant. The opposite pattern emerges for Wave 3 externalizing behaviors, as heterosexual youth have higher Wave 3 externalizing behaviors (Wave 3 Externalizing = 19.13%) compared to LGBQ youth (Wave 3 Externalizing = 18.95%), though not significant. There is a significant difference in the perceived relationship quality with their caregiver between LGBQ youth ($M = 38.67$) and heterosexual youth ($M = 42.59$). Youth who identified as LGBQ were significantly more likely to be female (76.45%) compared to heterosexual youth (52.00%).

Multivariate Analyses

Table 2 shows the results of my logistic regression models. Model 1 shows the logistic regression of internalizing behavior problems on sexual orientation and the youth's quality of the relationship with their caregiver, controlling for other factors. Youth in this model who identify as LGBQ have .64 higher log odds of internalizing behavior problems, though this effect is not significant. Youth's quality of the relationship with their caregiver was also not significant and small in magnitude, though the direction of the effect suggests better relationships were associated with higher caregiver reported behavior problems. Youth who identified as Black non-Hispanic had significantly lower log odds of internalizing behavior problems compared to White non-Hispanic youth. Both internalizing and externalizing behavior problems at Wave 1 were significantly associated with increases in internalizing behavior problems at Wave 3. Placement in foster care was not significant in this model but indicates a directional influence that placement in foster care led to an increase in internalizing behavior problems.

[TABLE 2 HERE]

In Model 2, which includes the interaction between sexual orientation and the relationship with their caregiver, the main effect of sexual orientation is not significant. The main effect of youth's quality of the relationship with their caregiver was also not significant but indicated that as the youth's relationship with their caregiver improved, their log odds of clinical internalizing behaviors decreased. To help interpret the interaction effect, I used post-estimation analyses. The relationship between sexual orientation and the relationship with their caregiver on internalizing behavior problems is positive but not significant. Figure 1 illustrates the predicted probabilities for internalizing behavior problems for LGBQ youth and non-LGBQ youth by the perceived quality of their relationship with their caregiver, holding other variables at their mean. Among our control variables, we find the same pattern that Black non-Hispanic youth had significantly lower log odds of internalizing behaviors compared to White non-Hispanic youth, and both internalizing and externalizing behaviors at Wave 1 predicted increases in the log odds of internalizing behavior problems at Wave 3.

For Model 3 (Table 2), sexual orientation is not a significant predictor of clinical externalizing behavior problems. The relationship with the caregiver is marginally significant in this model, indicating that as the youth's relationship with their caregiver improved, the log odds of externalizing behavior problems decreased. Black non-Hispanic youth again had lower log odds of externalizing behavior problems compared to White non-Hispanic youth, though this was marginally significant. Wave 1 externalizing behavior problems were significantly associated with increased log odds of externalizing behavior problems at Wave 3, as were prior reports of maltreatment.

In my final model, Model 4, the main effect of sexual orientation is significant. In this model, LGBQ youth without any relationship with their caregiver have 4.27 lower log odds of

externalizing behavior problems compared to non-LGBQ youth without a relationship with their caregiver, which was significant. The main effect of the caregiver relationship was also significant, indicating that as the quality of the youth's relationship improved, their log odds of externalizing behavior problems decreased by .08 ($p < .05$). The interaction effect between sexual orientation and the quality of the youth's relationship with their caregiver was marginally significant and positive ($\beta = .10, p < .10$), with the predicted probabilities of externalizing behavior problems for LGBQ youth and non-LGBQ youth based on the quality of the relationship with their caregiver illustrated in Figure 1.

[FIGURE 1 HERE]

Figure 1 shows the predicted probabilities for internalizing and externalizing behavior problems by sexual orientation and the quality of the youth's relationship with their caregiver. For non-LGBQ youth, the predicted probabilities of internalizing behavior problems decrease as their relationship quality with their caregiver increases. Post-estimation analyses showed this pattern is significant ($p < .05$). For LGBQ youth, the opposite pattern is found, as the predicted probabilities of internalizing behavior problems increase as the quality of their relationship with their caregiver increases ($p < .05$). LGBQ youth who reported the best-perceived relationship with their caregiver had a 29% predicted probability of having internalizing behavior problems compared to only 16% of non-LGBQ youth with this score ($p < .05$). For externalizing behavior problems, the same pattern emerged with greater significance. LGBQ youth with better relationships with their caregivers have a significantly higher predicted probability of externalizing behavior problems compared to non-LGBQ youth. Among youth with the best possible relationship with their caregiver, LGBQ youth had a 20% predicted probability of externalizing behavior problems compared to 15% of non-LGBQ youth ($p < .001$).

Discussion

Prior research on youth involved in the child welfare system using NSCAW-II data show these youth are more likely to present with internalizing and externalizing behavioral problems (McCrae 2009). Using logistic regression analyses to examine how protective factors such as the youth's quality of the relationship with their caregiver can improve these outcomes, I find that better caregiver relationships significantly decrease externalizing behavior problems, but only for heterosexual youth. For these youth, the perceived relationship with their caregiver does serve as a protective factor to reduce the probabilities of having clinically significant externalizing behavioral problems. However, for LGBQ youth, as their perceived relationship quality with their caregiver increases, so too does their probabilities of reported behavioral problems. This distinction is an important one because according to previous research, these youth do have higher reported behavioral problems (Fergusson et al. 1999). Sexual minority stress theory posits that the experiences of heterosexism, prejudice, and discrimination that LGBQ youth face exacerbates stress, contributing to higher rates of internalizing and externalizing behavior problems and reduced well-being overall (Brooks 1981). These findings are in line with this theory in that LGBQ youth in this sample do present with higher rates of both internalizing and externalizing behaviors. However, our analysis revealed that for LGBQ youth who perceived a close relationship with their caregiver, behavioral problems did not decrease, inconsistent with previous research that caregiver support can contribute to fewer behavioral problems and increased overall well-being (Traube et al. 2012; Wojciak et al. 2017).

This potentially counterintuitive finding may indicate that caregivers with good relationships with LGBQ youth may be able to better identify and more accurately report their well-being. For example, LGBQ youth who have a strong relationship with their caregiver may be more likely to express their sexual orientation and emotions surrounding the stress of

identifying as a sexual minority. The caregiver in turn may more accurately report behavioral problems among these youth and work to find services for them. Alternatively, it could be that the caregivers of LGBQ youth may be projecting their biases of these youth onto the reports of behavioral problems as a form of prejudice. It may also be possible that LGBQ youth with less attachments to their caregiver may be masking their behaviors to avoid conflict or potential rejection given the stakes are so high once involved with child welfare. Future research should include better measures of the youth's quality of the relationship with their caregiver, including whether the caregiver is aware of their youth's sexual orientation and gender identity. These improved measures could help identify what about the caregiver relationship may be helpful or harmful for LGBQ youth's well-being.

Limitations

While the findings from this study are interesting as they pertain to LGBQ youth, it is not without limitations. A major limitation is that sexual orientation is only asked at Wave Three of NSCAW-II and is a self-reported measure by the youth, therefore it is unclear whether caregivers are aware of their youth's sexual orientation. This could impact how caregivers report the behavioral problems of these youth and lead to different interpretations of the results. Additionally, the variable for the quality of the relationship with the youth's caregiver only measures their current caregiver and not former caregivers or birth parents that may still exert influence on behaviors. Another limitation was the amount of missing data on our variables of interest, limiting the sample size. Additionally, this study is not causal and uses cross-sectional data by only analyzing one wave of NSCAW-II. Future research will need to focus on these trends over time, as behavioral problems are expected to decrease over time among this population (McCrae 2009). Finally, looking at other protective factors such as the relationships

with peers and the overall support within the community may also influence youth's well-being and help explain disparate outcomes between LGBTQ youth and their heterosexual peers.

Conclusion

Implications of this study include a focus on parent or caregiver interventions to support the well-being of youth involved in the child welfare system, specifically for LGBTQ youth. Though LGBTQ youth show higher predicted probabilities of internalizing and externalizing behaviors as their perception the relationship with their caregiver increased, this may be the result of their caregiver being aware of their well-being and could lead to potential service involvement. Evidence-supported interventions found to promote well-being among LGBTQ youth in child welfare include the AFFIRM caregiver model (Austin et al. 2021) and the *Connecting* program (Salazar et al. 2020). These interventions have found that by improving the relationship between LGBTQ youth and their caregivers, and promoting acceptance of their sexual orientation and identity rather than rejection, problem behaviors and permanency outcomes can be improved for these youth by providing knowledge, support, and access to tailored services (Salazar et al. 2020). Programs and policies should continue to focus on the well-being of this vulnerable population and provide much needed resources to improve outcomes while in the child welfare system and into adulthood for LGBTQ youth.

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Table 1. Descriptive Statistics of Sample Variables

Variable	Range	Full Sample	LGBQ	Non-LGBQ	Linear Difference	
		<i>n</i> = 608 <i>N</i> =559,872	Youth <i>n</i> = 134 <i>N</i> =132,197	Youth <i>n</i> = 474 <i>N</i> =427,675	<i>T</i> -test	<i>p</i> -value ^b
		<i>M</i> (<i>SD</i>)	<i>M</i> (<i>SD</i>)	<i>M</i> (<i>SD</i>)	LGBQ Diff. ^a	
Exceeding Internalizing Threshold (Wave 3)	0-100%	17.68% (.02)	24.26% (.07)	15.65% (.02)	-1.21	<i>p</i> = .23
Exceeding Externalizing Threshold (Wave 3)	0-100%	19.10% (.02)	18.95% (.05)	19.13% (.03)	0.03	<i>p</i> = .98
Relationship with Caregiver	17-48	41.66 (.34)	38.67 (.85)	42.59 (.35)	4.27	<i>p</i> < .001
Age	11-17	13.94 (.11)	14.16 (.27)	13.87 (.12)	-0.91	<i>p</i> = .36
Female	0-100%	57.77% (.03)	76.45% (.05)	52.00% (.04)	-3.96	<i>p</i> < .001
White non-Hispanic	0-100%	41.32% (.05)	39.23% (.08)	41.96% (.06)	0.37	<i>p</i> = .71
Black non-Hispanic	0-100%	22.10% (.04)	20.55% (.07)	22.57% (.04)	0.28	<i>p</i> = .78
Hispanic	0-100%	30.01% (.05)	35.08% (.08)	28.44% (.05)	-1.08	<i>p</i> = .28
Other Race	0-100%	6.58% (.02)	5.14% (.02)	7.03% (.02)	0.55	<i>p</i> = .58
Exceeding Internalizing Threshold (Wave 1)	0-100%	20.99% (.02)	21.83% (.05)	20.73% (.03)	-0.19	<i>p</i> = .85
Exceeding Externalizing Threshold (Wave 1)	0-100%	24.42% (.03)	28.85% (.06)	23.05% (.03)	-0.89	<i>p</i> = .37
Prior Reports of Maltreatment	0-100%	62.31% (.04)	58.61% (.08)	63.45% (.04)	0.60	<i>p</i> = .55
Household Below Poverty Line	0-100%	52.86% (.03)	50.60% (.08)	53.56% (.04)	0.38	<i>p</i> = .71
PSU Urban	0-100%	77.06% (.06)	82.32% (.07)	75.43% (.07)	-1.42	<i>p</i> = .16
Out-of-Home Care	0-100%	7.79% (.02)	6.41% (.03)	8.15% (.02)	0.40	<i>p</i> = .69

Source: National Survey of Child and Adolescent Well-Being (NSCAW-II)

I provide proportions within sample for categorical variables and mean values for continuous variables.

^aLGBQ differences come from a linear combination test of the relevant proportion/mean across the youth. Here, the value for LGBQ youth is subtracted from the value of heterosexual youth. A positive difference represents heterosexual youth having a larger proportion/mean in our analytical sample and a negative value means that LGBQ youth have a larger proportion/mean.

Table 2. Logistic Regression of Behavior Problems on Sexual Orientation and Relationship with Caregiver

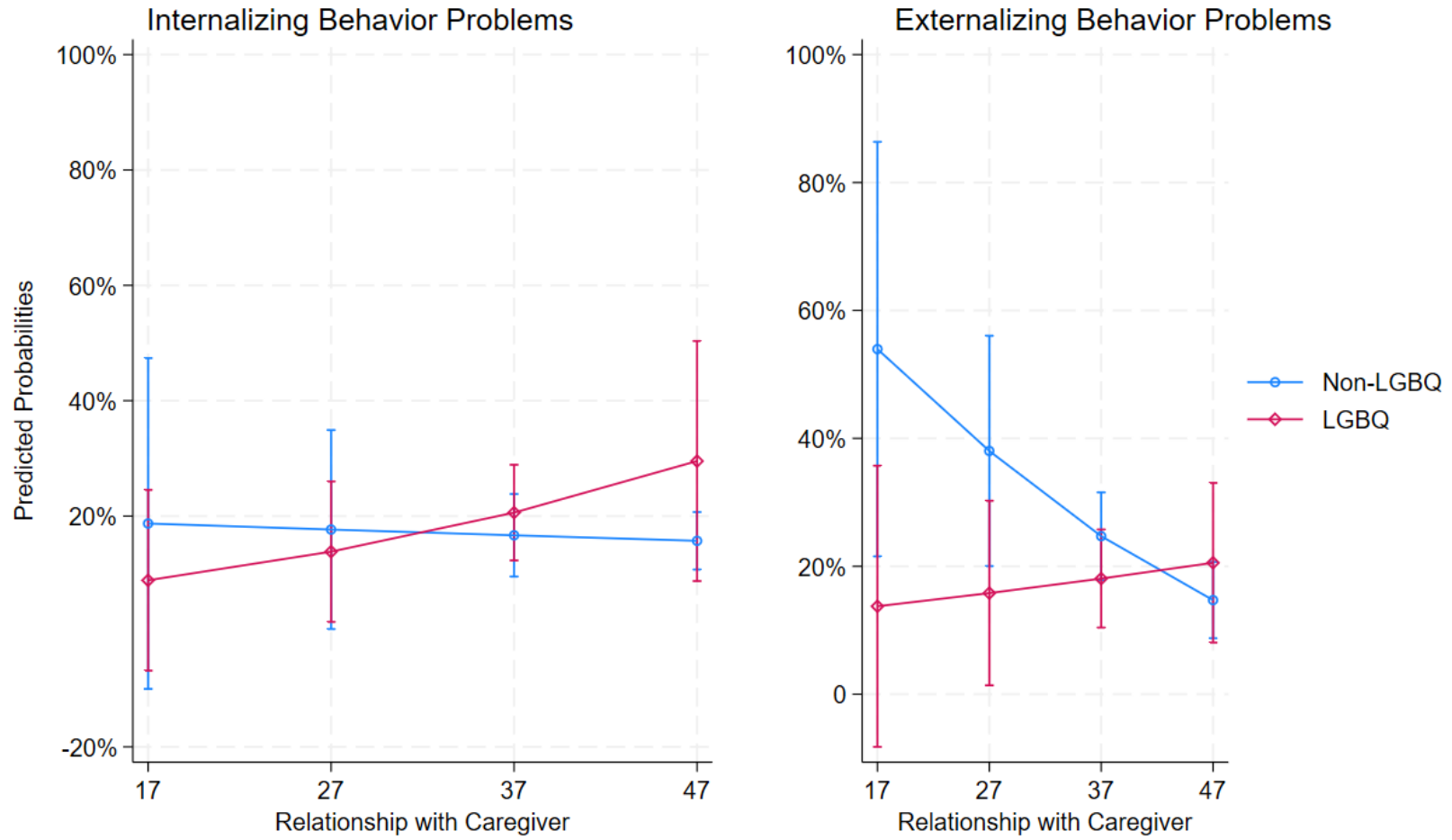
	Internalizing Behavior Problems		Externalizing Behavior Problems	
	Model 1	Model 2	Model 3	Model 4
	β (<i>SE</i>)	β (<i>SE</i>)	β (<i>SE</i>)	β (<i>SE</i>)
<i>Main Effects</i>				
LGBQ Youth	0.64 (.47)	-2.54 (3.25)	-0.25 (.43)	-4.27 (2.30) [†]
Relationship with Caregiver	0.02 (.04)	-0.01 (.05)	-0.05 (.03) [†]	-0.08 (.03) [*]
<i>Interaction Effects</i>				
LGBQ Youth x Relationship with Caregiver		0.08 (.08)		0.10 (.06) [†]
<i>Controls</i>				
Age	0.10 (.12)	0.10 (.12)	-0.07 (.09)	-0.06 (.09)
Female	0.39 (.39)	0.39 (.39)	-0.05 (.34)	-0.04 (.34)
Black non-Hispanic	-1.83 (.64) ^{**}	-1.82 (.64) ^{**}	-0.71 (.40) [†]	-0.70 (.42) [†]
Hispanic	0.02 (.50)	0.02 (.51)	-0.50 (.48)	-0.50 (.47)
Other Race	-1.02 (.74)	-1.04 (.73)	-0.65 (.91)	-0.62 (.88)
Wave 1 Internalizing Behaviors	2.04 (.48) ^{***}	2.04 (.48) ^{***}	0.04 (.42)	0.03 (.43)
Wave 1 Externalizing Behaviors	0.99 (.46) [*]	0.98 (.47) [*]	2.22 (.43) ^{***}	2.25 (.42) ^{***}
Prior Reports of Maltreatment	0.56 (.49)	0.56 (.49)	0.49 (.29) [†]	0.45 (.29)
Household Below Poverty	-0.60 (.40)	-0.65 (.41)	-0.02 (.42)	-0.07 (.42)
PSU Urban	-0.03 (.48)	-0.01 (.49)	-0.40 (.39)	-0.34 (.40)
Out-of-Home Care	0.14 (.61)	0.12 (.62)	0.15 (.64)	0.10 (.64)
Constant	-4.84 (2.87)	-3.67 (2.93)	1.04 (1.93)	2.27 (1.93)
Observations	608	608	608	608

Coefficients presented in log odds. Standard errors in parentheses

Source: National Survey of Child and Adolescent Well-Being (NSCAW-II)

[†] $p < .10$, ^{*} $p < 0.05$, ^{**} $p < 0.01$ ^{***} $p < .001$

Figure 1. Predicted Probabilities of Clinical Behavior Problems by Sexual Orientation and Relationship with Caregiver



Source: National Survey of Child and Adolescent Well-Being (NSCAW-II) ($N = 608$)

Chapter Three:

Supporting the Future: Future Expectations for LGBTQ Youth in
Child Welfare and How Social Support Shapes Them

Co-Authors on Chapter Three: Dr. Erin Maher and Rin Ferraro

Breakdown of Effort:

Heather Lepper-Pappan: Development of research questions, performed all data analysis, author of first draft, edited all subsequent drafts.

