



FOSTERING INEQUITY: HOW COVID-19 AMPLIFIES DANGERS FOR LGBTQ+ YOUTH IN CARE

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INTRODUCTION

Even under normal circumstances, child welfare systems can be a fraught environment for LGBTQ+ youth.¹ Like all young people in these systems, they must cope with the abuse and neglect they may have suffered at the hands of their caregivers. But LGBTQ+ youth are at higher risk of additional harms, including discrimination, institutionalization, and even abuse within the system.² They are more likely to age out without ever achieving permanency.³ LGBTQ+ young people in out-of-home care are disproportionately people of color and are therefore exposed to compounding and unique inequities associated with their intersectional identities.⁴ LGBTQ+ youth are also more likely to experience homelessness,⁵ live in poverty, and suffer from chronic illness⁶—already pervasive issues among children who spend time in child welfare systems. The COVID-19 pandemic exacerbates these risks. It wreaks havoc on the fragile dynamics that protect these youth, and will undoubtedly continue to have a significant impact on them and child welfare systems for years to come.

This report was developed with extensive input from LGBTQ+ young people currently or formerly in foster care, LGBTQ+ young people currently or formerly experiencing homelessness, and direct service workers. We identify how the pandemic is amplifying some of the risks for LGBTQ+ youth in child welfare systems and propose practices to mitigate them. Now, more than ever, LGBTQ+ young people must be protected.



BACKDROP FOR THE PANDEMIC

Even before the onset of the COVID-19 pandemic, the state of LGBTQ+ youth welfare was precarious in many jurisdictions nationwide.⁷ The Southern Poverty Law Center (“SPLC”) recently reported that anti-LGBTQ+ hate groups were the fastest-growing type of hate group in America in 2019—jumping from 49 groups in 2018 to 70 in 2019, a nearly 43% increase over just one year.⁸ The SPLC explained that while public officials have pursued anti-LGBTQ+ policies at the federal level, state and local lawmakers have also done so.⁹

The federal government has endorsed discrimination against LGBTQ+ foster and adoptive parents, and rolled back protections for LGBTQ+ youth nationally.¹⁰ This administration has fought to permit discrimination on the basis of sex, gender identity, gender expression, and sexual orientation¹¹ in grants and programs funded by the Department of Health and Human Services and has eliminated data collection regarding the sexual orientation of youth in foster care and foster and adoptive parents and guardians.¹²

State elected officials have not spared vulnerable young people either: child welfare systems have become a primary target for anti-LGBTQ+ policy-makers. Already, at least 10 states have laws that permit adoption and foster

care agencies to discriminate against prospective foster and adoptive parents due to the couple’s sexual orientation or religious affiliation.¹³ These laws have the potential to do grave harm to children, including LGBTQ+ children, by reducing the number of available safe and loving homes. Some of these laws are so broad as to permit discrimination against not only adults, but also children.¹⁴ And several more states have introduced similar bills.¹⁵ Such legislation is deeply stigmatizing and enables systemic discrimination against LGBTQ+ young people and parents. Fortunately, public pressure has thwarted such legislation in some states, and some child welfare agencies have recently broadened their nondiscrimination language or adopted more comprehensive LGBTQ+ affirming policies. For example, several states that previously had no explicit child welfare protections for LGBTQ+ youth now have at least some.¹⁶

As federal and local elected officials pursue discrimination as policy, inequalities that confront LGBTQ+ youth increase. All the while, implicit biases can impede even well-meaning efforts to support this community.¹⁷ These trends put LGBTQ+ youth at higher risk of a range of harms.

