

**Session 6.11 – It’s a Family Thing: Using Evaluation to Create Affirming Environments for
LGBTQ Youth and Families Across the Child Welfare Spectrum**

Panelists:

Krista Thomas

Diane Elze

Joyce Hunter

Ritch C. Savin-Williams

Please note: The following is a direct transcription and has not been edited.

Krista Thomas: Welcome everybody this afternoon, to a really exciting session. It’s a family thing using evaluation to create affirming environment for lesbian, gay, bisexual, transgender and questioning youth and families across the Child Welfare Spectrum. Again, my name is Christa Thomas and I’m with the Children’s Bureau Region V Office.

And it’s been an honor to be able to moderate this panel and partner with the speakers and everyone in the room to raise increased awareness and create more dialogue around issues impacting for youth and families involved with are impacted by the Child Welfare System.

Finally, we’re getting to the point where we are facing less resistance to speak openly about all of the youth and families impacted by the Child Welfare System not just the straight ones.

CB leadership is committed to creating a more affirming environment and relatively recently it’s been out for a while now, the Commissioner issued an information memorandum calling upon states and localities to up their game with regards to these issues and start valuing our LGBTQ youth and families.

Unfortunately it’s not the case nationally where everybody is on board with us and there is still resistance to acknowledging that Queer folks exist in all dimensions across the Child Welfare System or that serious barrier still exists to creating an affirming environment, not to mention all the challenges that we still face with regard to Child Welfare research and evaluation issues.

We’ve had a little bit of LGBTQ oriented content in our first summit back in 2009 with National Expert Gary Mallon, speaking as part of a larger panel and culturally appropriate research and evaluation. But this panel is our first opportunity to have a CB constructed session for focus solely on Queer issues. And I’m humbled by the speakers that have agreed to participate and honored to be part of this discussion.

Unfortunately, one of our speakers’ Dr. Joyce Hunter, was unable to make it today due to travel complications, getting out of New York. And we’ll miss her terribly in this discussion. She was up in a Clinician and a Researcher, and LGBTQ activists for over 30 years, co-founding the Harvey Milk School and would have contributed an invaluable

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historical and family centered overview to our discussion. But the show must go on. And we will have a fantastic discussion nonetheless.

We are fortunate to still have with us the equally fabulous Ritch Savin-Williams and Diane Elze.

I am not equal to Joyce Hunter, we will try to channel her though. We are all collectively fabulous, the contributions that Dr. Hunter has made. Fair enough.

Ritch Savin-Williams: Yeah, fair enough.

Krista Thomas: So, Ritch is Professor and Director of the Sex and Gender Lab at Cornell University. He has written seven books on adolescent development including the New Gay Teenager, Mom Dad I’m Gay, How Families Negotiate Coming Out and then I Became Gay, Young Man Stories. He’s currently writing about the mental health of sexual minority youth and the sexual development of heterosexual youth. He’s a licensed Clinical Psychologist and has consulted for MTV, 20-20 and the Oprah Winfrey Show.

He’s recently been interviewed on NBR, Newsweek, Time, The Rolling Stone, The New York Times, are you sure, you’re not equally fabulous? Oh, he is, The Washington Post and USA today. And he’s an all-around Rock Star and will be speaking about queer youth including a discussion about their tremendous resiliency.

Dr. Diane Elze is one of my personal mentors and is an Associate Professor of Social Work at the School of Social Work University at Buffalo, SUNY. And she’s the Director of the MSW Program. She spent most of her professional career working with and on behalf of LGBTQ Youth including research and publications on the risk and protective factors, mental health needs of HIV positive adolescents and HIV Prevention Interventions.

With colleagues, she developed a training curriculum for the National Association of Social Workers and Lambda Legal Defense and Education Funds and LGBTQ Youth in Out of Home Care. Her discussion will be targeted more towards Queer issues within Child Welfare as well as some of the research and evaluation challenges we have been trying to learn more about this population.

Because we are down one speaker at the last minute, audience participation is even especially critical as we’ll be looking to your expertise and the challenges that you’re experiencing to in which our discussion. If there are particular issues that you are struggling within your agency or within your research or in your intervention or evaluation design, we encourage you to raise them during the discussion portion of the session and together we’ll make it a great session.

So, without further adieu, Ritch?

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Ritch Savin-Williams: Thank you. Well, what we’ll do is because I’m sort of doing about two to three courses that I teach in a very short period of time, I’ve tried to highlight some of what I think might be most important. So, as I talk, it is absolutely okay with me if you raise questions of clarification. Just so I’m clear, if you have a debate or you disagree which is great, we may say, those kinds of discussions or questions to the discussion. But certainly if what I say is not quite clear, then please ask a point.