Dr. Erin Maher: Edited drafts, contributed to literature review and discussion.

Rin Ferraro: Reviewed drafts, contributed to data analysis.

Abstract

Youth involved with the child welfare system, and particularly those who are also lesbian, gay, bisexual, and queer (LGBQ), are a vulnerable population, facing unique challenges within a system designed to protect them from child abuse and neglect. Transitions from the child welfare system into adulthood can be especially difficult, and research has pointed to poor developmental outcomes for youth exiting care without a permanent family. To mitigate these challenging circumstances, more research is needed to explore characteristics that help promote a successful transition into adulthood. One such trait is youth having positive or normative (relative to their peers and the culture in which they live) expectations for their future. Positive expectations reflect hope, which is associated with well-being and can serve as a protective factor for high-risk youth. This paper examines how future expectations may be different for LGBQ youth involved in child welfare compared to their non-LGBQ peers. It also investigates how the perception of social support from adults and peers among both LGBQ and non-LGBQ youth involved in the child welfare system shapes their future expectations. Data for this study comes from the National Survey of Child and Adolescent Well-Being II (NSCAW II). We focus on future expectations of having a family, getting married by twenty-five, and living to thirty-five, all of which are considered normative aspects of the transition to adulthood. We use multinomial logistic regression analyses to determine whether sexual orientation predicts the likelihood of having positive expectations and whether social support from caregivers and peers moderates these expectations. We find that LGBQ youth have significantly lower future expectations compared to heterosexual youth, and social support from peers negatively influences expectations of living to thirty-five compared to heterosexual youth. The results of this study add to the literature on protective factors for vulnerable populations in child welfare and inform the development of policies and practices to support them.

Keywords: LGBQ youth, social support, future expectations

Introduction

Youth in the child welfare system, particularly lesbian, gay, bisexual, and queer (LGBQ) youth are a particularly vulnerable population understudied in child welfare research, specifically as it pertains to understanding factors and characteristics that promote successful transitions into adulthood. We use the acronym LGBQ for sexual orientation only since there is no variable to capture transgender identity in the dataset used for this analysis. In 2021, Child Protective Services received over 3.9 million referrals for child abuse and neglect impacting nearly 7.2 million children (U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau 2023). Because of this intimate involvement in family life, the child welfare system has served as an institution that shapes family life, yet has received little sociological attention (Reich 2008). Youth who identify as LGBQ are at even higher risk of child welfare involvement than their heterosexual peers, representing 14% of youth in the child welfare system, though they account for only 8% of the general population (Dettlaff and Washburn 2018; Fish et al. 2019). The disproportionality of LGBQ youth in child welfare is likely due to their increased risk of family rejection, abandonment, and higher rates of physical and sexual abuse (Saewyc et al. 2006).

Youth in the child welfare system, almost by definition, are likely to have difficult and strained relationships with their parents and caregivers due to experiences of abuse, neglect, and familial instability (Dickerson et al. 2019). These experiences can impact youth's sense of stability and support as well as their development of expectations for their future. For LGBQ youth, family dynamics can be even more strained because of their sexual minority status. If placed in out-of-home care, LGBQ youth often face additional challenges. Research shows they are more likely to spend more time in foster care, age out without a permanent family, have more

frequent placement changes, and end up in congregate or residential housing more than their heterosexual peers (Schaub, Stander, and Montgomery 2022; Wilson and Kastanis 2015). These experiences of maltreatment coupled with this family instability, as well as discrimination as a result of their identity, may more negatively impact life course outcomes for LGBTQ youth and shape their expectations for their future as they transition into adulthood (Brumley et al. 2017; Shpiegel and Simmel 2016). The field needs a better understanding of these experiences and their impact to advocate for and develop more support.

Research in sociology has studied youth aspirations and future expectations in the general population. However, hardly any sociological research has examined this for youth involved with the child welfare system, and no research to our knowledge has focused on future expectations for LGBTQ youth. Future expectations refer to how individuals perceive their future aspirations and possibilities, and these expectations represent potential mechanisms for promoting healthy development (Prince et al. 2019). Expectations for adulthood are shaped by the culture in which we live and achieving certain normative milestones is often seen as a measure of success. We examine what youth expect to happen in their future and how the support they receive from family and peers may shape these expectations for marriage, family, and mortality. These questions are critically important because the family lives of youth in the child welfare system are characterized by instability and childhood adversity that shape their future life trajectories, often in ways that hinder their social competence and can lead to negative health and well-being outcomes (Brumley et al. 2017; Dickerson et al. 2019). However, little research has focused on the characteristics that shape these expectations and whether protective factors such as social support influence youth's goals and ambitions.

This paper examines how LGBQ status influences future expectations for marriage, family, and mortality during their transition into adulthood among youth in the child welfare system and how the support they receive from caregivers and peers moderates these future expectations. Using the second National Survey of Child and Adolescent Well-Being, we pose two research questions: First, how do the future expectations of LGBQ youth involved in the child welfare system compare to their heterosexual peers? Second, does social support from caregivers and peers moderate or shape the relationship between future expectations and LGBQ status? The results of this proposed study will inform policies and programs aimed at interventions for youth in child welfare, particularly LGBQ youth.

Literature Review

Future Expectations and Social-Ecological Development

Adolescence is a time of growth and development in which youth begin to orient themselves to their future goals and events (Jámbori and Sallay 2003). As such, expectations for their future develop as part of their sociocultural environment, including their family and friends. Future expectations are defined as the belief or expectancy that a specific event is likely to occur in the future (Sipsma et al. 2012). Negative future expectations have been linked to poor health outcomes and risky behaviors such as substance use, aggression, and impulsivity (Dickerson et al. 2019; Halleröd 2011). Alternatively, Wyman et al (1993) found that positive future expectations can promote resiliency as well as improved social and emotional development, particularly for minority and low-income youth. Even if these expectations are not achieved, there are no negative impacts on the youth's mental health according to some research, suggesting that high expectations should be fostered among all youth to promote resiliency, whether or not it contributes to the attainment of these expectations (Reynolds and Baird 2010).

Building resiliency among marginalized populations especially is crucial as they are often disproportionately represented in the child welfare system (Dettlaff and Boyd 2020).

The research on expectations has predominately focused on educational expectations and occupational attainment. Studies on educational expectations and attainment have consistently shown that parent and family expectations and values can influence the formation of future expectations for education among adolescents (Sanders, Munford, and Liebenberg 2012; Stoddard and Pierce 2015; Trusty 1998; Young, Beutel, and Burge 2023), which is why it is so important to look at parental and other sources of support. For example, Rimkute et al. (2011) found that among adolescents, high parental expectations for their child's education predicted the youth's own high educational expectations. Jámbori and Sallay (2003) found that among adolescents, positive future expectations were developed more often when parenting styles were authoritative and supportive, highlighting the role of parents and adults in the formulation of positive future outlooks.

Additionally, peers become more influential during adolescence and young adulthood, and the role of peers has been shown to influence expectations and behaviors. Peers who have more socially acceptable norms contribute to conventional student expectations for youth, while peers with deviant norms are more likely to influence expectations toward delinquency and risky behavior (Sipsma et al. 2012). These studies have shown that expectations influence later attainment and behavioral outcomes, yet less research has focused on future expectations other than education, such as expectations for early mortality or family formation.

Future expectations can be shaped positively or negatively by experiences youth face in their adolescence. Brumley et al. (2017) used the National Longitudinal Study of Adolescent to Adult Health (Add Health) data to examine whether adolescents' future expectations mediated

the pathway from adverse childhood experiences to problem behaviors. They found that adverse childhood experiences can shape future expectations negatively and that these pessimistic views of the future are associated with higher rates of problem behaviors including substance abuse, physical violence, and gang membership. Their findings revealed that youth with higher adverse experiences had less optimistic expectations for their future and higher levels of problem behaviors. Furthermore, Thompson et al. (2012) analyzed the Longitudinal Studies on Child Abuse and Neglect (LONGSCAN) data and found that maltreatment and caregiver instability predicted less success and more instability in youth's future expectations. These findings highlight how future expectations can be shaped negatively by adverse childhood experiences and highlights how youth in the child welfare system may have lower future expectations that shape their life trajectories.

In contrast, some research has examined the mechanisms that foster positive future expectations. Among youth in foster care, placement security was significantly and positively related to future expectations (Mihalec-Adkins, Christ, and Day 2020), and Stoddard and Pierce (2015) found that positive future expectations can be fostered through hope and purpose. Additionally, Van Audenhove and Vander Laenen (2015) found that many youth leaving care and transitioning to adulthood reported positive expectations for the future but felt that there may be challenges to achieving these expectations. For these youth, long-term relationships with parents, partners, and mentors were critical to enhance their sense of agency and ability as they navigate early adulthood.

Some studies have shown that future expectations are not static, rather they are dynamic and influenced at multiple levels, particularly by parents and peers (Oshri et al. 2018). Using nationally representative data on youth involved in the child welfare system (NSCAW-I), Oshri

et al.'s study (2018) was one of the first to look at changing future orientations in the context of risk and protective factors. The study identified three patterns of future orientations among youth in child welfare: high and persistent expectations for the future, initial high expectations that decrease over time, and initial low expectations that increase over time. The majority of youth in this sample (76%) reported high future orientations despite histories of maltreatment, following similar literature on the resilience of youth (Wyman et al. 1993). More recent research has articulated influences on future expectations and how they change. Physically abusive discipline by parents and caregivers and dissatisfaction with peers can lead to lower future expectations. Conversely, reductions in risk factors and increases in resources can lead to higher expectations that promote independent living skills and higher social capital (Oshri et al. 2018). As one of the only studies looking at changing future expectations, Oshri et al. (2018) called for additional research on the mechanisms that influence such changes, such as social support from caregivers as well as from peers. Additionally, no research to our knowledge has focused on expectations for LGBTQ youth in the child welfare system, for whom this type of positive support from parents and peers may be lacking.

A theory sometimes used to examine future expectations is the social-ecological theory of human development. According to this theory, human development is cultivated through interactions with the environment (Bronfenbrenner 1979). The social-ecological theory posits that the multiple contexts at the individual, family, community, and policy level shape youths' development and their expectations for the future (Brumley et al. 2017). Saupe et al. (2020) utilized a socio-ecological approach to understand how individual risk factors of harsh parenting and internalizing behavioral problems and community-level protective factors (community integration) were associated with youths' future expectations. The authors found that harsh

parenting and internalizing behavioral problems are negatively associated with optimistic future expectations, while community support and integration were associated with a more positive outlook. These findings highlight how future expectations may be less optimistic for children who experience maltreatment, harsh parenting, and low parental bonding, which has implications for their transition to adulthood. These findings also confirmed that more pessimistic future expectations were linked to risky behaviors and early pregnancies, potentially continuing the cycle of harsh parenting and maltreatment.

Iovu (2014) also studied future expectations from an ecological model, recognizing how future orientations can be shaped by various systems such as the individual, family relationships, and peer relationships. The findings indicated that most adolescents had high expectations for completing high school, getting a good job, and finding a partner. However, family and peer relationships did not matter as much as individual self-confidence in developing these expectations (Iovu 2014). How youth developed self-confidence was not addressed and may have similar influences. Iovu (2014) also found differences by gender, in which women had more positive and normative future expectations than men. This study called for further research on the topic as it was cross-sectional and was focused on a general population of youth. More research is needed to look at how the environmental contexts of family and peers influence youth in the child welfare system and their expectations for their futures.

For LGBQ youth, future expectations may also be shaped from a policy level according to the social-ecological theory of development. Expectations for having a family among LGBQ youth may be shaped by policies against the use of reproductive technologies, bans on LGBQ individuals becoming foster parents, and lack of legal recognition of parenthood for same-sex couples (Mayo-Adam 2020). Similarly, expectations for marriage may also be influenced by

policy, such as the 2015 Supreme Court ruling in *Obergefell v. Hodges* which finally awarded same-sex couples the right to federally recognized marriage (*Obergefell v. Hodges* 576 US 644, 2015). These policies have direct implications for how LGBTQ youth may develop their future expectations within this ecological model.

Social Support and Life Course Theory

Social support is one mechanism thought to influence future expectations, though little research has examined these trends for LGBTQ youth specifically. Social support is defined as the perceived or received assistance that an individual has from other people in their lives, and is a well-established protective factor for mental illness and life satisfaction (Evans et al. 2022). Research has shown that social support is associated with positive health and well-being outcomes, particularly for youth who have been reported for child maltreatment or who are in foster care (Collins et al. 2010). In a study using data collected on youth who had been in foster care until the age of eighteen, Collins, Spencer, and Ward (2010) found that these youth often identified biological families, peers, and mentors as sources of support that provided acceptance, constant encouragement, and assistance when needed. When youth reported having these supportive relationships, they reported better outcomes regarding securing living space and increased educational attainment (Collins et al. 2010). Indeed, social support from parents and peers has been found to promote well-being among youth who have experienced maltreatment, but may also be challenging to maintain as they face placement instability, difficulties with adjustment and behavior, and potential attachment issues (Corwin et al. 2020; Hershberger and Jones 2018). This study considers social support from two sources: caregivers and peers.

A predominant theory used to understand the trajectories of adolescents into adulthood is life course theory. The life course is defined as “pathways through the age-differentiated life

span” and the social transitions enacted over time (Elder 1998). According to this theory, early child development significantly shapes future life trajectories. Social bonds to family and schools can counteract negative trajectories. Additionally, turning points such as employment and marriage in adulthood can redirect pathways positively by increasing attachments and commitment to conventional society (Laub and Sampson 1993). This theory is useful for studying youth in the child welfare system as they navigate their transition into adulthood, as their attachments to family and schools are often fractured due to child abuse and neglect and disruptions in placements while in the child welfare system. As a result, outcomes for youth transitioning from the system and into adulthood are fraught with challenges in finding housing, employment, and continuing their education (Gunawardena and Stich 2021). These fractured relationships may be even more predominant for LGBTQ youth in child welfare, warranting more investigation.

A component of life course theory especially useful in exploring social support as a mechanism for influencing future expectations is the linked lives principle. The linked lives principle suggests that an individual and their life course cannot be understood independently from their social relationships (Landes and Settersten 2019). In a study on maternal circumstances and developmental trajectories for youth, Macmillan et al. (2004) found that maternal instability and poverty intensified antisocial behavior in children, while stability and escape from poverty improved these behaviors. These findings utilized a linked lives perspective and highlighted how youth develop within the context of their family relationships (Macmillan et al. 2004). For adolescents, both parents and peers serve as very important relationships that cultivate trajectories for these youth. Early-life influences by parents can shape later-life

outcomes for youth, and major transitions within the lives of youth can impact intergenerational relationships that alter life course outcomes (Bucx 2009).

Similarly, adolescent friendships are deeply interconnected relationships that influence well-being and later life outcomes. Findings from research on adolescent friendships found that dependable and caring friendships provided support for these youth, though youth who could use this support most often had difficulty forming such positive relationships (Flynn, Felmlee, and Conger 2017), likely due to early trauma which impacts their ability to form healthy and trusting relationships. Alternatively, negative peer influence can lead to peer rejection and bullying and increased risk of delinquency and substance use, all of which impact youth's mental health and well-being and future life trajectories (Mitchum and Moodie-Mills 2014; Weerman, Wilcox, and Sullivan 2018). Therefore, from a linked lives perspective, both parents and peers are critical in examining future expectations for youth.

Youth in the child welfare system report social support from four main sources: parents, peers, professional staff such as caseworkers, and substitute caregivers such as foster parents (Courtney et al. 2014). Research has shown that positive support from parents or caregivers contributed to larger social networks, higher interaction with children, and the provision of stimulating home environments for children in child welfare (Rajendran, Smith, and Videka 2015). Social support from parents or caregivers has also been found to increase child well-being by reducing internalizing behaviors and increasing placement stability and life satisfaction (Cusumano 2022; Evans et al. 2022).

In general, social support from parents buffers against stress and may influence future expectations by setting standards, influencing the youth's interests and goals, and serving as role models (Nurmi 2005). Social support from other caregivers for youth in the child welfare system

is important, as well, as they may be less likely to receive support from their biological parents. Having positive relationships with foster parents can promote higher levels of life satisfaction, particularly if these caregivers model emotional regulation and learning (Evans et al. 2022; Healey and Fisher 2011; Salazar et al. 2020). In a study using NSCAW II data, better relationships with caregivers predicted higher future expectations for youth in child welfare across three domains, though this was not the primary focus on the study (Rajendran 2008). For LGBQ youth, the relationship with caregivers may be especially fragile as they may not have stable placements with a single set of caregivers (placement instability) and their caregivers may not be accepting of their sexual orientation or gender identity (Mallon 1998; Wilson et al. 2017). No study to date has examined caregiver support for LGBQ youth in care and compared the pattern of results to the general population of youth in care.