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INCREASED STRESS ON FAMILIES

Before the pandemic struck, LGBTQ+ youth were already at increased risk of abuse and neglect by their families, and are over-represented in child welfare systems.¹⁸ Studies have found that conflicts with their families over sexual orientation or gender identity force a staggering 26% of LGBT youth from their homes, and 30% of LGBT youth have reported physical violence at the hands of a family member after coming out as LGBT.¹⁹ These trends may continue or worsen in this climate: research shows that the risk of abuse and neglect is correlated with times of economic crisis.²⁰

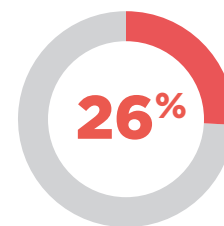
Child welfare systems rely on networks of mandatory reporters and engaged community and family members to witness and report the signs of abuse and neglect. In 2018, education personnel submitted one-fifth of all reports alleging maltreatment and social services personnel submitted one-tenth; in addition, 16.2% of reports were made by non-parent relatives and 3.8% of reports came from friends and neighbors.²¹ Due to school closings and social distancing requirements, the pandemic has removed youth from sight, rendering abuse and neglect nearly invisible to many. In some jurisdictions, reports of suspected abuse have dropped by as much as 50%.²² In California, for example, the drop began almost immediately after the state implemented stay-at-home orders to prevent the spread of the coronavirus.²³ Other states, like Illinois, Ohio, Indiana and Kentucky, have experienced similar precipitous drops in reporting after schools were ordered closed.²⁴ Some young people must now fend for themselves: for the first time, half of the victims receiving help from the National Sexual Assault Hotline in March 2020 were minors.²⁵

Layered over this emerging gap in child welfare reporting, the pandemic has frayed safety nets that might otherwise mitigate the risk of abuse and neglect. LGBTQ+ youth who relied on school and extra-curricular activities for respite from harmful home environments now find themselves with fewer safe spaces.²⁶ They no longer have easy access to supportive education or community professionals.²⁷ Older LGBTQ+ youth who built support networks at colleges and universities have now lost those resources as campuses have closed.²⁸ Compounding the harm, youth now spend more time confined in their homes, where they may face increased risk of abuse and neglect if their families reject them for their sexuality or gender expression or identity.²⁹ Research reported by the Trevor Project suggests that one-third of LGBTQ+ youth experience parental rejection and one-third wait until they are adults to disclose their identity; only the remaining one-third experience parental acceptance.³⁰ Even for that one-third of LGBTQ+ youth who have supportive and affirming home environments, the pandemic can still have a disproportionate impact on their mental health and well-being, as discussed later in this report.

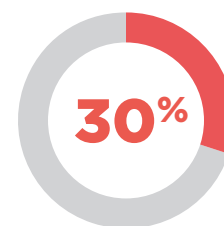
Chris, a 24-year old who formerly experienced homelessness, shared his friend's experience:



I have a friend who is trans and homeless. They don't have the best relationship with their family because they're transphobic. But, because of COVID, they stopped their hormones so they could go home. They're experiencing a lot of dysphoria right now. It's really hard.



OF LGBT YOUTH ARE FORCED FROM THEIR HOMES DUE TO CONFLICTS WITH THEIR FAMILIES OVER THEIR SEXUAL ORIENTATION OR GENDER IDENTITY



OF LGBT YOUTH HAVE REPORTED PHYSICAL VIOLENCE AT THE HANDS OF A FAMILY MEMBER AFTER COMING OUT AS LGBT



As the pandemic strains families in a wide range of extreme and unprecedented ways, support from child welfare systems has become less accessible and available. Child welfare systems have cut back on critical services, including family therapy, parent training, mental health services and substance abuse counseling.³¹ These services are instrumental in preserving families and helping parents reunite with their children.³² Affirming family preservation services, which provide a critical boost to families struggling to overcome prejudice and other issues, have also surely experienced cutbacks. Practice models associated with affirming preservation services, such as those propounded by the Family Acceptance Project, revolve around many in-person counseling sessions, wellness checks, trainings and support.³³ As child welfare systems adopt policies that promote social distancing, critical in-person services have been less frequent, or have not taken place at all.³⁴ Our extensive communications with advocates and young people currently or formerly in foster care, or currently

or formerly experiencing homelessness, have revealed that virtual or remote contact diminishes the effectiveness of these types of services.

In-person visitation and investigation from caseworkers, both important touchpoints for families,³⁵ have also been limited. For LGBTQ+ youth struggling to stay safe in difficult home environments, the loss of these services is particularly dangerous. Visitation between family members has also been reduced, with profound ramifications for the well-being of families.³⁶ And, as familial and social networks are increasingly strained—whether as a result of COVID-19 itself, loss of employment, or other emergencies—LGBTQ+ youth who rely on extended family and friends may find themselves with less available support. The loss of an extended support network may especially impact youth with elderly caregivers who are at heightened risk of contracting COVID-19,³⁷ as well as LGBTQ+ youth of color, as COVID-19 hits African American, Hispanic and Native American communities the hardest.³⁸



The pandemic has thus created a perfect storm of compounding and intersecting risks, including a heightened risk of abuse, more time at home where abuse could occur, fewer services to mitigate the risk of abuse and less awareness by mandatory reporters. LGBTQ+ youth are poised

to suffer the consequences disproportionately.

Bree, a young person who has experienced foster care and is currently in an independent living program in Georgia, shared her struggle to obtain support from her local child welfare system during the pandemic:

“

The biggest problem caused by COVID-19 I see is that DFCS [Georgia's child welfare agency] isn't working like it used to. I'm used to a routine, and I haven't been seeing that. I've been seeing my caseworker sometimes over video, but it's not the same as in person. My caseworker usually takes me to the grocery store for our meetings, and now I have to pay an Uber every time I have to go to the grocery store. . . .

Recently, I fell on a glass table in my house and injured myself. I called my life coach a few hours after I got medical attention and I asked for help with cleaning up the glass because I had a hard time doing it myself. The life coach never sent someone to help me clean it. . . .

Especially during COVID-19, if you are a DFCS kid and you don't know your rights, you're missing out on what you deserve. Your caseworker can just not call you. Replies from caseworkers have been really slow. My caseworker even had his phone off for a week. Thankfully, I had his supervisor's number, so after a week, I called the supervisor who could help me. But, most DFCS kids don't have that.

”

HOUSING DISRUPTIONS AND DWINDLING PLACEMENTS

For LGBTQ+ youth already living in child welfare placements, the pandemic is taking a heavy toll. Under normal circumstances, an LGBTQ+ young person is more likely to be placed in congregate care and has significantly more placement moves than other youth.³⁹ These trends exist for several reasons, including a real or perceived shortage of LGBT-affirming family resources⁴⁰ or a foster caregiver's hostility.⁴¹

Jessie, a young person who has experienced foster care and is currently in an independent living program in Georgia, explained:



When I was first placed in a group home, my biggest worry was, 'Will people accept me? Will I have to fight?' I've had to fight every day of my life because of my sexual orientation. Gay people have to fight every day to exist. My biggest worry wasn't the 24 other kids there. It was the adults I worried most about. Adults have already learned discrimination. I even had one group home worker tell me I was going to be a prostitute when I grew up. . . .

My therapist in my group home didn't know any proper terminology for LGBTQ people. He didn't have any of the right training to help him improve. It really made it hard to have a relationship with him or even take him seriously. . . .

My heart goes out to all the people who live in homes that aren't accepting right now. They can't be themselves freely. They can't come out because they're afraid they'll be hurt by their foster families or group homes. LGBTQ youth are so trapped right now and many of them are in danger. It breaks my heart.



During the current public health crisis, placement in congregate care is more than a statistic to track and correct over time; it requires immediate attention because such placements put LGBTQ+ youth at higher risk of contracting COVID-19 than if they had stable, less dense housing.⁴² Moreover, the number of placements normally available is dwindling, as foster parents hesitate to take in youth out of fear of infecting the youth, themselves, or other family members in the home with COVID-19.⁴³ LGBTQ+ youth fortunate to be placed in affirming foster homes must still deal with the widespread reduction in visitation with parents and siblings, as well as potentially delayed reunification.⁴⁴