Social support from peers is another important mechanism that can promote positive outcomes for youth in care. Support from peers, in general, has been shown to increase educational expectations and achievement as well as the future outlook for youth (Hershberger and Jones 2018; Kiuru et al. 2007; Merritt 2015). Studies that have looked at peer support among maltreated youth or youth in the child welfare system have found that positive peer relations can improve school experiences and improve educational outcomes, reduce problem behaviors, and reduce loneliness and depression (Cassidy and Asher 1992; Merritt 2015), all of which can influence expectations. However, youth in foster care report lower quality peer relations than children who remain in the home and are raised by their biological families (Cusumano 2022). For LGBQ youth, peers may be even more crucial as peer support is often sought out by youth who lack support from their families of origin. According to Parra et al. (2017), positive peer relationships can provide a buffer between familial rejection and emerging symptoms of anxiety

and depression. However, peer relations among LGBTQ youth can be particularly strained given the increased harassment, discrimination, and bullying they face in the school setting (Hong and Garbarino 2012; Murdock and Bolch 2005). Similarly, peers may not always provide positive support, as Sanders et al. (2017) found that peers may promote risky or antisocial behavioral problems that compounds negative well-being outcomes. To our knowledge, no one has evaluated peer support among LGBTQ youth involved with child welfare and its association with positive outcomes, such as expectations or aspirations.

Research on social support highlights its potential as a protective factor for youth in promoting child well-being and even positive future expectations. Using a protective factors framework, Strengthening Families has identified social connections as one characteristic that can lead to healthy child development and reduced likelihood of child abuse and neglect (Center for the Study of Social Policy 2024). However, given the relative lack of social support for many youth in foster care or involved with child welfare due to placement instability and/or fractured family relationships, research on social support for these youth is especially important to determine how it may shape future trajectories. Importantly, social support is especially critical to research among LGBTQ youth in child welfare, who are more likely than their peers to face family rejection, peer rejection and isolation, and greater placement instability with multiple foster parent caregivers if placed into foster care (Wilson et al. 2017).

Minority Stress Theory

When examining LGBTQ individuals and youth, a major theory in recognizing differences in health and well-being is minority stress theory, specifically sexual minority stress theory. Developed by Winn Kelly Brooks in 1981, sexual minority stress theory is conceptualized as a systems theory approach to understanding how cultural and social factors such as prejudicial

attitudes, discrimination, and restricted access to economic opportunities can lead to a state of stress for LGBTQ individuals (Rich et al. 2020). Such stressors for LGBTQ youth include heterosexist discrimination, anticipated homophobia, internalized sexism, and concealment or low outness (Meyer and Frost 2013). These experiences of stress and stigmatization during adolescence disrupt youth development and contribute to negative outcomes later in adulthood, impacting their life trajectories (Radkowsky and Siegel 1997). For LGBTQ youth in child welfare, stress and stigmatization are exacerbated and higher stakes due to experiences of family rejection due to sexual orientation, increased rates of physical and sexual abuse, and less placement stability due to unwelcoming foster care placements (Mallon 1998; Saewyc et al. 2006; Toomey et al. 2018). Sexual minority stress theory helps explain how negative events in childhood such as child maltreatment may be compounded by minority stress. These circumstances further the need to examine protective factors such as social support by family and peers that could reduce this stress and improve health and well-being. What all these theories and associated studies highlight is the importance of the youth's environment and relationships in influencing their expectations for their future and their overall well-being.

The Current Study

Building on the theoretical frameworks described above, we ask the following research questions: First, how do the future expectations of LGBTQ youth involved in the child welfare system compare to their heterosexual peers? Second, how does social support from caregivers and peers moderate the effects of LGBTQ status on future expectations? We hypothesize that LGBTQ youth will have significantly lower future expectations compared to their peers. This hypothesis is based on the higher adversity and challenges experienced by this group during childhood and while in the child welfare system. For both groups, we expect social support from

caregivers and peers to be significantly and positively related, such that higher social support will predict higher expectations. This study is one of the first to look at future expectations for LGBQ youth in the child welfare system specifically. The results of this study add to the literature on the disparities faced by these youth and point to policy changes to address them.

Methods

Data and Sample

Data for this study will come from the second cohort of the National Survey of Child and Adolescent Well-Being, referred to as NSCAW II. NSCAW II is a longitudinal study designed to assess the functioning, service needs, service use, and well-being of 5,782 youth ages 0 to 17 years old involved in the child welfare system (CWS). This sample includes youth who were the subject of a child maltreatment investigation, regardless of whether the investigation resulted in a substantiation of child maltreatment or not, and is stratified by service type to include cases that received no services, received in-home services, and received out-of-home services. NSCAW II data contains three waves: a baseline Wave One (April 2008-December 2009), an 18-month follow-up Wave Two (October 2009-January 2011), and a 36-month follow-up Wave Three (June 2011-December 2012). NSCAW II uses a two-stage stratified sampling design. Stage one sampled nine strata, eight of which represent states with the largest population of CWS-involved youth, and one stratum for the remaining states. From these, 86 primary sampling units (PSUs) were randomly selected. For stage two, CWS cases within the PSUs were sampled, with infants, youth receiving services, or youth in out-of-home placement oversampled. Due to this oversampling, NSCAW II includes survey weights to correct for the unequal probability of being

sampled and to allow for a nationally representative comparison (Dolan et al. 2011). We include these weights to account for oversampling and present our results using these weights.

For the current study, we limit our sample to youth aged 11-17 at Wave Three with complete responses for our outcome variables, future expectations for marriage, family, and mortality ($n = 858$). These inclusion criteria are necessary based on data availability of the variables needed for this analysis. Next, we drop 360 cases using listwise deletion for missing data on our independent and control variables. Therefore, our final analytical sample is 498.

Measures

Dependent Variable:

Future Expectations. To measure future expectations, we use three items from Resnick et al.'s (1997) Expectations about Employment, Education, and Lifespan Inventory at Wave Three. These items capture expectations about getting married by twenty-five, having a child or family, and living to thirty-five. Each item is scored on a scale from "1" (No Chance) to "6" (It Already Happened). Living to thirty-five was measured on a 5-point scale (1 = No Chance, 2 = Some Chance, 3 = About 50-50, 4 = Pretty Likely, 5 = It Will Happen). Given that these variables were a Likert scale, they were treated as ordinal for the analysis.

Independent Variables:

LGBQ Status. In Wave Three of NSCAW-II, youth self-reported how they thought of themselves: "totally straight, mostly straight, bisexual, mostly gay, totally gay, or not sexually attracted to either sex." We created an indicator variable with those answering as totally straight considered heterosexual (coded 0) and any other response coded as LGBQ (coded 1)².

² While the coding strategy to measure sexual orientation may potentially be problematic, it is the most inclusive way to measure LGBQ status in this dataset and retain the most cases for the sample.

Respondents who answered that they were not attracted to either sex ($n = 93$) were excluded from this analysis.

Social Support. Social support is measured as social support from caregivers and peers. To measure social support from adults, we used the shortened 12-item version of the relatedness scale of the Research Assessment Package for Schools (Lynch and Cicchetti 1997). This scale measures youth's perceptions of the quality of their relationship with their primary caregivers in areas including parental involvement, autonomy support, and emotional security and structure (Yoon et al. 2021). Items such as "when I'm with my caregiver, I feel happy" or "my caregiver does a lot for me" were answered using a 4-point Likert scale (1= "not at all true," 2= "not very true," 3= "sort of true," 4= "very true"). Negatively worded questions were reverse-coded. We summed these responses to create a total score ranging from 17-48, with higher scores indicating better relationships with caregivers. To measure social support from peers, we used the 16-item self-reported Loneliness and Dissatisfaction Scale (Asher and Wheeler 1985). Prior research has shown that this scale can similarly measure social support from peers (Rotenberg and Hymel 1999). Sample items include questions such as: "It is easy to make new friends," or "I have nobody to talk to at school." Responses were captured using a 5-point Likert scale ranging from Never to Always, with appropriate items being reverse coded. All items were summed to create a total peer support score ranging from 24-80, with higher values indicating greater peer satisfaction and support. The scale showed good internal reliability ($\alpha = .89$) and has been validated in previous studies for use as a social support measure (Cassidy and Asher 1992).

Control Variables:

We control for age, sex, race, type of maltreatment prompting a CPS report, whether the child was ever placed in out-of-home care between Waves 1 and 3, and who their current

caregiver is. Other controls include whether the sampling unit is urban, and the percentage of those living at or below the poverty federal poverty level. Age is a continuous variable ranging from 11-17. Sex is a dichotomous variable with females coded 1. Race is a categorical variable coded as White non-Hispanic, Black non-Hispanic, Hispanic, and Other Race as a constructed race variable in NSCAW-II. Type of maltreatment is a categorical variable coded to capture the six most common types of maltreatment including Abuse, Neglect, Substance Use, Domestic Violence, Sexual Abuse, or Other. This variable was derived by the index report for the youth encountering the child welfare system and captures the most severe maltreatment reported. Whether the youth were ever placed in out-of-home care between Waves One and Three is a dichotomous variable measured at Wave Three using retrospective administrative records. Caregiver relationship is coded as Parents, Foster Parents, or Kinship Caregiver based on their current placement at Wave Three.

Analytical Strategy

First, we present weighted descriptive statistics on our sample. Next, we examine the bivariate comparisons between LGBQ youth and non-LGBQ youth for future expectations, sexual orientation, peer support, and youth's relationship with their caregiver. Then, we use multinomial logistic regression analyses to run three models to measure whether sexual orientation predicts differences in future expectations for having a family, getting married by twenty-five, and living to thirty-five. Rather than ordered logistic regression analyses, which often violate the parallel line assumption, multinomial logistic regression is most often used for dependent variables that have no inherent ordered structure but can also be used for ordered variables. These models fit multiple binary logistic regression models simultaneously for comparisons among each alternative of the dependent variable (Long and Freese 2001). As

multinomial logistic regression models compare alternatives to a base outcome, we chose the expectation category “No Chance” as the comparison, as it was the least likely option. Therefore, all stacked logistic regression analyses will compare alternatives to “No Chance” of occurring.

The equation below represents this model:

$$\ln \Omega_{m|No\ Chance} (x) = \ln \left(\frac{Pr(y = m | x)}{Pr(y = No\ Chance | x)} \right) = x \beta_{m|No\ Chance} \text{ for } m = 2 \text{ to } 6$$

For the expectation of living to thirty-five, there were too few respondents in the “No Chance” or “Some Chance” categories, so we changed the base outcome to “About 50-50 Chance”. The equation for this model is as follows:

$$\ln \Omega_{m|About\ 50-50} (x) = \ln \left(\frac{Pr(y = m | x)}{Pr(y = About\ 50 - 50 | x)} \right) = x \beta_{m|About\ 50-50} \text{ for } m = 3 \text{ to } 5$$

After running these models for each of the three future expectations, we run subsequent models to examine whether peer support and youth’s relationship with their caregiver moderates these expectations. We use interaction terms to analyze how social supports impact future expectations differently for LGBQ youth and examine the differences by gender and race. All analyses were conducted in Stata 18.

Results

Descriptive Analyses

Table 1 displays the weighted descriptive statistics and population estimates for the full sample, as well as a comparison between LGBQ youth and heterosexual youth. Among future expectations for the full sample, living to thirty-five had the highest average expectation among youth in child welfare (4.39), while getting married by twenty-five had the lowest average expectation for these youth (2.92). In the full sample, the average level of peer support was 69.28 and the average score for the perceived quality of youth’s relationship

with their caregiver was 41.91. The average age in the full sample was 14, and more than half of the sample was female (55.72%). Over one-third of the sample identified as White non-Hispanic (35.32%), followed by Hispanic (32.79%), Black non-Hispanic (25.05%), and Other Race (6.84%). The most common type of abuse identified was Neglect (27.85%) and over half the sample fell below the poverty line (58.02%). Most of the sample was urban (84.59%) and resided with their biological parent (87.50%).

Of the youth in this sample, LGBQ youth were disproportionately represented (14.41%) compared to the 8% in the general population, consistent with the literature (Dettlaff and Washburn 2018). Youth who identified as LGBQ had lower future expectations for having a family (3.32), getting married by twenty-five (2.50), and living to thirty-five (4.19) compared to heterosexual youth (3.94, 2.99, and 4.43 respectively). However, only getting married by twenty-five was significantly different. Additionally, LGBQ youth had significantly lower levels of peer support (63.34) and caregiver support (36.18) compared to heterosexual youth (70.28 and 42.87 respectively). LGBQ youth were also significantly older (14.72 compared to 13.88) and more likely to be female (87.23% compared to 50.41% for heterosexual youth). Compared to heterosexual youth, LGBQ youth were significantly less likely to have experienced Domestic Violence (.58% compared to 8.60%) or Substance Abuse (3.13% vs. 9.12%) based on their index report and were less likely to be residing with a foster parent during this wave of data collection (1.06% vs 3.40%). Finally, LGBQ youth were more likely to be living in an urban area (96.56%) compared to heterosexual youth (82.57%). No other significant differences were found between the two groups (see Table 1).

Table 1. Descriptive Statistics for Sample

Variable	Range	Full Sample	LGBQ Youth	Heterosexual Youth	Linear Difference	
		<i>n</i> = 498 <i>N</i> = 455,762 <i>M</i> (<i>SE</i>)	<i>n</i> = 65 (14.41%) <i>N</i> = 65,671 <i>M</i> (<i>SE</i>)	<i>n</i> = 433 (85.59%) <i>N</i> = 390,091 <i>M</i> (<i>SE</i>)	<i>T</i> -test	<i>p</i> -value
<i>Outcome Variables (Wave Three)</i>						
Having a Family	1-6	3.85 (.07)	3.32 (.29)	3.94 (.08)	1.93	<i>p</i> = .06
Live to 35	1-5	4.39 (.04)	4.19 (.20)	4.43 (.04)	1.10	<i>p</i> = .28
Married by 25	1-6	2.92 (.08)	2.50 (.20)	2.99 (.09)	2.06	<i>p</i> < .05
<i>Predictor Variables</i>						
Peer Support	24-80	69.28 (.68)	63.34 (2.24)	70.28 (.66)	3.01	<i>p</i> < .05
Relationship with Caregiver	17-48	41.91 (.38)	36.18 (1.04)	42.87 (.36)	6.51	<i>p</i> < .001
<i>Demographics</i>						
Age at Wave Three	11-17	14.00 (.12)	14.72 (.26)	13.88 (.14)	-2.74	<i>p</i> < .05
Female	0-100%	55.72% (.03)	87.23% (.06)	50.41% (.04)	-5.79	<i>p</i> < .001
White non-Hispanic	0-100%	35.32% (.05)	27.34% (.10)	36.66% (.05)	1.01	<i>p</i> = .32
Black non-Hispanic	0-100%	25.05% (.05)	28.38% (.12)	24.49% (.05)	-0.34	<i>p</i> = .73
Hispanic	0-100%	32.79% (.06)	36.69% (.11)	32.13% (.06)	-0.40	<i>p</i> = .69
Other Race	0-100%	6.84% (.02)	7.59% (.05)	6.72% (.02)	-0.15	<i>p</i> = .88
<i>Controls</i>						
Type of Abuse						
Physical/Emotional Abuse	0-100%	33.88% (.04)	35.63% (.09)	33.59% (.04)	-.023	<i>p</i> = .82
Sexual Abuse	0-100%	11.38% (.02)	13.80% (.07)	10.98% (.02)	-0.36	<i>p</i> = .72
Neglect	0-100%	27.85% (.03)	25.61% (.08)	28.23% (.03)	0.30	<i>p</i> = .77
Domestic Violence	0-100%	7.44% (.02)	.58% (.01)	8.60% (.02)	3.38	<i>p</i> < .05
Substance Abuse	0-100%	8.26% (.02)	3.13% (.02)	9.12% (.02)	2.31	<i>p</i> < .05
Other	0-100%	11.18% (.02)	21.24% (.10)	9.49% (.02)	-1.10	<i>p</i> = .27
Substantiated Report	0-100%	22.96% (.03)	14.29% (.05)	24.42% (.03)	1.90	<i>p</i> = .06
Out-of-Home Care	0-100%	12.59% (.02)	8.54% (.05)	13.27% (.02)	0.83	<i>p</i> = .41
Household Below Poverty Line	0-100%	58.02% (.03)	62.84% (.09)	57.21% (.04)	-0.57	<i>p</i> = .57
PSU Urban	0-100%	84.59% (.05)	96.56% (.03)	82.57% (.06)	-2.51	<i>p</i> < .05
Caregiver Relationship						
Parent	0-100%	87.50% (.02)	91.02% (.05)	86.91% (.02)	-0.71	<i>p</i> = .48
Foster Parent	0-100%	3.06% (.01)	1.06% (.01)	3.40% (.01)	1.97	<i>p</i> < .05
Kinship Caregiver	0-100%	9.44% (.02)	7.92% (.05)	9.69% (.02)	0.32	<i>p</i> = .75

Source: National Survey of Child Well-Being (NSCAW II)

^aLGBQ differences come from a linear combination test of the relevant proportion/mean across the youth. Here, the value for LGBQ youth is subtracted from the value of heterosexual youth. A positive difference represents heterosexual youth having a larger proportion/mean in our analytical sample and a negative value means that LGBQ youth have a larger proportion/mean.