Older youth in care, or who recently aged out of care, have also been confronted with housing insecurity and disruptions due to the closure of college and university campuses.⁴⁵ In ordinary circumstances, LGBTQ+ youth are significantly overrepresented among young people experiencing homelessness,⁴⁶ and shelters can be exceedingly difficult places to stay even in normal times. Transgender and gender non-conforming youth experiencing homelessness, for example, face high levels of violence and are frequently misgendered, which is unsafe and increases the risk of bullying, physical assaults, and sexual abuse.⁴⁷ Mismatching placements may also exacerbate gender dysphoria and contribute to suicidal ideation and depression.⁴⁸

Now, LGBTQ+ youth face even more of a precarious housing universe as homeless shelters close or reduce their services,⁴⁹ and governments struggle to enact solutions to eliminate the risks posed by COVID-19 to shelter residents in congregate settings.⁵⁰ These circumstances are especially dangerous for the LGBTQ+ population, for whom not

having housing increases their risk of hate crimes, as well as the increased risks of suicide and health complications faced by all who experience homelessness.⁵¹

Chris, the 24-year old who formerly experienced homelessness, described his recent experience:

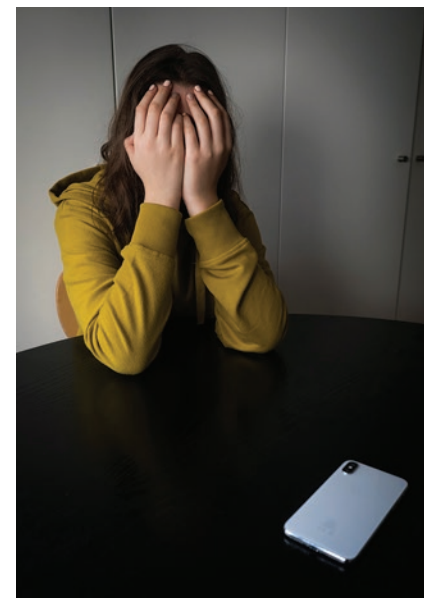
“My local LGBTQ-focused drop-in center for homeless youth stopped allowing day-space [a type of drop-in center] members to come in. So, there is now only door service there. COVID has shifted how drop-in spaces are available to youth. Drop-in spaces are usually the only place where young people can shower. Now, they have to go to adult shelters to shower which puts queer young people at risk because so many older people have set ideas about what we are like as a community. We can't even charge our phones, participate in programming, or be inside because of COVID. Now, we can only go to the drop-in center door and pick up a meal and a mask.”

In addition, youth who experience homelessness face barriers to remote education if they lack a space to work or the necessary technology like a tablet, laptop or internet access. These factors may delay their learning and academic progress.⁵² Access to technology can be essential for LGBTQ+ youth who may rely on technology and online communities for support and connection.⁵³ On top of all this, staying safe from COVID-19 in shelters is an uphill battle, as social distancing is nearly impossible and there may not be sufficient access to personal protective equipment and hygiene resources.⁵⁴

Katharine Sloss-Hartman, Site Coordinator at Youth on Fire, a drop-in center in Massachusetts for homeless and at-risk youth, described the reality on the ground:

“The program I work for is already one of only a few spaces in the area with programming designed to meet the needs of LGBTQ youth, and the fact that it is now closed because of stay-at-home orders and COVID-19 precautions puts our clients at serious risk of harm. I worry that they're left with two options in the face of this: one option is that they will need to return to unsafe family situations that they'd already had to flee before. For so many of our clients, the streets are safer for them than their homes, so the fact that some may have to return to unsafe and potentially abusive family situations is unacceptable and scary.

Otherwise, if they don't want to sleep outside, they will be forced into overcrowded shelters that are not meant for youth to begin with, let alone LGBTQ youth. This is especially concerning because the shelter staff at larger shelters often lack critical competency in issues facing TGNC youth, and I'm positive that there will be more than one instance where our youth will be misgendered and misplaced in gender-specific shelters.”



HEIGHTENED HEALTH RISKS



Across the board, LGBTQ+ youth face health disparities. They may experience discrimination and a lack of understanding from healthcare workers, which contributes to a reluctance to seek medical attention even when it is urgent.⁵⁵ Discrimination in all forms impacts the physical and mental health of the LGBTQ+ population,⁵⁶ especially when it comes from healthcare workers.⁵⁷ The National LGBT Cancer Network reports that health disparities facing the LGBTQ+ population could exacerbate the impact of COVID-19 because of barriers to care and the resulting higher rate of compromised health.⁵⁸

Jasper, a young person who has experienced homelessness and been involved in the foster care system, described some of these challenges:

“Some of my friends are in unsafe living situations. They rely on LGBTQ drop-in centers to go to and be able to be themselves and get the resources they need. Now that they’re closed, my friends are in a lot of danger. These drop-in centers also offer safer sex supplies, chest binders, and other gender-affirming supplies and now my community can’t access them as easily. . . . LGBTQ drop-in centers are not just a place where you can be yourself; as a queer, homeless person, you know you can get your resources there and be affirmed at the same time.”

Jessie shared similar fears:

“I’m really scared about losing resources. People are having a really hard time accessing clinics right now, so it’s harder for them to get PrEP or STI testing without being outed. . . .

I have a friend who is transitioning right now, and her doctor’s office is now closed. She can’t get any of the care she needed, and now has to find another doctor during the middle of this—all without being outed.”

In addition to the discrimination they may face, LGBTQ+ youth are also at increased risk of health issues that make them more susceptible to COVID-19. For example, in 2018, most of the new diagnoses of HIV among youth aged 13-24 were among young gay and bisexual men.⁵⁹ The Human Rights Campaign has reported that those with certain chronic medical conditions correlated with HIV may be at increased risk of serious illness associated with COVID-19.⁶⁰ In addition, studies confirm that LGBTQ+ youth smoke at higher rates than their heterosexual peers, particularly lesbian and bisexual girls.⁶¹ These health risks intersect dangerously with the high rate of acute medical needs among children in foster care.⁶² The data revealing that African Americans are being hospitalized and dying from COVID-19 at alarmingly disproportionate rates⁶³ should trigger even greater attention to LGBTQ+ youth in child welfare systems because they are disproportionately youth of color.⁶⁴ Many of LGBTQ+ youth’s health risk



factors are exactly the conditions that make COVID-19 infections most severe.

In addition to physical health challenges, even before the pandemic struck, LGBTQ+ youth in particular experienced higher rates of mental health issues due to the toxic stress of living with discrimination and rejection.⁶⁵ Now, as the pandemic both fuels these issues and eliminates many crucial resources and support networks, LGBTQ+ youth are even more exposed. The pandemic isolates people, mires communities in prolonged uncertainty and has indefinitely thwarted routines and social supports, all of which are known factors for fueling anxiety, depression and suicidality. LGBTQ+ youth are at risk of being disproportionately impacted by these compounding forces—particularly LGBTQ+ youth involved with child welfare systems. These youth may have histories of abuse, neglect and trauma, and must grapple with these heavy burdens every day. Indeed, 52% of young people currently or formerly in foster care aged 18-23 reported that COVID-19 negatively impacted their health and mental health care.⁶⁶

Jasper shared how they have tried to cope:

“

I’ve felt very isolated. I have a roommate, but we don’t talk much. I feel very separated from everyone. I struggle a lot with mental illness, so it’s been hard to manage on my own. I was working on re-connecting with my therapist, but now I’m my own therapist. Since I didn’t reconnect with my therapist before the pandemic when I came back into the state, I don’t know how to get back in touch with them.

”

Chris shared similar challenges:

“

I had a therapist pre-COVID, and I would see them in person. I find it easier to talk in person, so I haven’t met with them really. I tried therapy over the phone once at the beginning of this, but it was really hard, distracting, and not super helpful. I stopped seeing my therapist because of that.