Multivariate Analyses for Having a Family

The multinomial logistic regression (MLR) analyses allow us to estimate whether being LGBQ influences future expectations alone or in combination with sources of social support. Table 2 presents MLR results for expectations of having a family, without interaction effects. There were too few respondents for expectations for having a family “already happened,” ($n = 7$), so these youth were excluded in this analysis. Column 1 presents the comparison of “Some Chance” of having a family compared to “No Chance,” and the main effects of sexual orientation, peer support, and relationship with caregiver were not significant. Of the control variables, youth who identified as “Other Race” had significantly lower log odds of reporting some chance of having a family compared to White Non-Hispanic youth ($\beta = -5.37, p < 0.001$), and youth who were older also had significantly lower log odds of reporting some chance of having a family. Being currently placed with a foster parent was significantly associated with 4.70 higher log odds of reporting some chance of having a family compared to residing with biological parents ($p < 0.05$). Having a substantiated report, experiencing sexual abuse, and ever being placed in out-of-home care all significantly lowered the log odds of reporting some chance of having a family ($\beta = -1.94, -2.75, \text{ and } -3.90$ respectively).

Column 2 in Table 2 illustrates the comparisons for “About a 50-50 Chance” and “No Chance” of having a family. Again, the main effects of sexual orientation, peer support, and relationship with caregiver are not significant. In this model, Black non-Hispanic youth and youth of other races had significantly lower log odds of reporting a 50-50 chance of having a family compared to White non-Hispanic youth. Gender was also marginally significant in this model, indicating that females had lower log odds of reporting a 50-50 chance of having a family compared to males. Age, substantiated report, and substance related maltreatment reports were

associated with significantly lower log odds for indicating a 50-50 chance of having a family versus no chance.

Table 2. Main Effects Multinomial Logistic Regression of Expectations for Having a Family on Sexual Orientation, Peer Support, and Relationship with Caregiver Compared to No Chance

	Some Chance $\beta(SE)$	About 50-50 $\beta(SE)$	Pretty Likely $\beta(SE)$	It Will Happen $\beta(SE)$
LGBQ Youth	0.60 (.96)	-1.12 (.89)	-1.62 (.84) [†]	-1.71 (.88) [†]
Peer Support	0.02 (.04)	-0.0003 (.03)	0.036 (.03)	0.0078 (.03)
Relationship with Caregiver	-0.02 (.06)	0.045 (.06)	0.075 (.06)	0.053 (.07)
<i>Controls</i>				
Black non-Hispanic	-1.85 (1.23)	-3.17 (1.25) [*]	-3.01 (1.24) [*]	-2.06 (1.22) [†]
Hispanic	0.12 (1.44)	0.40 (1.41)	0.60 (1.44)	0.67 (1.38)
Other Race	-5.37 (1.41) ^{***}	-5.91 (1.06) ^{***}	-3.06 (1.08) ^{**}	-2.46 (.90) ^{**}
Female	-1.54 (1.08)	-1.71 (1.02) [†]	-1.39 (1.06)	-1.33 (1.06)
Age	-0.69 (.18) ^{***}	-0.54 (.20) ^{**}	-0.67 (.19) ^{***}	-0.54 (.17) ^{**}
Urban	-1.35 (1.02)	-0.55 (.91)	-0.55 (.88)	-0.01 (.88)
Below Poverty	-0.98 (.97)	-0.72 (.92)	-1.60 (.92) [†]	-1.05 (.89)
Foster Parents	4.70 (2.36) [*]	4.33 (2.28) [†]	3.87 (2.25) [†]	2.32 (2.20)
Kinship Care	1.09 (1.91)	1.27 (1.88)	0.65 (1.88)	0.45 (1.69)
Substantiated Report	-1.94 (.64) ^{**}	-1.69 (.55) ^{**}	-1.71 (.56) ^{**}	-2.22 (.57) ^{***}
Neglect	0.53 (.88)	-1.39 (.89)	-0.76 (.92)	-1.15 (.86)
Substance Related	-0.85 (1.40)	-2.20 (1.11) [†]	-2.00 (.97) [*]	-2.30 (1.00) [*]
Domestic Violence	0.67 (1.29)	-1.76 (1.09)	-1.76 (1.08)	-2.31 (1.15) [*]
Sexual Abuse	-2.75 (1.19) [*]	-1.44 (1.06)	-1.98 (1.02) [†]	-2.81 (1.16) [*]
Other	1.74 (1.41)	0.49 (1.59)	1.63 (1.39)	2.00 (1.41)
Out-of-Home Care	-3.90 (1.94) [*]	-2.51 (1.72)	-1.83 (1.74)	-1.04 (1.82)
Constant	15.5 (5.12) ^{**}	13.8 (4.74) ^{**}	12.3 (4.55) ^{**}	12.6 (4.45) ^{**}
Observations	491	491	491	491

Source: National Survey of Child and Adolescent Well-Being (NSCAW II)

Standard errors in parentheses

[†] $p < 0.10$, ^{*} $p < 0.05$, ^{**} $p < 0.01$, ^{***} $p < 0.001$

The next column in Table 2 compares “Pretty Likely” chances for having a family compared to “No Chance.” In this model, LGBQ youth have 1.62 lower log odds of reporting having a family was pretty likely, compared to heterosexual youth, which was marginally significant. There were no significant differences in peer support and relationship with caregiver. There are significant differences for race, in that Black non-Hispanic youth and “Other Race” youth had significantly lower log odds of reporting having a family was pretty likely compared

to White non-Hispanic youth. Again, age, substantiated report, and substance-related and sexual abuse maltreatment reports were associated with significantly lower log odds for reporting having a family was pretty likely compared to no chance.

Finally, the last column of Table 2 compares “It Will Happen” to “No Chance” for having a family. Again, sexual orientation is marginally significant, with LGBQ youth having 1.71 lower log odds of reporting that having a family will happen compared to no chance in comparison to heterosexual youth. We find no significant differences for peer support and relationship with caregiver. In this model, race, age, substantiated report, and maltreatment reports including substance use, domestic violence, and sexual abuse were all associated with significantly lower log odds for believing that having a family will happen for these youth.

Table 3 illustrates the same model for expectations for having a family but includes our interaction terms for sexual orientation and peer support as well as sexual orientation and relationship with caregiver. The first column shows the comparisons for “Some Chance” compared to “No Chance.” We find that the main effects of sexual orientation, peer support, and relationship with caregiver are all insignificant, as well as the interaction effects. Of our control variables, race, age, substantiated report, and maltreatment reports of sexual abuse were all associated with significantly lower log odds of reporting some chance of having a family compared to no chance.

Comparing a 50-50 chance of having a family to no chance, again our main effects of sexual orientation, peer support, and relationship with caregiver were not significant. Our interaction terms for peer support and relationship with caregiver were also not significant. We see the same trends for race, age, and substantiated report all significantly lowering the log odds for youth indicating a 50-50 chance of having a family compared to no chance (see Table 3).

Table 3. Multinomial Logistic Regression of Expectations for Having a Family on Sexual Orientation, Peer Support, and Relationship with Caregiver Compared to No Chance with Interactions

	Some Chance $\beta(SE)$	About 50-50 $\beta(SE)$	Pretty Likely $\beta(SE)$	It Will Happen $\beta(SE)$
LGBQ Youth	-9.92 (10.00)	4.76 (9.77)	-7.92 (9.60)	-12.2 (10.6)
Peer Support	0.007 (.04)	0.022 (.04)	0.052 (.04)	0.014 (.04)
Relationship with Caregiver	-0.093 (.07)	.0045 (.08)	-0.0035 (.07)	-0.024 (.07)
<i>Interaction Terms</i>				
LGBQ Youth *	0.046 (.10)	-0.074 (.09)	-0.074 (.08)	0.009 (.08)
Peer Support				
LGBQ Youth * Relationship with Caregiver	0.20 (.16)	-0.048 (.18)	0.29 (.18) [†]	0.26 (.19)
<i>Controls</i>				
Black non-Hispanic	-2.03 (1.31)	-3.43 (1.33)**	-3.30 (1.35)*	-2.31 (1.32) [†]
Hispanic	-0.18 (1.43)	0.057 (1.39)	0.30 (1.43)	0.33 (1.35)
Other Race	-6.14 (1.59)***	-6.41 (1.22)***	-3.37 (1.19)**	-2.84 (1.05)**
Female	-1.53 (1.08)	-1.69 (1.02) [†]	-1.33 (1.05)	-1.31 (1.06)
Age	-0.74 (.21)***	-0.54 (.21)*	-0.70 (.21)**	-0.56 (.19)**
Urban	-1.14 (1.04)	-0.36 (.88)	-0.37 (.85)	0.19 (.86)
Below Poverty	-0.95 (1.00)	-0.78 (.97)	-1.66 (.98) [†]	-1.04 (.94)
Foster Parents	4.35 (3.06)	4.30 (2.77)	3.77 (2.86)	2.14 (2.86)
Kinship Care	0.74 (2.52)	1.33 (2.23)	0.63 (2.35)	0.35 (2.24)
Substantiated Report	-2.20 (.72)**	-1.85 (.69)**	-1.98 (.67)**	-2.51 (.66)***
Neglect	0.30 (.81)	-1.41 (.87)	-0.83 (.90)	-1.24 (.83)
Substance Related	-1.22 (1.65)	-2.54 (1.30) [†]	-2.28 (1.16) [†]	-2.58 (1.23)*
Domestic Violence	0.66 (1.42)	-1.86 (1.19)	-1.77 (1.17)	-2.30 (1.25) [†]
Sexual Abuse	-2.73 (1.20)*	-1.70 (1.09)	-2.12 (1.08) [†]	-2.91 (1.21)*
Other	1.75 (1.44)	0.56 (1.54)	1.57 (1.28)	1.97 (1.30)
Out-of-Home Care	-3.72 (2.67)	-2.48 (2.19)	-1.77 (2.33)	-0.89 (2.43)
Constant	20.6 (6.88)**	14.4 (6.44)*	15.2 (6.07)*	16.1 (5.82)**
Observations	491	491	491	491

Source: National Survey of Child and Adolescent Well-Being (NSCAW II)

Standard errors in parentheses

[†] $p < 0.10$, * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

In our column comparing “Pretty Likely” chances for having a family compared to “No Chance,” we still see no significant differences in our main effects for sexual orientation, peer support, and relationship with caregiver. We again find significantly lower log odds for race, age, and substantiated report. We also found that youth living below poverty or having a maltreatment report for substance use or sexual abuse also had lower log odds of reporting having a family

was pretty likely compared to no chance, though these were marginally significant. However, our interaction effect on sexual orientation and relationship with caregiver was marginally significant. This effect shows that LGBQ youth with better relationships with their caregivers have slightly higher log odds for reporting a pretty likely chance for having a family compared to no chance, in comparison to heterosexual youth with lower scores for relationship with caregiver.

To examine this effect further, we analyzed the predicted probabilities of reporting a pretty likely chance of having a family for both LGBQ youth and heterosexual youth based on their relationship with caregiver score, holding all other variables at their mean. We found that for LGBQ youth with lower scores for relationship with caregiver, the predicted probability for reporting pretty likely chances for having a family was less than 1%, compared to nearly 22% for heterosexual youth. For LGBQ youth who reported high relationships with their caregiver, their predicted probability for reporting pretty likely chances for having a family increased to 37% compared to 35% for heterosexual youth.

The final column in Table 3 compares expectations that having a family “Will Happen” compared to “No Chance.” There are no significant differences by sexual orientation, peer support, or relationship with caregiver, nor their interactions. We continue to find similar patterns for race, age, substantiated report, substance-related maltreatment reports, and sexual abuse maltreatment reports, all significantly lowering the log odds that youth report having a family will happen for them.

Multinomial Regression Analyses for Getting Married by Twenty-Five

Table 4 illustrates the expectations for getting married by twenty-five, without our interaction terms. One youth was excluded for the “Already Happened” expectation for marriage. Across models, we find that sexual orientation was associated with lower log odds of reporting

increased expectations for marriage, though these were not significant. In all models, peer support was significant in predicting higher log odds for reporting some chance, a 50-50 chance, pretty likely chances, and expectations that marriage will happen compared to no chance. Relationship with caregiver was not significant for any of the expectations for marriage by twenty-five. We also found that female youth in all models had significantly lower log odds for expectations for marriage compared to males. Youth residing with foster parents had significantly higher log odds of reporting increased expectations for marriage compared to youth living with their biological parents. For expectations that marriage will happen compared to no chance, youth in urban areas had 2.33 higher log odds compared to youth in non-urban areas.

Table 4. Main Effects Multinomial Logistic Regression of Expectations for Getting Married by Twenty-Five on Sexual Orientation, Peer Support, and Caregiver Support Compared to No Chance

	Some Chance $\beta(SE)$	About 50-50 $\beta(SE)$	Pretty Likely $\beta(SE)$	It Will Happen $\beta(SE)$
LGBQ Youth	-0.014 (.78)	-0.24 (.81)	-0.37 (.85)	-1.58 (1.10)
Peer Support	0.06 (.03)*	0.11 (.03)***	0.069 (.03)*	0.067 (.04)†
Relationship with Caregiver	-0.022 (.05)	-0.023 (.04)	-0.013 (.07)	-0.027 (.05)
<i>Controls</i>				
Black Non-Hispanic	-0.39 (.76)	-1.17 (.75)	-1.36 (.73)†	-0.33 (.94)
Hispanic	-0.18 (.80)	-0.97 (.81)	-1.14 (.67)†	-1.34 (.96)
Other Race	-0.53 (1.15)	-0.80 (1.07)	-0.14 (.90)	1.01 (1.25)
Female	-1.84 (.66)**	-1.36 (.61)*	-0.95 (.57)†	-2.55 (.81)**
Age	0.031 (.15)	-0.015 (.16)	-0.25 (.15)	-0.20 (.19)
Urban	0.51 (.73)	1.17 (1.00)	0.091 (.69)	2.33 (.75)**
Below Poverty	-0.04 (.58)	-0.35 (.48)	-0.65 (.55)	0.40 (.64)
Foster Parents	3.87 (1.86)*	4.49 (1.98)*	3.97 (1.99)*	4.40 (2.05)*
Kinship Care	1.29 (1.45)	1.38 (1.24)	0.15 (1.44)	1.28 (1.34)
Substantiated Report	-0.67 (.66)	-0.041 (.66)	0.075 (.60)	-1.76 (.70)*
Neglect	-0.26 (.68)	-0.18 (.59)	-0.16 (.70)	-1.24 (.80)
Substance Related	-1.10 (.90)	-1.00 (.71)	-0.74 (.77)	-1.80 (1.00)†
Domestic Violence	-1.39 (1.33)	-0.87 (1.30)	-1.65 (1.27)	-0.62 (1.43)
Sexual Abuse	0.55 (.91)	-0.10 (.82)	0.87 (.97)	0.69 (1.13)
Other	0.53 (.99)	-0.017 (.81)	0.66 (.82)	1.02 (.95)
Out-of-Home Care	-2.42 (1.51)	-3.20 (1.24)*	-1.82 (1.48)	-1.52 (1.45)
Constant	-1.30 (2.68)	-3.86 (2.88)	1.85 (3.11)	-0.35 (3.63)
Observations	497	497	497	497

Source: National Survey of Child and Adolescent Well-Being (NSCAW II)

Standard errors in parentheses

† $p < 0.10$, * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

Table 5 includes the interaction effects of peer support and relationship with caregiver for expectations for getting married by twenty-five. We found no significant differences for LGBQ youth across models, and our main effect of relationship with caregiver was also not significant. The main effect of peer support was marginally significant for a 50-50 chance of marriage by twenty-five ($\beta = 0.035, p < .10$) and significant for pretty likely chances ($\beta = 0.040, p < .05$) compared to no chance, indicating that as peer support increased for these youth, so did their expectations for marriage. Our interaction terms were not significant. We again see that females had significantly lower log odds for expectations for marriage compared to males.

Table 5. Interaction Effects Multinomial Logistic Regression of Expectations for Getting Married by Twenty-Five on Sexual Orientation, Peer Support, and Relationship with Caregiver Compared to No Chance

	Some Chance $\beta(SE)$	About 50-50 $\beta(SE)$	Pretty Likely $\beta(SE)$	It Will Happen $\beta(SE)$
LGBQ Youth	1.30 (3.61)	0.23 (3.50)	-1.50 (4.22)	-1.40 (4.81)
Peer Support	0.019 (.02)	0.035 (.02) [†]	0.040 (.02)*	0.021 (.02)
Relationship with Caregiver	-0.012 (.04)	-0.017 (.03)	-0.0015 (.04)	0.011 (.04)
<i>Interaction Terms</i>				
LGBQ Youth * Peer Support	-0.016 (.05)	-0.0047 (.04)	0.016 (.06)	0.023 (.06)
LGBQ Youth * Relationship with Caregiver	-0.015 (.08)	-0.0069 (.07)	-0.0062 (.08)	-0.0045 (.10)
<i>Controls</i>				
Black Non-Hispanic	-0.33 (.45)	-0.65 (.43)	-1.15 (.47)*	-0.02 (.53)
Hispanic	-0.13 (.49)	-0.56 (.47)	-0.48 (.49)	-0.22 (.59)
Other Race	-0.76 (.77)	-0.029 (.66)	-0.24 (.70)	0.48 (.79)
Female	-0.81 (.38)*	-1.01 (.36)**	-0.44 (.38)	-1.68 (.45)***
Age	-0.077 (.09)	-0.074 (.09)	-0.20 (.09)*	-0.11 (.11)
Urban	0.24 (.53)	0.73 (.52)	-0.053 (.52)	1.42 (.76) [†]
Below Poverty	-0.20 (.36)	-0.36 (.34)	-0.61 (.36) [†]	0.054 (.42)
Foster Parents	1.46 (1.24)	1.77 (1.16)	1.73 (1.23)	0.64 (1.33)
Kinship Care	1.29 (1.13)	0.90 (1.07)	0.90 (1.15)	0.076 (1.21)
Substantiated Report	-0.30 (.35)	-0.15 (.34)	0.036 (.36)	-0.54 (.42)
Neglect	0.54 (.46)	0.0047 (.44)	-0.17 (.48)	-0.53 (.58)
Substance Related	-0.54 (.59)	-0.75 (.54)	-0.76 (.58)	-0.44 (.67)
Domestic Violence	0.57 (.90)	0.30 (.86)	0.86 (.86)	0.92 (.96)
Sexual Abuse	0.44 (.60)	0.11 (.58)	0.28 (.60)	0.95 (.68)
Other	0.19 (.59)	-0.11 (.55)	0.16 (.58)	0.26 (.66)
Out-of-Home Care	-1.21 (1.10)	-1.55 (1.04)	-1.22 (1.10)	-0.076 (1.16)
Constant	1.56 (2.28)	1.29 (2.18)	2.09 (2.31)	-0.58 (2.72)
Observations	497	497	497	497

Source: National Survey of Child and Adolescent Well-Being (NSCAW II)

[†] $p < 0.10$, * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

Analyses of Living to Thirty-Five

Table 6 illustrates the expectations for living to thirty-five, compared to a 50-50 chance base outcome (no chance $n = 1$; some chance $n = 6$ were excluded). Sexual orientation was not significant in either column. Peer support was not significantly different for “Pretty Likely” chances for living to thirty-five compared to a 50-50 chance but was associated with significantly higher log odds for chances that living to thirty-five “Will Happen” compared to a 50-50 chance. In the model comparing “It Will Happen” to a 50-50 chance (Column 2), we also found that relationship with caregiver was associated with higher log odds for expectations for living to thirty-five, though this was marginally significant. This model also revealed that youth living below poverty and maltreatment reports of neglect and sexual abuse all predicted significantly lower log odds for expecting that living to thirty-five will happen.

Table 6. Main Effects Multinomial Logistic Regression of Expectations for Living to Thirty-Five Orientation, Peer Support, and Relationship with Caregiver Compared to About 50-50 Chance

	Pretty Likely $\beta(SE)$	It Will Happen $\beta(SE)$
LGBQ Youth	0.27 (.75)	0.34 (.79)
Peer Support	0.034 (.03)	0.055 (.03)*
Relationship with Caregiver	0.033 (.04)	0.072 (.04)†
<i>Controls</i>		
Black Non-Hispanic	0.57 (.69)	1.43 (.64)*
Hispanic	0.34 (.65)	0.35 (.66)
Other Race	-0.31 (.71)	-0.72 (.74)
Female	-0.18 (.50)	0.042 (.47)
Age	0.17 (.15)	0.066 (.10)
Urban	-1.09 (.80)	-0.20 (.83)
Below Poverty	-0.81 (.44)†	-0.70 (.33)*
Foster Parents	0.33 (1.32)	-0.78 (1.49)
Kinship Care	0.20 (1.32)	-0.12 (1.38)
Substantiated Report	-0.64 (.56)	0.21 (.44)
Neglect	-0.79 (.74)	-1.35 (.68)*
Substance Related	-1.15 (1.31)	-0.92 (1.01)
Domestic Violence	-1.27 (.88)	-0.79 (.92)
Sexual Abuse	-1.56 (.80)†	-1.97 (.78)*
Other	-0.93 (.87)	0.30 (.87)
Out-of-Home Care	-0.56 (1.15)	0.08 (1.29)
Constant	-2.48 (3.51)	-5.07 (2.87)†
Observations	491	491

Table 7. Multinomial Logistic Regression of Expectations for Living to Thirty-Five on Sexual Orientation, Peer Support, and Relationship with Caregiver Compared to About 50-50 Chance with Interactions

	Pretty Likely $\beta(SE)$	It Will Happen $\beta(SE)$
LGBQ Youth	8.04 (6.16)	12.0 (5.69)*
Peer Support	0.048 (.03) †	0.076 (.03)*
Relationship with Caregiver	0.024 (.04)	0.069 (.04) †
<i>Interaction Terms</i>		
LGBQ Youth * Peer Support	-0.17 (.08)*	-0.22 (.07)**
LGBQ Youth * Relationship with Caregiver	0.10 (.09)	0.078 (.11)
<i>Controls</i>		
Black Non-Hispanic	0.50 (.73)	1.35 (.07) †
Hispanic	0.25 (.68)	0.29 (.68)
Other Race	-0.27 (.68)	-0.65 (.72)
Female	-0.10 (.55)	0.15 (.53)
Age	0.15 (.14)	0.042 (.10)
Urban	-1.11 (.80)	-0.24 (.83)
Below Poverty	-0.77 (.43) †	-0.67 (.34) †
Foster Parents	0.41 (1.31)	-0.57 (1.47)
Kinship Care	0.40 (1.23)	0.19 (1.30)
Substantiated Report	-0.64 (.52)	0.25 (.40)
Neglect	-0.81 (.73)	-1.38 (.68)*
Substance Related	-1.24 (1.29)	-1.04 (1.05)
Domestic Violence	-1.33 (.86)	-0.89 (.92)
Sexual Abuse	-1.70 (.86)	-2.15 (.84)*
Other	-1.07 (.92) †	0.065 (.90)
Out-of-Home Care	-0.58 (1.09)	-0.057 (1.22)
Constant	-2.79 (3.58)	-6.00 (3.06) †
Observations	491	491

Source: National Survey of Child and Adolescent Well-Being (NSCAW II)

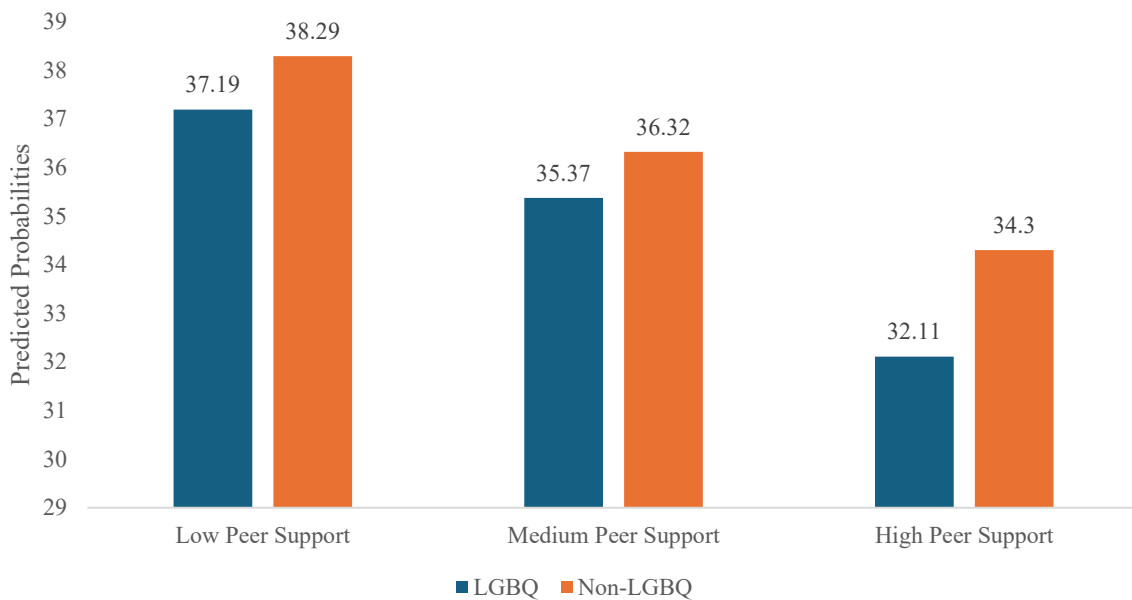
Standard errors in parentheses

† $p < 0.10$, * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

Finally, Table 7 displays the interaction effects for peer support and relationship with caregiver for expectations for living to thirty-five. In the column comparing “Pretty Likely” chances for living to thirty-five compared to a “50-50 Chance,” the main effect of peer support is associated with .048 higher log odds for believing that living to thirty-five is pretty likely, though this is marginally significant. The interaction effect of sexual orientation and peer support is also significant, indicating that as peer support increases for LGBQ youth, there is a decrease in the odds of expecting living to 35 will happen. In examining the predicted probabilities, we see that LGBQ youth with low peer support scores, at or below 62, have a 37% predicted probability of

reporting living to thirty-five was pretty likely, compared to 38% for heterosexual youth with similar scores. Conversely, for LGBTQ youth with higher peer support, scores of at least 76, there is a 32% predicted probability of reporting pretty likely chances rather than a 50-50, compared to 34% for heterosexual youth.. For both groups, as peer support increases, the expectation for living to thirty-five decreases, though not statistically significant. Figure 1 displays the predicted probabilities for pretty likely chances for living to thirty-five for both groups.

Figure 1. Probabilities for Pretty Likely Chances for Living to Thirty-Five Compared to 50-50 chance.

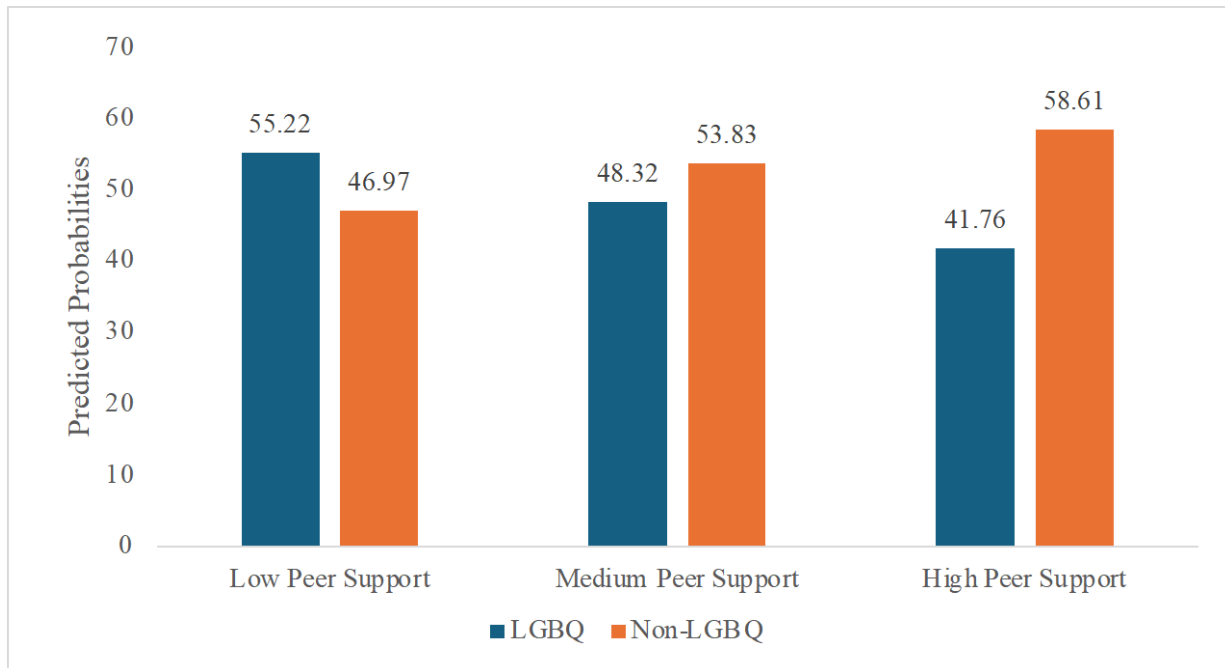


Source: NSCAW-II

In the model comparing “It Will Happen” to a 50-50 chance of living to thirty-five, we found that the main effects for sexual orientation, peer support, and relationship with caregiver were all significant. LGBTQ youth had 12.00 higher log odds of reporting living to thirty-five would happen compared to heterosexual youth. Peer support was associated with .076 higher log odds of expecting living to thirty-five would happen, and relationship with caregiver was associated with a .069 increase in log odds for this expectation. Among our control variables, we found that maltreatment reports of neglect and sexual abuse were significantly associated with

lower log odds of expecting to live to thirty-five compared to a 50-50 chance. Again, the interaction effect for sexual orientation and peer support was significant. In this model, LGBQ youth with higher levels of peer support had .22 lower log odds for expecting living to thirty-five would happen. Looking at the predicted probabilities, as peer support scores increased, the predicted probabilities for LGBQ youth to report living to thirty-five will happen decreased, whereas the predicted probabilities for heterosexual youth increased. When peer support scores were high at 76, the predicted probabilities for LGBQ youth were 41%, compared to a 55% predicted probability when peer support scores were low at 62. For heterosexual youth, opposite pattern was observed. Figure 2 illustrates these predicted probabilities for the “It Will Happen” outcome of expectations of living to thirty-five for both groups.

Figure 2. Predicted Probabilities for It Will Happen Chances for Living to Thirty-Five Compared to 50-50 chance.



Source: NSCAW-II

According to these models, peer support negatively influenced expectations for living to thirty-five for LGBQ youth, primarily for expectations that it will happen compared to a 50-50 chance, which did not support our hypothesis.

Discussion

Research on future expectations among youth in child welfare is limited, but existing research highlights the importance of family and peers in shaping these expectations, for better and for worse (Brumley et al. 2017; Dickerson et al. 2019; Evans et al. 2022; Iovu 2014). The current study examines how LGBQ youth perceive their future expectations compared to heterosexual youth, and whether social support from caregivers and peers of youth involved in the child welfare system influences these expectations. Using a nationally representative sample of child welfare-involved youth (NSCAW-II), we found that LGBQ youth were disproportionately represented in the sample, relative to their representation in the general population, consistent with the literature (Dettlaff and Washburn 2018; Fish et al. 2019). Bivariate comparisons also revealed that LGBQ youth had significantly lower future expectations for having a family and living to thirty-five. Additionally, they had significantly lower levels of peer support and significantly worse relationships with their caregivers, also consistent with prior literature (Hong and Garbarino 2012; Mallon 1998; Murdock and Bolch 2005).

In our multinomial logistic regression models, sexual orientation was significant in our models for having a family (Table 2) and living to thirty-five (Table 7). Specifically, LGBQ youth had significantly lower log odds of reporting that having a family was pretty likely or that it would happen in comparison to no chance of having a family, compared to their heterosexual peers. However, LGBQ youth had significantly higher log odds than heterosexual youth for

reporting that living to thirty-five would happen compared to a 50-50 chance. This finding was curious given the high suicide rates among LGBQ youth (Fergusson, Horwood, and Beautrais 1999), and may indicate a commitment by these youth to live into adulthood in spite of the stress they face as a sexual minority. Future research should examine this expectation for LGBQ youth and what other factors may be driving these increased expectations.

Peer support was positively associated with higher expectations for marriage and living to thirty-five compared to no chance or a 50-50 chance for both LGBQ and heterosexual youth. Relationship with caregiver was also significant and positive for higher expectations living to thirty-five compared to a 50-50 chance. In our models using interaction terms between sexual orientation and peer support, we found that peer support negatively affected expectations for living to thirty-five for LGBQ youth. This finding, which did not support our hypothesis, may indicate that peer support for LGBQ youth can highlight or exacerbate the stress LGBQ youth face. For example, Sanders et al (2017) found that peer support may encourage high risk behavior and introduce additional challenges for vulnerable youth, especially if their peer network engages in risky or antisocial behavior. Future research should further explore the role of peers in fostering future expectations, particularly among marginalized populations who face ostracism, bullying, or delinquent peer networks within school contexts. Additionally, several control variables, including race, gender, and poverty level, revealed that socially vulnerable groups also tended to have negative influences on future expectations.

Overall, these findings provide support for the theory of sexual minority stress, in that LGBQ youth had significantly lower expectations for their future, peer support, and caregiver support. Future research on LGBQ youth in child welfare should continue to utilize this theory to recognize the unique needs of these youth and develop programming that can help build support

for them. There was mixed support for our hypotheses that caregiver and peer support increase expectations for the future. While these supports in general promoted positive expectations, their interaction effects with LGBTQ status did not always influence expectations positively. More research is needed to understand the quality of peer relationships and whether this influence can be prosocial or detrimental. However, our results align with the social-ecological theory of development and the linked lives principle by highlighting that these youth's expectations were influenced by both their relationships with their caregivers and their peers. Prior research has shown that caregivers and peers promote increased expectations, especially for outcomes such as education and employment (Jámbori and Sallay 2003; Kiuru et al. 2007; Merritt 2015). This research contributes to the literature by examining expectations for marriage, family formation, and mortality that are also culturally normative but may be experienced differently for LGBTQ youth, particularly for LGBTQ youth with child welfare involvement who may not have the proper supports to achieve these expectations.

Limitations

Though the results of this study have important contributions to the literature on expectations for youth in the child welfare system, a vulnerable population with arguably less support than youth who grow up without child welfare involvement, there are several limitations. First, sexual orientation is only measured at Wave Three and is not the best measure for sexual identity (see Footnote 1). Second, small cell sizes in expectations for graduating high school, getting a job by thirty, and living to thirty-five reduced our ability to compare outcomes for other categories in these models. Overall, our sample size was limited due to incomplete responses for our variables of interest, which could lead to bias as cases were dropped through listwise deletion rather than using multiple imputation. Third, the available data within NSCAW II does not

capture state or policy differences that could influence future expectations. Future research should examine these dynamics, particularly among LGBQ youth and foster parents who may also identify as LGBQ. For example, differences in state policy contexts for LGBQ families such as bans on fostering and the uncertainty regarding same-sex rights to marriage could be influencing youth expectations within this context, limiting our understanding of how policy may be shaping future expectation outcomes according to the social-ecological theory of development.