”

DIRE ECONOMIC CIRCUMSTANCES



LGBTQ+ youth are already at risk for underemployment and poverty,⁶⁷ and the LGBTQ+ population as a whole is more likely to work in industries that are profoundly affected by the pandemic, such as food preparation and service occupations.⁶⁸ Survey results from April 2020 confirm the disproportionate impact of the pandemic on the LGBTQ population: they were 36% more likely than the general population to have lost work as a result of the shuttering of non-essential businesses.⁶⁹ Young people, in turn, were poised to be disproportionately affected by COVID-19-related layoffs because nearly half of the workers in the economy aged 16 to 24 are employed in such service-sector establishments, the Pew Research Center predicted in March 2020.⁷⁰

Jessie described the impact:

“So many of our jobs—if we still have them—are in places like restaurants, bars, or other places that are cramped. They’re all places where it will be easier to get COVID-19. People in my community are scared because of this. My friend does drag, and they’re not able to make much money from that anymore. But, they’re going to do a show this weekend despite the risk because they need to make money.”

Chris also shared more of his story:

“I was working at a restaurant, but I’m not working right now because of COVID. It’s been financially hard.”

A national poll of 172 young people currently or formerly in foster care released in March 2020 demonstrated that many were “already experiencing alarming levels of need and instability:” more than 25% of the 18- to 24-year olds polled had been laid off because of the pandemic; 40% had work hours decreased, and were forced to move from their homes or feared being forced to move; and nearly 28% reported “having a food crisis” or being “very low on food.”⁷¹ Another study found that 7% of young people currently or formerly in foster care reported couch-surfing or being homeless as a result of COVID-19.⁷² By May 2020, the unemployment numbers were far worse: a national poll of 600 young people formerly in foster care found that 65% of those between the ages of 18 and 24 were unemployed as a result of the pandemic, with half of those unable to receive unemployment insurance.⁷³

LGBTQ+ young people currently or formerly in foster care are disproportionately likely to bear the results of a sharp—and likely lengthy—economic downturn.⁷⁴

WHERE SHOULD WE GO FROM HERE?

Although the pandemic has thrown into disarray many of the institutions and systems that families and individuals rely on, disproportionately affecting LGBTQ+ youth, we can take steps to mitigate the risks identified above. The below recommendations not only address issues caused directly by COVID-19, but also rectify pre-existing systemic issues that COVID-19 exacerbates. They are grouped by entity: the child welfare agencies charged with caring for LGBTQ+ youth, state and local governments and the federal government.

1. Child welfare agencies should:

- Immediately implement measures to extend the time older youth may remain in care, suspend school and work requirements for extended care, and expedite re-entry into care.⁷⁵
- Determine on a case-by-case basis during the pandemic whether visits between parents, children and siblings should be permitted to occur in-person; they should not be categorically banned. Such determinations should be frequently reassessed. Access to technology must be ensured for all participants.
- Develop and adopt mandatory practice guidelines and policies for meeting the needs of LGBTQ+ youth generally, and TGNC youth specifically, that explicitly
 - prohibit discrimination based on sexual orientation, gender identity and gender expression (“SOGIE”) in out-of-home care systems, including an explicit prohibition against “conversion therapy” and any similar attempts to “cure” LGBTQ+ youth⁷⁶;
 - require affirming placement and classification procedures, connect LGBTQ+ youth with LGBTQ+-friendly healthcare providers, and promote healthy gender identity development and expression; and
 - mandate clear and ongoing training requirements for agency staff so they can be aware of the roles that racism, heterosexism, and anti-trans-bias play in creating disparities for LGBTQ+ youth in foster care.⁷⁷



2. State and local government agencies should:

- Implement SOGIE-inclusive nondiscrimination laws or regulations that ensure LGBTQ+ youth
 - are physically and emotionally safe while in care;
 - have equitable access to services and opportunities;
 - achieve outcomes that enhance safety, permanency and well-being; and
 - are represented in data collection systems.⁷⁸