Conclusion

The findings from this study contribute to the dearth of literature on future expectations and are among the first to explore these concepts for LGBQ youth. Additionally, the findings provide support for the linked lives principle of life course theory as well as the social-ecological theory of development, indicating that future expectations are shaped by these youth's environment, particularly caregivers and peers. Despite our findings that sometimes they had a combined negative impact, a wealth of research points to their importance. More research needs to dive into the dynamic revealed by our counterintuitive findings to examine what might be driving them. Results from this study should promote continued research into the characteristics that shape future expectations and changes in policy and practice for the child welfare system as they seek to assist youth in achieving these expectations. For LGBQ youth, this means continued advocacy for affirmative parenting practices by parents and foster parents that can increase social support and therefore expectations. Programs such as PII-RISE and AFFIRM Caregiver are interventions found to increase affirmative caregiving attitudes toward LGBTQ+ youth that could be implemented nationwide for foster parents (Austin et al. 2021; Lorthridge et al. 2018). Additionally, more supportive policies could be implemented in schools to reduce bullying and

harassment and increase supportive peer relationships for LGBTQ youth (Hong and Garbarino 2012; Kiuru et al. 2007). For all youth in child welfare, this study highlights the importance of relationships with caregivers and peers and how they can contribute to higher expectations for their life course trajectories, highlighting a need for child welfare to continue to make family preservation a priority and promote long-term stable relationships for these youth as they navigate into adulthood.

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Chapter Four:

The Caseworker as an External Locus of Hope for LGB Youth in Foster Care

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Breakdown of Effort:

Dr. Angela Pharris: First author given the agreement with the grant data was collected by, primary conceptualization.

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Abstract

Research with youth has demonstrated that a hopeful mindset is associated with resilience and well-being and is influenced by our supportive caregivers and adults. Lesbian, gay, and bisexual (LGB) youth experience a very high frequency of adverse childhood experiences (ACE) and may lack supportive caregivers throughout their foster care experience (Craig et al., 2020; Turney & Wildeman, 2016). This study tests the theory that child welfare caseworkers are a source of hope among LGB youth in foster care. Quantitative analysis was used to examine differences in ACE exposure and differences in the caseworker as a source of hope. LGB youth with eight or more ACEs have a significant positive association with hope in their caseworkers than non-LGB youth.

Keywords: LGB youth, foster care, hope theory, adverse childhood experiences

Introduction

Hope is a well-established protective factor linked to greater well-being for youth (Marquis et al., 2015; Schmid & Lopez, 2011). Hope is the cognitive, motivational state based on an individual's ability to identify future goals, strategize pathways to the goals, and focus mental resources toward desirable goals (Snyder, 1994). Prior research suggests that supportive caregivers are sources of hope for many adolescents (Muñoz et al., 2019). However, youth who identify as lesbian, gay, or bisexual (LGB) may lack access to stable, continuous, and supportive adults. Foster care and out-of-home placement exasperate access to supportive caregivers. However, one relationship that youth in foster care do have access to is the child welfare caseworker, who may, in turn, be a source to nurture hopeful thinking. Still, researchers know little about the support mechanism or the strategies caseworkers may use to communicate support for youth. Additionally, not enough is known about the actions or activities that caseworkers may use to signal support for LGB youth during their time in the child welfare system (Kassbøll et al., 2021).

Previous research has established a relationship between positive caseworker relationships and greater well-being for youth in foster care (Collins et al., 2010; Paul, 2020; Ragg et al., 2006). A small but emerging body of literature has focused on the distinct needs of lesbian, gay, bisexual, transgender, or questioning (LGBTQ) youth and found that they often identify child welfare professionals as significant persons of support in their social networks (Paul, 2020; Rosenberg, 2019), but youth also report feelings of discrimination, marginalization and a lack of acceptance throughout their child welfare placement experiences (Kassbøll et al., 2021; McCormick et al., 2016). Child welfare workers significantly influence disclosing their identity to others, which may limit or constrain the development of a trusting relationship.

Workers should be able to provide a supportive relationship that seeks to validate (over stigmatizing) and promotes acceptance over rejection (Ragg et al., 2006). In addition to being a competent and affirming provider, the child welfare caseworker is a source of hope by helping youth envision future selves and helping youth construct strategies toward those desired goals.

Researchers have found that individuals who report higher hope indicate more robust social support, suggesting that hopeful thinking is, in part, developed from meaningful connections to others (Barnum et al., 1998; Merkas & Braisa- Zganec, 2011). Higher hope is also associated with social competence (Snyder et al., 1997; Demirci, 2020) and decreased isolation (Simpson, 1999; Margalit, 2010). Therefore, it is essential for LGB youth in foster care to identify and promote supportive adult relationships as sources of hope. Unfortunately, less is known about the positive experiences that promote well-being for youth, and we need to understand the sources of those positive experiences (Petruccelli et al., 2019; Sphiegel & Simmel, 2016; Turney & Wildeman, 2016). Therefore, the current study examines the relationship of the caseworker as the external force of hope in the life of LGB youth in foster care or out-of-home placements.

Adverse Childhood Experiences and Lesbian, Gay, and Bisexual Youth ACEs Contribute to Poor Well-Being and Health Outcomes

The original ACE study established a dose-response relationship between childhood trauma and long-term adverse effects on health and wellness (Felitti et al., 1998). The initial study introduced a 10-item Adverse Childhood Experiences scale to investigate the association of childhood trauma exposure to adverse experiences on health and risk behaviors and disease conditions within a large sample of adults (Felitti et al., 1998). This study and a series of systematic reviews and meta-analyses since (Centers for Disease Control and Prevention [CDC]),

2019; Kalmakis & Chandler, 2014; Petruccelli et al., 2019) have demonstrated that exposure to significant health consequences throughout the lifespan, including obesity, heart disease, cancer, suicide attempts, and other chronic health outcomes. In addition, ACEs are linked to several adverse social-emotional developments. These impairments may reflect an individual's attempt at short-term coping, such as increased risk-taking behavior, substance abuse, depression, risky sexual practices, self-injury, and encounters with the criminal justice system (CDC, 2019; Layne et al., 2014). ACEs have also been associated with other well-being indicators, such as educational attainment, income, and other critical social indicators (CDC, 2019; Metzler et al., 2016).

While the literature on Adverse Childhood Experiences (ACEs) is robust, our review more narrowly focuses on five significant findings relevant to LGB foster youth. First, the experience of ACEs contributes to poor well-being outcomes for youth, such as depression, substance use, and suicide attempts, as well as chronic physical health problems such as obesity and heart disease (Petruccelli et al., 2019). Second, youth in foster care, particularly LGB youth, report higher ACEs than the general population, magnifying these adverse outcomes (Saewyc et al., 2006; Turney & Wildeman, 2016). Third, LGB youth are more likely to experience ACEs, such as verbal and physical harassment and sexual abuse, leading to living disruptions, and contributing to disproportionate representation in foster care (Fish et al., 2019). Fourth, adverse childhood experiences of abuse and neglect continue for some LGB youth in the foster care system, contributing to placement instability and transition outcomes from foster care into adulthood (Shpiegel & Simmel, 2016).

ACEs are High Among LGB Youth

Youth in foster care are exposed to ACEs more frequently than the general population (Turney & Wildeman, 2016). In the original ACEs study, nearly two-thirds of respondents reported experiencing one or more adverse childhood experiences after age 19 (Felitti et al., 1998). Sacks and Murphy (2018) recently found that 45% of children in the United States have experienced at least one ACE. They also found that one in ten children had three or more ACEs. Exposure to ACEs is considerably higher relative to the general population. A national comparative study found that nearly half of the children in foster care have experienced parental substance abuse compared to only 6.4% of the general population, and almost 40% of children in foster care have experienced parental incarceration compared to only 4.6% of the general population (Turney & Wildeman, 2017). Among youth with child welfare system involvement, nearly 70% report experiencing three or more ACEs by six years of age (Clarkson Freeman, 2014). Research has shown the risk for adverse health outcomes increases as the number of ACEs increases, highlighting the cumulative adverse effects of child maltreatment and neglect and the disparate health and well-being outcomes for youth in foster care (Chartier et al., 2010). ACEs vary in severity and are often chronic, leading to disruptions in youth's health and development, both physically and psychologically (Kalmakis & Chandler, 2014).

Exposure to ACEs is high among LGB youth in the population and among LGB youth in foster care (Craig et al., 2020; Dettlaff et al., 2018; Prince et al., 2021; Schnarrs et al., 2019). As sexual minorities, LGB youth face additional challenges during their youth, including higher levels of minority stress, significant estimates of verbal and physical harassment, and stigmatization (Murdock & Bolch, 2005). Lesbian, gay, and bisexual youth struggle to identify themselves publicly or privately, as such disclosure has led to violence and abuse from family

members (Saewyc et al., 2006). Compared to non-LGB youth, LGB youth are more likely to experience abandonment, sexual abuse from a caretaker, or being forced into homelessness after family disruption, resulting in compounded risks of ACEs exposures. LGB youth are 2.5 times more likely to be placed in foster care than their heterosexual peers, illustrating disparities among them in foster care and the overrepresentation of sexual minorities within this system (Fish et al., 2019).

LGB ACEs Shape the Pathway to Foster Care and Additional Risk

Family rejection and violence are often why LGB youth enter foster care, but patterns of abuse, discrimination, and rejection may continue while in care (Mitchum & Moodie-Mills, 2014). In addition, LGB individuals face negative societal perceptions and rejection, intolerance, stigma, and dehumanization, resulting in prejudice and bias in institutional policies and practices within the child welfare system (Natale, in press). Harassment or rejection by caregivers and other foster youth, unfair isolation and discrimination in congregate care settings, and misconceptions that LGB youth are sexual predators are hardships youth continually face during child welfare system involvement (Wilson & Kastanis, 2015). In addition to system challenges, the relationship with the caregivers, including the caseworker, may pose additional risks to LGB youth. Studies demonstrate that caseworker turnover impacts the stability of young people and the loss of a trusting relationship (Curry, 2019; Strolin-Goltzman, 2010), creating what has been described as a moral injury for youth (Haight et al., 2022). The adverse experiences are in addition to societal homophobia, internalized homophobia that LGB youth may face, and the lack of resources available within the child welfare system to help them navigate their distinct challenges (Natale, in press).

Even though LGB youth are over-represented in foster care, their experiences are less accounted for in research (Martin et al., 2016). Tuck (2009) calls for researchers to shift from "damage-centered" research on vulnerable communities that portray the youth as broken to research that focuses on the strengths and desires of the youth. Studies should examine the painful experiences of LGB youth in foster care and their resilience and capacity to thrive as part of their experiences (Gringrich-Philbrook, 2005). Hope, an established measure with a relationship to various types of well-being outcomes, provides one possible way to examine LGB youth in foster care.

In summary, the literature on LGB youth and ACEs establishes the relationship between health and well-being with ACE exposure while underscoring that LGB youth face higher ACEs than the general population. Third, LGB youth are unique in that they are more likely to experience ACEs, such as verbal and physical harassment and sexual abuse due to their sexual orientation, leading to placement or care disruptions in foster care. Sadly, despite leaving unsafe homes, many LGB youths encounter experiences of abuse and neglect while in the child welfare system and endure additional experiences of abuse and neglect while in foster care, with tangible impacts on placement instability and poor adult transition outcomes. Finally, focusing on "risk-based" approaches to ACEs and their negative effects on vulnerable populations alone often overlooks the role of protective factors such as hope.

Hope Theory

One of the most well-researched theories of hope is that of Snyder et al. (1994), who defined hope as a positive motivational state based on the interactional impact of the person's sense of successful (a) agency (goal-directed energy) and (b) pathways (planning to meet goals) (Snyder et al., 1994). Hope agency reflects the cognitive assessment of one's capability to initiate

and sustain action toward desired and valued goals (e.g., "I am ready," "I have what it takes") and the ability to access the strategies or potential pathways to pursue those goals ("I have a plan," "I know how to get to my goals"). Goals, pathways, and agency thinking form the individual's overall hope (Snyder et al., 1994).

Psychometrics established to measure hope have demonstrated that hope is positively linked to greater self-worth and life satisfaction among children and youth (Marques et al., 2015). In addition, hope has also been associated with positive behaviors, healthy relationships, and academic success (Hellman et al., 2017; Marques & Lopez, 2018; Sulimani-Aidan et al., 2019).

Hope is closely related to other positive psychological constructs, such as self-efficacy, optimism, and resiliency, but hope has distinct conceptual and empirical differences between the constructs. For example, Bandura (1977) defined self-efficacy as the perceived ability to act on the necessary behaviors to achieve goals but less emphasizes one's intention to act. In contrast, hope includes the intention to act through pathways thinking (Rand, 2018). In addition, self-efficacy is generally the belief that you can do something but not consider *if* you have pathways to take the associated actions (Snyder, 1994).

Optimism, like hope, focuses on future expectations, and each is organized around goal-focused attention. Optimism, or optimistic thinking, is when one generally considers that good rather than negative events are likely to occur (Carver & Scheier, 1985). However, optimism does not focus on one's control over the desired future and the outcomes (Rand, 2018). For example, one could be optimistic primarily from external forces (e.g., luck, God, destiny). In contrast, hope directly assesses the individual's goal-seeking, including the perceived ability ("I

can think of many ways to get out of a jam"). Hopeful thinking is active towards the goal, while optimism can be, at times, passive.

Finally, resiliency shares some characteristics with hope but lacks a strong empirically driven description and definition. Generally, scholars consider resiliency as one's ability to bounce back after encountering obstacles (Smith et al., 2008; Snyder, 2000; Southwick et al., 2014). In addition, the importance of one's ability to continue to pursue goals despite obstacles is often described as essential to coping with adversity, but studies have found hope and resilience to be distinct psychological states (Muñoz et al., 2019; Ong et al., 2018). At the same time, these concepts all positively affect adversity and share hope theory characteristics; hope theory has a greater practical value. Hope theory provides a succinct model of goals, pathways, and agency (Snyder, 2000, p. 30) that could be adapted into programs as a core value similar to the strengths perspective and enhance service delivery by adapting assessments and case planning strategies. And, more importantly, the communication strategies that adults who build connections to youth in foster care use when working with those youth.

Hope and Youth

Hope theory suggests individuals with higher hope who experience ACEs can use hope as a buffer, allowing them to bounce back faster and achieve their goals by developing pathways to their goals and personal agency or motivation (Snyder 2002). One study using this theory found that hope has been associated with higher levels of self-control among childhood trauma survivors and may mediate the effects of ACEs (Muñoz et al., 2020). Additionally, a study of hope-focused program intervention among children exposed to domestic violence found that hopeful thinking increases in the child and strengthens their capacity to use other positive character strengths that can be useful for coping with adversity, such as zest, grit, self-control,

optimism, gratitude, social intelligence and curiosity (Hellman & Gwinn, 2017). Within positive psychology, hope has been thought to be a *Velcro concept* because it is positively correlated with many other variables of well-being (Peterson & Seligman, 2004). Conversely, lower hope among youth leads to poorer self-concept, greater perceived barriers, and less effort to achieve their goals (Baxter et al. 2017). Distress from traumatic experiences, such as involvement in the foster care system, may also lead to intrusive thoughts that distract individuals from thinking about their goals, known as *attention robbing* (Muñoz et al., 2018). For LGB youth in foster care, with the likelihood of poly-victimization and the additional adversities they face due to their sexual identity, hope may be a critical coping strategy to nurture, develop, and model (Fish et al. 2019). Hope can be acquired through positive relationships with caring and supportive adults and mentoring style relationships (Sulimani-Aidan et al. 2018).

Caseworkers as External Locus of Hope

The locus of Hope theory extends Snyder's original theory that hope goal attainment is from an internal agency to acknowledge the presence of important external agents of goal attainment (Bernardo, 2010). The external locus of hope theory extends Snyder's conceptualization to include possible external agents, such as parents, caregivers, and peers, who are essential for goal attainment when a person cannot independently identify and navigate viable pathways to their goals. External agents are necessary for children and youth who are still learning and developing goal-focused cognitions but may become particularly important for youth with child welfare system involvement. For example, LGB youth may have goals for college enrollment but may not be able to identify any actionable strategies to achieve their goals while in foster care settings. However, from the relationship with the caseworkers, youth may better understand their motivation for their goals or identity pathways for those goals in a way

that makes goal attainment possible. Therefore, caseworkers may represent one source of external hope for LGB and non-LGB youth in foster care. In interviews conducted among youth aging out of foster care, researchers found that most participants cited professionals such as child welfare workers as key supportive adults during their transition to adulthood (Collins et al., 2010; Paul, 2020; Rosenberg, 2019). As LGB youth in foster care are more likely to experience placement instability (Baams et al., 2019), caseworkers are reported by youth as an individual in their stable support network for LGBTQ youth (Paul, 2020). According to Paul (2020), caseworkers knowledgeable about LGBTQ issues can provide specific forms of support surrounding romantic relationships and gender identity while providing positive experiences for youth (Paul, 2020). Relational approaches, or ways of communicating and interacting with youth, that prioritize relationships and social interactions with youth in foster care demonstrate pathways-thinking and positive development (Izzo et al., 2021).

For this current study, the external locus of hope theory principles has been adapted using the *Hope for Change Through Counseling Services Scale* (Bartholomew, 2015) to explore the caseworker as an external locus of hope for LGB youth in foster care. The *Hope for Change Through Counseling Services Scale* was developed for use in clinical settings because clients' hope in external agents, such as the counselor, is an essential predictor for successful therapeutic relationships. It is theorized that a vital aspect of treatment outcomes is the client's hope. The presence of hope in therapy and positive cognitions about the future contribute to a positive change environment. Therapy is a collaborative process with the client, where the therapist proposes an intervention or course of action that the client sees as viable. In this collaboration, the hope for change also increases (Bartholomew, 2015). The client's hope may increase when they feel comfortable and safe within the supportive working relationship (Bartholomew, 2015),

and their hope will likely increase throughout services (Gallagher et al., 2020). Studies have demonstrated that increases in the therapeutic alliance or working relationship predicted increases in hopeful thinking and decreased distress (Bartholomew et al., 2021).

Child welfare caseworkers have a relationship with the youth that, while not necessarily therapeutic, is a relationship in which there is an expectation of a cooperative and supportive relationship between the client and the worker and is comprised of goals, bonds, and tasks with expectations about the future. Child welfare caseworkers also play a pivotal role for youth and influence the types of services and benefits youth can access as they maneuver youth through the complex child welfare and legal systems. In interviews conducted among youth aging out of foster care, researchers found that most participants cited professional support, such as child welfare workers, as critical support during their transition into adulthood (Collins et al. 2010). Among LGB youth preparing to transition from foster care into adulthood, 95% identified their caseworker among their support network (Paul 2020b).

The Current Study

Our study examines the relationship between LGB status, ACEs, and the caseworker as an external locus of hope among youth in foster care. Our research addresses three research questions: (1) For youth in foster care, how do LGB youth compare to their non-LGB counterparts on ACEs and the relationship of the caseworker as an external locus of hope? (2) For youth in foster care, how is LGB identity associated with caseworkers as an external locus of hope controlling other factors, including ACEs? (3) Finally, for youth in foster care, how do high ACEs and LGB status interact to influence hope in the caseworker?

Methods

Procedure

This study was one component of a more extensive study examining well-being by examining hopeful thinking of older youth in foster care in a south-central state in the United States. Data reported in this study are from surveys collected from young people aged 14 – 19 who were in state-managed foster care services at data collection, which could be kinship care, foster care, or residential or congregate settings. Young people over 18 who had aged out of the foster care system and into adult services were no longer considered to be in foster care and excluded from the sample.

The state child welfare agency conducted all participant recruitment. Two initial mailings were sent to youth by child welfare agency staff outlining the aim of the study and requesting participation. Each flyer listed a contact number for the child welfare agency and contact information from the author's university. After the mailings, an assigned state agency employee attempted to reach any eligible youth by email or telephone. Additionally, agency staff sent flyers to any residential or group home for foster youth. Youth who completed the study were offered a small incentive by the state agency. Participation and recruitment restricted inpatient care settings, juvenile detention, or youth listed as a runaway. In all the youth recruited for the study accounted for almost 30% of the population of youth in out-of-home placement at the time of data collection. All data were collected from November 2019 – February 2020. Agency staff provided de-identified data to the authors. The university and the state child welfare agency jointly approved all study recruitment materials, consent, and survey items.

After adjusting for missing data on variables of interest by removing 10 cases through listwise deletion, our sample contains responses from 145 youths. For our analysis, we focus on the significant differences up to the .10 level to compensate for the small sample size and to

avoid issues with underestimation and overlooking meaningful differences (Cheng & Powell, 2005), especially since this is a particularly vulnerable population.

Measures

External Hope for Change through Case Workers Scale

To measure youths' perceptions of external hope in their caseworkers, the Hope for Change from Counseling Services Scale was used as a foundation (Bartholomew, 2015). The caseworker domain of hope measures the youth's perception of the caseworker as an external locus of hope. The original Hope for Change through Counseling Scale has demonstrated good internal consistency and validity (Bartholomew et al., 2015). The modified scale uses 10 of the original 19 items, altering the word *caseworker* for the term counselor. For example, the original item question of "my counselor helps me identify ways to improve my well-being" to "my caseworker helps me identify ways to improve my well-being." The items measure agency (i.e., my visit with my caseworker lifts my spirits or helps me feel good about myself), pathways (i.e., my caseworker can help me see there are a lot of ways to solve problems), and the goal components of hope (i.e., my goals for my case plan are easy for me to understand). Scores range from 10-60 (M= 44.70 SD = 14.34 $\alpha = 0.97$). See Appendix 1 for the full scale.

Adverse Childhood Experiences

Felitti et al.'s (1998) ACEs scale is a 10-item checklist that measures the occurrence of various adverse childhood experiences before a respondent's 18th birthday. Respondents answered *Yes* or *No* to whether they experienced one or more of the following ACEs: emotional abuse, physical abuse, sexual assault, emotional neglect, physical neglect, parent divorce or separation, witnessing their mother being treated violently, family drug or alcohol problems, family mental illness, and having a parent ever go to prison. Given the high prevalence of ACEs

in the population of youth in foster care, we created a dichotomous variable for respondents who reported eight or more ACE items, representing scores at or above the 75% percentile. Within our sample, 30% of youth had eight or more ACEs. As a comparison, only 10% of youth in the United States report three to eight ACEs, with the state of Oklahoma slightly higher at 13% (Sacks and Murphey 2018).

Sexual Orientation

Our primary independent variable is the self-reported measure of youth's sexual orientation. Coded as a dichotomous variable from participants' answers to the question: "How do you consider yourself?" (0 = *Heterosexual (straight)*, 1 = *Gay or Lesbian*, 2 = *Bisexual*, 3 = *I am not sure yet*, and 4 = *I don't know what this means*). We recoded respondents who answered as gay or lesbian, bisexual, or not sure yet as *LGB youth*. We recoded those who responded as heterosexual as *non-LGB youth*. The final sample included 28 LGB Youth (19%) and 117 non-LGB youth (81%).

Controls

Our control variables are self-reported measures of sex and race. We coded sex as a dichotomous variable (*Female* = 1 *Male* = 0) from the question: "What sex were you assigned at birth, or what sex did the doctor put on your birth certificate?" In this sample, we had 90 females (62%) and 55 males (38%). Additionally, race demographics were measured using the following question: "How would you describe yourself?" Respondents were selected from the following categories: 0 = *Black or African American*, 1 = *American Indian or Alaskan Native*, 2 = *White or Caucasian*, 3 = *Hispanic or Latino/Latina*, 4 = *Asian or Asian American*, 5 = *Native Hawaiian or other Pacific Islander*, and six = *Other/Mixed Race*. Given our small sample size, we recorded

race as a dichotomous variable (1 = *Non-white* 0 = *White*) with 94 non-white respondents (65%) and 51 white respondents (35%).

Analytical Approach

We first examined bivariate comparisons of both ACEs and hope in their caseworker between LGB youth and non-LGB youth. We used a two-sample test for significant differences in means between the two groups. Next, we conducted three stepwise OLS regression analyses. Our first model examines the association of youth's sexual orientation with the caseworker as a source of hope, controlling for sex and race. We then examined the effect of having eight or more ACEs on youth caseworkers as a source of hope by including it in our second model. Finally, we analyzed the interaction effect of LGB status and having eight or more ACEs on the caseworker as a source of hope scores in our third model.

Results

Table 1 displays our sample's descriptive statistics and sample characteristics by youth's sexual orientation. Lesbian, gay, and bisexual youth represent 19% of our sample compared to 8% of America's youth in grades 9-12 (Dettlaff et al., 2018), which we would expect given that LGB youth are overrepresented in the child welfare system as compared to the general population (Fish et al., 2019). Females represent 62% of the sample, though they represent nearly 93% of the youth who identify as LGB in this sample. Respondents who self-report a "non-White" race represent 64% of the sample. ACE scores are displayed as the proportion of youth with eight or more ACEs (75th percentile).

Table 1. Descriptive Statistics of Sample Variables

Variable	Range	Full Sample	LGB Youth	Non-LGB Youth
		(N=145)	(N= 28)	(N= 117)
		<i>M</i>	<i>M</i>	<i>M</i>
		(<i>SD</i>)	(<i>SD</i>)	(<i>SD</i>)
<u><i>Outcome Variable</i></u>				
Hope in Caseworker	10-60	44.70 (14.34)	42.43 (15.91)	45.24 (13.96)
<u><i>Predictor Variable</i></u>				
LGB Youth	0-100%	19.31% (.40)		
Eight or more ACEs	0-100%	29.66% (.46)	39.29% (.50)	27.35% (.45)
<u><i>Demographics</i></u>				
Female	0-100%	62.07% (.49)	92.86% (.26)	54.70% (.50)
Non-White	0-100%	64.83% (.48)	67.86% (.48)	64.10% (.48)

Source: Oklahoma Successful Adulthood (OKSA) (2020)

Bivariate Comparison

How do LGB youth in foster care compare to their non-LGB counterparts on ACEs and the relationship of the caseworker as an external locus of hope? To answer this question, we used two-tailed *t*-tests to conduct a bivariate comparison of ACE scores and the caseworker as an external locus of hope for LGB and non-LGB youth. Table 1 represents the percentage of youth with high ACE scores (eight or more ACEs) by sexual orientation. Among our sample, 39% of LGB youth reported having experienced eight or more ACEs, compared to 27% of non-LGB youth, though this finding was not significant at the $p < .10$ level ($p = .108$). A bivariate comparison for the caseworkers as external locus of hope scores showed that LGB youth perceive their caseworker as a lower source of hope than non-LGB youth. However, this finding was not statistically significant.

Multivariate Analyses

For youth in foster care, how is LGB identity associated with caseworkers as an external locus of hope controlling other factors, including ACEs? To address this question, we examine results from Models 1 and 2 of our three stepwise OLS regression models presented in Table 2. In both models, we do not find a significant difference in the association between LGB youth and perceptions of their caseworker as an external locus of hope, controlling for sex and race, and subsequently a high ACE score. However, the direction of this association is negative in both models. We did find that in both Model 1 and Model 2, females had significantly higher hope from their caseworkers than males, regardless of other factors. No other variables were significant.

For youth in foster care, how do high ACEs and LGB stats interact to influence hope in their caseworker? In Model 3, LGB youth with eight or more ACEs approach significance ($p < .10$) in their association with their caseworker as a source of hope as compared to non-LGB youth and youth with fewer than eight ACEs, suggesting those two statuses interact to increase the perception of their caseworker as an external locus of hope (see Table 2). Females have a significant and positive association with their caseworker as an external locus of hope in this model, consistent with previous models. In summary, LGB youth with high ACES trend toward being significantly more likely to perceive their caseworker as an external locus of hope than other youth, controlling for other factors.

Table 2. Multiple Regression of Caseworker Hope Scores on Sexual Orientation, ACE scores, Sex, and Race

	Model 1		Model 2		Model 3	
	β	(SE)	β	(SE)	β	(SE)
<i>Main Effects</i>						
LGB Youth	-4.85	(3.15)	-4.79	(3.16)	-9.10*	(3.95)
Eight or more ACEs			-2.42	(2.72)	-4.99 [†]	(3.05)
<i>Interaction Effect</i>						
LGB Youths x 8 or more ACEs					11.3 [†]	(6.28)
<i>Controls</i>						
Female	5.14*	(2.57)	5.77*	(2.67)	6.22*	(2.66)
Non-White	1.93	(2.48)	1.69	(2.50)	2.25	(2.50)
R^2	0.04		0.04		0.06	
<i>AIC</i>	1185.42		1186.60		1185.28	
<i>BIC</i>	1197.33		1201.49		1203.14	

Source: OKSA 2020 ($N = 145$)

[†] $p < 0.10$ * $p < 0.05$, ** $p < 0.01$

For ease of interpretability in the magnitude of this effect, post-estimation analyses revealed that LGB youth exposed to eight or more ACEs had predicted hope score in their caseworker of just over 44, compared to 42 for non-LGB youth exposed to eight or more ACEs, and compared to 38 of the LGB youth without high ACEs, holding all other variables mean. Conversely, non-LGB youth exposed to less than eight ACEs had the highest predicted score on caseworker as an external locus of hope of 47 ($p = .00$). These results suggest an interesting interaction between high ACEs and LGB status. Those who experience the most adversity (high ACEs and a marginalized sexual identity) and those who experience the least on these two dimensions have the highest likelihood of perceiving their caseworker as an external locus of hope.

Discussion

Our analysis sought to examine whether the caseworker could serve as an external locus of hope for a particularly vulnerable population of youth in the child welfare system, LGB youth. Consistent with the literature, LGB youth are overrepresented in our sample of youth placed in foster care, with 19% identifying as lesbian, gay, or bisexual. While LGB youth make up only 8% of the general population, they are significantly overrepresented in the child welfare system and 2.5 times more likely to report involvement in the child welfare or foster care system compared to heterosexual youth (Dettlaff et al., 2018; Fish et al., 2019). Our results also reveal the severity of adverse childhood experiences among LGB youth within the child welfare system. Given that nearly 40% of LGB youth in this sample reported an ACE score of eight or more, these youth are at higher risk than non-LGB youth in foster care for decreased life expectancy, poly victimization, feelings of hopelessness, and continued involvement in the child welfare system, all of which act as barriers to goal achievement (Felitti et al., 1998; Snyder et al., 2002). Since LGB youth in care report having experienced an even larger number of childhood adversities than their child welfare system-involved peers, hope in a caseworker may serve as an even more important source of strength in support of goal attainment for these youth. Indeed, the literature suggests that positive mentoring relationships such as the one developed between youth in foster care and their child welfare workers may nurture feelings of hope (Sulimani-Aidan et al. 2018), and for LGB youth who experience familial rejection and placement instability within the child welfare system, the caseworker may represent one of the few sources of support (Paul 2020b).

Interestingly, LGB status and high ACEs independently do not predict perceptions of the caseworker as an agent of hope for the youth, but it is their combination. That is, LGB youth

who experience higher levels of adversity are more likely than other youth in foster care to see their caseworker as someone who helps them with goal attainment by way of hopeful thinking. These findings demonstrate that caseworkers are instrumental in nurturing hope among LGB youth with high ACEs—those who may need it the most—to pursue their goals and prepare to transition out of foster care. Thus, attention to recruiting and retaining high-quality caseworkers who are knowledgeable of and in support of LGB youth’s needs should be prioritized.

Unfortunately, turnover rates among caseworkers in the child welfare system are high. Frequent turnover can disrupt these relationships, leading to feelings of lost trust and instability (Strolin-Goltzman, Kollar, and Trinkle 2010), which could have a particularly damaging impact on this already vulnerable population. Additionally, caseworkers who may not be trained in or attuned to the specific needs of LGB youth, including strategies to address employment and housing discrimination, resources for safe relationship development, and gender-affirming care, may lead to LGB youth emerging from foster care having unmet needs contributing to poor outcomes as they transition into adulthood (Paul 2020b). However, our findings suggest that caseworkers can provide hope and support for LGB youth who’ve experienced significant challenges. Therefore, child welfare agencies should work to strengthen these supportive relationships whenever possible through caseworker training and retention efforts.

Although the current study indicates the caseworker is a source to nurture hopeful thinking, our study has several limitations. Though our sample is a unique and valuable data set of youth in foster care, it is a small sample in one state. Thus, the data provide limited power to detect significant patterns and do not allow for additional subgroup analyses. Our results may not be generalizable to youth in foster care, more generally, as much child welfare state policy affecting caseworkers and youth is set at the state level. In addition, the data cannot link with

personnel data on caseworkers. Such linkages would allow for a more in-depth analysis of how caseworker and youth characteristics may interact to impact hope or other outcomes of importance. Future survey research on youth in foster care should prioritize youth voices and perspectives and explore the capability to link youth in foster care with data on their caseworker perspectives and characteristics, though that is a significant undertaking. Additionally, these data are cross-sectional and cannot make any causal conclusions from the analyses. Other enhancements to future surveys with this population could include oversampling LGB youth and other vulnerable populations within the child welfare system and collecting data on the sample over time.

Implications of Study Findings

Transitioning to adulthood for foster care youth can be difficult, but LGB youth in foster care often face additional challenges. The caseworker has an important role in helping LGB youth in foster care pursue their goals, particularly those who have experienced high levels of childhood adversity. Our results have several research, practice, and policy implications.

In terms of research, in addition to those raised in our discussion of limitations, we need an in-depth understanding of what caseworker characteristics and strategies they use that do and do not promote hope among youth, as told from the perspective of both caseworkers and youth themselves. Furthermore, these strategies and characteristics need to be tied to outcomes. For example, some vulnerable youth were not included in our study, including trans youth. Future research should include this population to test for similar or different patterns related to hope and their relationship with the caseworker. Similarly, another unanswered research question is whether the confluence of multiple challenges leads to higher needs for help and, thus, hope in caseworkers as an avenue of protection among LGB youth in foster care. Again, mixed methods,

including qualitative interviews and larger samples, and oversampling of LGBTQ+ youth in foster care are needed to contribute to answering these types of questions.

In terms of policy and practice, child welfare systems need to understand the causes of and address the disproportionate representation of LGB youth in foster care and ensure that institutional policies and procedures are not contributing to worse outcomes for those youth and are instead affirming their identity. Given the importance of hope for achieving positive goals and that LGB youth with high adversity look to their caseworker as an external locus of hope, training caseworkers on the unique needs and circumstances of LGB youth is warranted. Simultaneously, training that equips the caseworker to use the core tenants of hope in their work would benefit LGB youth and beyond (Saewyc et al., 2006; Fish et al., 2019, Natale in press). The child welfare system can also deploy specific hope-centered values into programming and services. For example, youth assessments that focus on the readiness for adulthood can give specific attention to youths' desired goals and planning for their future.