3. The federal government should:

- Implement SOGIE-inclusive nondiscrimination laws or regulations that ensure equal protection of LGBTQ+ youth.
- Improve information collection about LGBTQ+ youth to inform policymakers how best to approach their care by
 - integrating questions about SOGIE and discriminatory experiences into existing demographic data collection, intake, service planning and case review processes;
 - training child welfare workers to collect this information respectfully and accurately before integrating these questions into current data collection systems; and
 - maintaining confidentiality when recording and sharing this information.⁷⁹

ENDNOTES

- 1 The abbreviation LGBTQ stands for “lesbian, gay, bisexual, transgender, queer and/or questioning.” This report uses the term LGBTQ+ to encompass youth who embrace identities that are not included in the identities reflected within the acronym LGBTQ. This report does not explicitly discuss the needs and experiences of intersex youth, but to the extent that intersex youth identify along the LGBTQ+ spectrum, their needs and experiences may be addressed. “LGBT” or other variants are used at times for consistency with the cited source.
- 2 See *LGBTQ Youth in the Foster Care System*, HUMAN RIGHTS CAMPAIGN & FOSTER CLUB 2, https://assets2.hrc.org/files/assets/resources/HRC-YouthFosterCare-IssueBrief-FINAL.pdf?_ga=2.210257813.1805812517.1587676034-117767022.1574699404 (hereinafter “HRC Foster Care Report”) (explaining that LGBTQ+ youth in the child welfare system face discrimination, are more poorly treated, and are placed in congregate care at higher rates).
- 3 See *Child Welfare & LGBT Youth*, YOUTH.GOV, <https://youth.gov/youth-topics/lgbtq-youth/child-welfare> (citing research on youth aging out of foster care that 34% reported a sexual orientation other than heterosexual, and stating that “LGBT youth in foster care are less likely than other youth to find a permanent home, whether through reunification with their birth or kin families or through adoption”).
- 4 See Megan Martin et al., *Out of the Shadows: Supporting LGBTQ Youth in Child Welfare Through Cross-System Collaboration*, CTR. FOR THE STUDY OF SOCIAL POLICY 8 (2016), <https://cssp.org/wp-content/uploads/2018/08/Out-of-the-Shadows-Supporting-LGBTQ-youth-in-child-welfare-through-crosssystem-collaboration-web.pdf>.
- 5 This report describes the experiences of LGBTQ+ young people who are at risk of, formerly, or currently, experiencing homelessness because, for many, homelessness is inextricably linked with time spent in child welfare systems. See Ryan Berg, *A Hidden Crisis: The Pipeline from Foster Care to Homelessness for LGBTQ Youth*, CHRON. OF SOCIAL CHANGE (Oct. 14, 2016), <https://chronicleofsocialchange.org/child-welfare-2/hidden-crisis-pipeline-foster-care-homelessness-lgbtq-youth/21950>.
- 6 See Charlie Whittington et al., *The Lives & Livelihoods of Many in the LGBTQ Community Are at Risk Amidst COVID-19 Crisis*, HUMAN RIGHTS CAMPAIGN FOUND. 4, https://assets2.hrc.org/files/assets/resources/COVID19-IssueBrief-032020-FINAL.pdf?_ga=2.268024334.1891620387.1587668749-1468283650.1584733612 (hereinafter “HRC COVID-19 Report”).
- 7 However, some jurisdictions have improved the protections for LGBTQ+ youth in their child welfare systems over the past five years. Compare Christina Wilson Remlin et al., *Safe Havens: Closing the Gap Between Recommended Practice & Reality for Transgender & Gender-Expansive Youth in Out-of-Home Care*, CHILDREN’S RIGHTS ET AL. 15 (2017), https://www.childrensrights.org/wp-content/uploads/2017/04/TGNC-Policy-Report_2017_final-web.pdf (hereinafter “Safe Havens”) with Child Welfare Map, Lambda Legal, <https://www.lambdalegal.org/map/child-welfare> (showing states’ nondiscrimination protections for LGBTQ+ youth in child welfare systems).