Workforce development efforts are needed to stabilize and retain high-quality caseworkers, given the importance of this relationship in fostering hope for the future. Caseworker retention can lead to lasting and stable support for youth, assuming they support and affirm LGB youth experiences and needs. The significance of the relationship between youth/worker should be essential for youth in foster care and has been associated with many positive outcomes (Sulimani-Aidan et al., 2019). It may be particularly important for this group of youth. Our study suggests promising results for focusing on this critical relationship between LGB youth with high childhood adversity and their caseworker. More focus on understanding this crucial relationship, effective strategies, training needs, and how these are linked to outcomes is needed.

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Appendix 1

This next section will ask you questions about your child welfare Caseworker

- 1= none of the time
- 2= a little of the time
- 3= Some of the time
- 4= A lot of the time
- 5= most of the time
- 6= all of the time

1. My caseworker helps me identify ways to improve my well being
2. My visit with the caseworker lifts my spirits or helps me to feel good about myself.
3. I know what I can accomplish or the purpose of my time with my caseworker.
4. My caseworker can help me see there are a lot of ways to solve my problems.
5. My caseworker helps motivate me to solve my problems.
6. I can identify things I would like to improve or learn from my time with my caseworker.
7. I am aware that my caseworker can help me in my daily life.
8. Working toward a positive future with my caseworker is motivating for me.
9. My goals for my case plan are easy for me to understand.
10. Even when my problems feel really difficult, I know my caseworker can help.

Chapter Five:

Conclusion

This dissertation explores the lives of lesbian, gay, bisexual, and queer (LGBQ) youth in the child welfare system. Each of these chapters explores the role of social supports for LGBQ youth in the child welfare system and its influence on different facets of well-being. Social support, such as support from caregivers, peers, and professional staff, including caseworkers, has been found to improve the well-being of youth in the child welfare system. It can serve as a protective factor, particularly for mental health (Evans et al. 2022). However, little research to date has examined these supports for LGBQ youth in child welfare who may experience additional social support challenges.

My research expands on existing research by focusing on LGBQ youth as it pertains to social support and influences on well-being, including hope and future expectations. Much of the social support research has not looked at this population, and research on the experiences of LGBQ youth in child welfare that is strengths-based is sparse. My research seeks to identify areas where policy and programs can be improved to alleviate the stress related to identifying as a sexual minority for youth in the child welfare system. Next, I briefly summarize the empirical chapters of my dissertation and their findings.

Chapter Two is co-authored with Dr. Erin Maher and examined the supportiveness of LBGQ youth's relationships with their caregivers. Supportive caregiver relationships are among one of the most effective protective factors for youth in foster care. This protective factor is critical to examine because LBGQ youth are disproportionately represented in the foster care system and face substantial marginalization (Fish et al. 2019; Wilson and Kastanis 2015). This chapter draws upon the sexual minority stress theory as a framework to understand the physical and mental health outcomes among LGBQ youth and illustrates how cultural and social stressors such as discriminatory behaviors can threaten the self-esteem and basic security of LGBQ

individuals, thereby inducing states of stress. Parental or caregiver support, however, can be a means to lower a child's level of stress, which in turn can reduce psychobehavioral symptoms (Quamma and Greenberg 1994). Supportive relationships can serve as a protective factor against substance abuse (Traube et al. 2012), behavioral concerns such as withdrawal and opposition (Dozier et al. 2002), and improve the likelihood of obtaining permanency (Summersett-Ringgold et al. 2018). Although supportive caregiver relationships are a strong protective factor against stress, and LGBQ foster youth may be exposed to higher rates of stress than other youth in foster care, this relationship remains understudied.

To study this relationship, I used logistic regression analyses to examine the relationship between sexual orientation, the youth's caregiver relationship quality, and internalizing and externalizing behavioral symptoms. I then assessed the interaction between sexual orientation and the youth's relationship with their caregiver. I found that the caregiver relationship is a protective factor for heterosexual youth's well-being, but this is not the case for LGBQ youth. Interestingly, as the perceived quality of caregiver relationship increased for LGBQ youth, so too did their probability of reported behavioral problems. This finding may indicate that caregivers with good relationships with LGBQ youth may be able to better identify and more accurately report their well-being. Youth who perceived they had a better relationship with their caregiver may be more likely to talk openly about issues than youth who do not perceive a strong relationship. Alternatively, this finding could indicate the caregivers' prejudicial attitudes toward LGBQ youth by reporting behavioral problems at higher rates compared to caregivers of heterosexual youth. In either case, these findings highlight the importance of fostering relationships between LGBQ youth and their caregivers so they can find meaningful support as they face additional stressors as a sexual minority. Evidence-supported interventions are

successful in improving their relationships with their caregivers, such as the AFFIRM caregiver model (Austin et al. 2021) and the *Connecting* program (Salazar et al. 2020). As LGBQ youth in foster care are among some of the most vulnerable youth in the nation, more programs and services should work to foster supportive relationships with them and alleviate stressors when possible.

Chapter Three is co-authored with Rin Ferraro and Dr. Erin Maher and looked at youth's relationship with their caregiver as well as peer support, measured by peer satisfaction, to examine how this support influences future expectations for marriage, family, and mortality. To our knowledge, there has been no research that has focused on future expectations for LGBQ youth. We use the theory of social-ecological development (Bronfenbrenner 1979) and the linked lives principle of life course theory (Landes and Settersten 2019) to examine how family and friends influence youth's sociocultural environment and their development of future expectations for getting married by twenty-five, having a family, and living to thirty-five.

To examine the future expectations for both LGBQ youth and heterosexual youth, we used bivariate comparisons and found that LGBQ youth had significantly lower future expectations for getting married by twenty-five, and marginally significant lower expectations for having a family. LGBQ youth also had lower peer support and relationship with caregiver scores, both significant. We then analyzed three multinomial logistic regression models, one model each for getting married by twenty-five, having a family, and living to thirty-five. We also included models that study the interaction effects of youth's relationship with their caregiver and their level of peer support with the youth's sexual orientation. In our main effect models, we found that LGBQ youth had significantly lower log odds for feeling that having a family was pretty likely or would happen for them compared to their heterosexual peers. In the models

examining the interactions between sexual orientation and relationship with caregiver, we found marginal significance in that LGBQ youth with better relationships with their caregivers are more likely to report ever having a family was pretty likely compared to no chance, in comparison to heterosexual youth. This was a positive finding in that LGBQ youth with supportive caregiver relationships may be more likely to have expectations for their future for having a family, considered a normative aspect of adulthood. For expectations of getting married by twenty-five, we found that peer support is significant in predicting future expectations for this outcome for both LGBQ and heterosexual youth. For living to thirty-five, both peer support and relationship with caregiver was significant in predicting higher log odds for reporting it will happen. However, when examining the interaction effects of sexual orientation and peer support, we found that peer support negatively influenced the expectations for living to thirty-five, indicating that LGBQ youth with higher levels of peer support had lower log odds of reporting living to thirty-five would happen. To study this effect further, we analyzed the predicted probabilities and found that LGBQ youth with high peer support scores had lower predicted probabilities that living to thirty-five would happen for them. This finding did not support our hypothesis and is counterintuitive to the theory that peer support would serve as a protective factor. It may be that peer support specifically may highlight or exacerbate the stress LGBQ youth experience.

The findings from Chapter Three highlight the importance of caregiver and peer relationships in promoting positive or normative future expectations for youth as they navigate the child welfare system and their transition into adulthood. To improve these relationships, programs such as PII-RISE have been established to advocate for affirmative parenting practices and caregiver attitudes for LGBQ youth (Austin et al. 2021) that could be implemented

nationwide. For peer relationships, programs and policies could be implemented in schools to reduce harassment and bullying and increase supportive relationships among youth, such as gay-straight alliances (Johns et al. 2019).

Chapter Four is co-authored with Dr. Angela Pharris, Dr. Erin Maher, and Dr. Anthony Natale and was published in the *Journal of Public Child Welfare* in 2023. This chapter examined the severity of adverse childhood experiences (ACEs) among LGB youth in foster care and how professional support such as the caseworker influenced LGB youth's hope. Youth in child welfare, and particularly those placed in foster care, report higher ACEs than the general population (Turney and Wildeman 2016). Sexual minority youth are also more likely to experience ACEs such as verbal and physical harassment and sexual abuse (Fish et al. 2019). Hope theory suggests that individuals who have experienced ACEs but have high hope can use hope as a buffer and may mediate the effects of ACEs (Munoz et al. 2018; Snyder 2002). Individuals with higher hope indicate better social support, suggesting that hopeful thinking is developed partly through connections with others (Barnum et al. 1998; Merkaš and Brajša-Žganec 2011). Given that youth in foster care may lack stable, continuous, and supportive relationships, this chapter explores caseworkers as a source of support that can influence youth's hope and therefore well-being.

To examine the relationship between LGB status, ACEs, and the caseworker as a source of hope, we used survey data collected from young people aged 14-19 who were in state-managed foster care services, including kinship care, foster care, or residential settings. This data was collected as part of a larger study examining well-being through hopeful thinking among older youth in foster care in the state of Oklahoma. Our sample consisted of 145 youth, 28 of whom identified as lesbian, gay, or bisexual (19%). We first examined the bivariate comparisons

of both ACEs and hope in their caseworker between LGB and non-LGB youth, then conducted three stepwise OLS regression analyses to examine whether sexual orientation and high ACE scores predict differences in hope in the youth's caseworker. Our bivariate comparisons revealed that over one-third of LGB youth in our sample (39%) have experienced eight or more ACEs, indicating a high level of exposure to childhood trauma, though not significantly different from non-LGB youth (27%). In our multivariate analyses, we found that there is an interaction effect between sexual orientation and having experienced eight or more ACEs, indicating that LGB youth who have experienced such adversity (high ACEs and a marginalized sexual identity) have increased hope in their caseworker.

The findings from Chapter Four demonstrate how vulnerable LGBQ youth in child welfare, and particularly those placed in foster care, truly are. Felitti et al (1998) indicated in their study on ACEs and adulthood outcomes that respondents with 4 or more ACEs had higher risk for alcoholism, drug abuse, depression, suicide, and diseases such as obesity, heart disease, and cancer. Our finding that nearly 40% of LGB youth experienced 8 or more ACEs is a cause for concern that these youth are at great risk for early mortality and detrimental health and well-being outcomes as they enter adulthood. However, our finding that these youth had higher hope in their caseworker should point to the strength of positive mentoring relationships that can be developed within the child welfare system. The implications of these findings point to a need for training caseworkers on the unique needs and circumstances surrounding LGB youth and their disproportionate representation in the child welfare system, as well as programming to incorporate hope-centered values that give attention to youth's goals and planning for their future.

Given the disproportionate representation of sexual minority youth in the child welfare system and placed into foster care and based on the limited research available, their poorer outcomes, the findings from this research have important implications. First, by recognizing the disparate outcomes for LGBQ youth within child welfare, policies and programs could be developed to improve their well-being. The current field of research in child welfare indicates the importance of child welfare professionals in determining the type of placements youth are placed in, the services they receive, and the trajectory of their cases while involved in the welfare system (Glisson and Green 2011; Smith et al. 2019). Unfortunately, many child welfare professionals are not trained in LGBQ-youth specific issues that can lead to inadequate service provision, more restrictive placements, and lack of permanency (Mallon 1998; Wilson and Kastanis 2015). They could bring bias and discrimination into their work, as well. The development of new interventions could include policies aimed at reducing bias and discriminatory practices by child welfare professionals and strengthening supportive practices geared toward inclusion and acceptance for LGBQ youth, such as affirming and nondiscriminatory placements and services.

Second, in identifying the mechanisms that can improve well-being outcomes for LGBQ youth, targeted interventions can be developed to promote hope, self-esteem, and positive future expectations. Programs focused on improving relationships between LGBQ youth and their caregivers can provide benefits that include developing caregiver knowledge and skills and increasing youth's self-esteem and sense of support (Collins, Spencer, and Ward 2010). These programs, such as AFFIRM, PII-RISE, and *Connecting*, have all demonstrated their effectiveness in providing caregivers with knowledge and skills to support LGBQ youth and increasing

affirming, supportive relationships that improve LGBQ youth's mental health and well-being (Austin et al. 2021; Salazar et al. 2020).

Finally, peer relationships can be improved in school settings through school organizations such as gay-straight alliances, and reducing homophobic bullying by educating students on peer intervention (Hong and Garbarino 2012). My research validates the use and implementation of such programs. By increasing equality in broader society by reducing discrimination, prejudice, and homophobia, we can hopefully improve outcomes within the systems LGBQ youth interact. Thus, societal-level interventions, including advocating against discriminatory policies, are warranted as they affect the lives of millions of youth, including family and friends of LGBQ youth.

From a theoretical standpoint, these findings illustrate how the theory of sexual minority stress can and should be incorporated with existing theories to understand LGBQ youth and their well-being better. Sexual minority stress theory highlights how youth may experience elevated levels of stress due to cultural and social prejudices that reduce their well-being (Brooks 1981). Chapters Two and Three highlight that LGBQ youth in our sample had higher rates of internalizing and externalizing behaviors, lower expectations for their futures, and lower levels of peer and caregiver support, providing support for this theory. Future research should include sexual minority stress theory when examining sexually marginalized youth and focus on mechanisms that can reduce this stress, such as supportive connections with families and peers.

From a linked lives perspective, LGBQ youth or youth characterized by fractured relationships may have different patterns regarding their behaviors, hope, and future expectations. The linked lives principle states that human agency is dependent on personal relationships (Landes and Settersten 2019), implicating support networks for life course

outcomes. Our findings in Chapter Three showcase that peer support and caregiver support can improve expectations for youth's futures, but LGBQ youth lack these supports. However, our Chapter Four findings revealed that these youth, who have experienced a high amount of adversity, can find hope and support through their caseworker. Taken together, these results reveal a need to work with LGBQ youth to find and develop positive support networks that can guide them through their adolescent period and into adulthood.

Additionally, ecological models that rely on family-level, community-level, and policy-level interventions would benefit from recognizing how these factors shape LGBQ youth differently due to discrimination, isolation, and policy restrictions. At the family level, LGBQ youth are often ostracized by their family of origin due to their sexual identity (Mountz and Capous-Desyllas 2020) and continue to face discrimination while involved in the child welfare system such as placement into congregate care or placement rejection by foster parents (Schaub, Stander, and Montgomery 2022). Interventions focused on this level should include working with families of origin, if possible, to recognize and affirm their youth's identity and build support within their network. Additionally, more work should be done to encourage same-sex families to foster LGBQ youth within the child welfare system, as they often are discouraged or even banned from fostering or adopting youth (Mallon 2011). Among communities, support groups for LGBQ youth should be implemented and encouraged, and funding should be secured to increase community-based programming effective in providing services to this population (Allen, Hammack, and Himes 2012). Finally, policies restricting same-sex parents from fostering should be repealed, as well as policies approving the use of harmful practices geared toward LGBQ youth such as conversion therapy. Furthermore, policies should be implemented to

require caseworkers to attend training on the appropriate services and best practices for serving LGBQ youth involved in child welfare.

Future research should continue to focus on LGBQ youth in child welfare given their disproportionate representation within the system and find ways to improve their life circumstances at all phases of involvement (reports, investigations, placement, and permanency planning). This is imperative given their higher rates of placement into foster care and poorer mental health outcomes. Additionally, universal programming should be developed to focus on parents of LGBQ youth and encourage acceptance of LGBQ youth to help prevent potential child welfare involvement. Furthermore, workforce training for caseworkers working with this population should be enforced to improve bias and discrimination in decision-making.

While the implications of this research have the potential to inform strategies for improving the well-being of LGBQ youth involved with child welfare, there are several limitations. The experiences of transgender youth could not be captured in our datasets, excluding their voices and perspectives in the analyses. In all chapters, small sample size was a constraint. Future research should work to oversample LGBQ youth and include transgender youth to ensure adequate sample size and retain statistical power. Additionally, the ability to look at trends over time and the fluidity of gender/sexual orientation within the NSCAW II data was hindered given that the variable to measure sexual orientation was only asked in the final wave of data collection and only asked of youth over the age of eleven. Therefore, all studies are cross-sectional in nature and cannot make any causal conclusions from the analyses. The available weights in the NSCAW II were also a limitation, given that they cannot capture variation in state policy as it pertains to the rights of LGBQ youth and the impact it may have on well-being. Furthermore, well-being is a multidimensional concept and my coauthors and I could only study

limited dimensions of well-being such as hope, behavioral problems, and future expectations. Finally, the findings from these chapters may not be generalizable to LGBQ youth in the general population, though that was not the intention. But, as stated previously, improving the well-being of all LGBQ youth in society suggests that outcomes for child-welfare-involved youth will also improve. However, given the importance of these findings and the little scholarly research addressing these issues, it should not be ignored that social support from caseworkers, family, and peers play a pivotal role in child welfare trajectories.

In recognizing the child welfare system as an institution that shapes family life for the most vulnerable youth, this research shows that promoting supportive and affirmative relationships for LGBQ youth in child welfare can improve their well-being and increase their chances for a successful transition to adulthood. This can be accomplished by innovative, evidence-informed, and evidence-based programs that focus on fostering positive and supportive relationships between LGBQ youth and their parents, caregivers, peers, and professional support staff. The use of these interventions in child welfare should also be examined. It is of the utmost importance now to examine the structural inequalities and marginalization faced by LGBQ youth in child welfare and work to improve a system designed to help children and families, rather than continue to overlook them. Social support is one key way in which developmental outcomes can be improved, whether this be from paid professionals, caregivers, peers, or interventions to improve social support.

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