- 8 See *The Year in Hate & Extremism: 2019*, SOUTHERN POVERTY LAW CTR. 12 (2020), https://www.splcenter.org/sites/default/files/yih_2020_final.pdf.
- 9 See *id.* See generally John Kelly, *License to Discriminate: What to Watch for with Faith-Based Protection Laws*, CHRON. OF SOCIAL CHANGE (Sept. 27, 2019), <https://chronicleofsocialchange.org/child-welfare-2/faith-based-discrimination-in-child-welfare-what-to-watch-in-2019/33778>; Foster and Adoption Laws, Movement Advancement Project, https://www.lgbtmap.org/equality-maps/foster_and_adoption_laws/.
- 10 See, e.g., Notice of Proposed Rulemaking, Office of the Assistant Secretary for Financial Resources, Health and Human Services Grants Regulation, 84 Fed. Reg. 63831 (proposed Nov. 19, 2019) (to be codified at 45 C.F.R. 75).
- 11 See *Family Equality v. Azar*, No. 1:20-cv-02403 (S.D.N.Y. filed Mar. 19, 2020).
- 12 Adoption and Foster Care Analysis and Reporting System, 85 FED. REG. 28,410 (May 12, 2020).
- 13 See *Ten States Have Passed Discriminatory Adoption and Foster Care Laws that Harm Children*, EVERY CHILD DESERVES A FAMILY, <https://everychilddeservesafamily.com/state-bills>.
- 14 See *Kids Pay the Price: How Religious Exemptions for Child Welfare Services Harm Children*, MOVEMENT ADVANCEMENT PROJECT (Feb. 2018), <https://www.lgbtmap.org/file/Brief-Kids-Pay-Price-Two-Pager.pdf>.
- 15 See *State Foster Care & Adoption Resources*, EVERY CHILD DESERVES A FAMILY, <https://everychilddeservesafamily.com/state-resources>.
- 16 See *Safe Havens at 15; Child Welfare Map*, LAMBDA LEGAL, <https://www.lambdalegal.org/map/child-welfare> (showing states’ nondiscrimination protections for LGBTQ+ youth in child welfare systems).
- 17 See Shannon Wilber et al., *CWLA Best Practice Guidelines: Serving LGBT Youth in Out-of-Home Care*, CWLA at ix, 3, 5, 24, 28, 35-36, 54 (2006), <https://familyproject.sfsu.edu/sites/default/files/bestpracticeslgbtyouth.pdf>.
- 18 See HRC Foster Care Report at 2.
- 19 See *Child Welfare & LGBT Youth*, YOUTH.GOV, <https://youth.gov/youth-topics/lgbtq-youth/child-welfare>. For more information about the impact of family rejection on LGBTQ+ Youth, see Amy Green et al., *Implications of COVID-19 for LGBTQ+ Youth Mental Health and Suicide Prevention*, TREVOR PROJECT (Apr. 3, 2020), <https://www.thetrevorproject.org/2020/04/03/implications-of-covid-19-for-lgbtq-youth-mental-health-and-suicide-prevention/> (hereinafter, “Trevor Project COVID-19 Report”).
- 20 See Katherine Sell et al., *The Effect of Recession on Child Well-Being: A Synthesis of the Evidence by PolicyLab, The Children’s Hospital of Philadelphia*, POLICYLAB 20-26 (Nov. 2010), https://policylab.chop.edu/sites/default/files/pdf/publications/PolicyLab_Recession_ChildWellBeing.pdf.
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CHILDREN'S RIGHTS' LGBTQ PROJECT

Children's Rights is a leading national children's advocacy organization dedicated to improving the lives of vulnerable children. Through relentless strategic advocacy and legal action, Children's Rights holds governments accountable for keeping kids safe and healthy. Children's Rights uses civil rights impact litigation, policy expertise, and public education to create positive systems change, with a 25-year track record in the area of child welfare reform of raising accountability, protecting rights, and improving outcomes for children. Children's Rights' LGBTQ Project focuses on making systemic improvements for LGBTQ+ youth in out-of-home care at the state and federal level.



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