So, I’ve got four points I want to make today. And the seemingly, the first one should be very straight forward who’s gay. But this not so easy and I want to just illustrate this point. Now, what’s interesting is we actually seldom ask youth, you know, who’s gay or what is your definition? But there was a small focus group of all kinds of kids who met some time ago about, five, six years ago. And this is what they came up with, which I actually think is quite good.

So, this is that – sort of that physiological reaction that you have as one of the kids said, it’s when you’re in a lunch room and a kid walks by it’s who you look out, okay. So, it’s who draws your attention. So, almost un-control – you really can’t hardly control it, it’s just there. It’s very intense, it feels very physiological. And you can sort of feel it in your body.

The second which I also think is interesting and something that we ignore all the time in our research, it’s actually who you fall in love with. And the kids are very clear about that that it’s just like you can’t almost help it you just want to fall in love with this person or this gender.

Now, what is also clear is they say what you cannot tell about sexual orientation. So, they say you can’t have – you can’t tell by who you have sex with because straight people have gay sex and gay people have straight sex. Also, you can’t really depend on self label because kids lie, they deceive, they’re unable – they’re not willing to share. And what’s interesting of course is that these are the two that researchers use a lot. So, exactly what researchers use the most, young people say, it’s not valid.

So, I put that out there just to say, that a lot of research is highly questionable out there and part of it is how they define their population. And I think that’s just to sort of put it out there at the beginning. Now it makes a difference in some particular ways for example, how many gay people are there? Well, I don’t know. But there is a great study that was done some, in 2005 it was published and I liked this because it was done out West in a more conservative area and also in Canada and the U.S. West practically.

So, this is large survey of 5,000, 6,000, 7,000 kids, and they asked various kinds of questions. So, when they asked are you gay or lesbian, identified, they got about 1% of each sex, not very many at all. If you added the bisexuals, then you doubled your percent to 2. And if you include half of those who said they weren’t certain and research basically says if you ask a kid, they say I’m not sure, then about half turn out to be gay. So, now we’re up to 2.5%.

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However, there are also 8% of the sample who said they were heterosexual, and yet said 80% or 90% or more of their sexual fantasies were with the same sex. Now, they maybe straight, I don't know what they are but certainly it's kind of interesting to include these perhaps. So, when you include these, you're not up to almost 11% of kids, will say they at least have significant same sex fantasies and attractions, all right.

Then, if you include those who have 50% to 90% of same sex fantasies, well, now you're up to 12%. And then, what to do with the 8% of heterosexual kids who say they've had gay sex, and 4% of the straights who said they have same sex attractions. So, how many are there? Well, there could be 12%, there could be 20%, how many kids are there? It depends on how you want to define gay. And for high school and college students, this is very important.

So, many national surveys, you know, give various kinds of percents and once again it matters what you're looking at. And if you're a therapist or you're doing intakes or whatever it is you're doing, the question you ask might make a big difference here.

All right, here is a study that I interested myself did from Facebook. So, clearly this is not representative of anything. And you can tell that because you get a lot of gay people towards the end. But I'm actually more interested in the first part, so let's look at the women here because they are the most fascinating part of all this.

So, 68% of women will say – would say in this survey they are straight, totally and exclusively straight. However, then when you ask other questions like do you have same sex attractions, you fall in love with girls, have you had sex with other girls, whatever. Now you get 34% – you get half of those straight women saying, well, I'm not exclusively straight. Now, remember in this survey, they're actually an option of mostly heterosexual, which 20% of women said they were.

So, this is sort of the disappearing straight women – sort of slide. And by straight I mean, totally straight, okay, totally straight. And that's assuming all 34% are telling the truth which maybe questionable. So, then the questions, are there any straight women at all without any attractions, okay. Well, that's a question I'm not going to answer today and you can raise that for yourself.

But actually – I'm actually more intrigued in a way because we've been expecting this for about the last 10 years of research, this is not brand new news. It's the guys who are actually quite interesting because nearly 80% of guys goes down to 60%, because you have 20% of straight guys who are saying, yeah, I've had some same sex attractions, yeah, I do fantasize about a guy some of the time. And almost 10% say they are mostly straight.

Now, what does a guy mean when he's mostly straight, well, that's my next book. And I'm not actually sure though we get into a discussion I can tell you ideas I have. So, anyway, there are lot and lot of words out there, a lot of terms, a lot of behavior and these

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are just some of the words. And these are probably even a little passé at this point because I did this slide about a decade ago. And there are just terms that kids are using today to describe their sexuality, a lot of it blends gender and sex and I think this is what is fascinating about young people.

Okay, point two, there has been a revolution. I mean, there are – it’s not a mild case of something, it’s been a revolution in attitudes. And it’s been primarily led by youth. Now, clearly, we’ve always known that there are same sex attracted people. And here are some pictures that you can pull out of archives that indicate, oh well, they’re just really good friends but boy, are they really good friends?

But here are some people from my generation who later came out as gay or we thought that they were gay but they weren’t sort of gay at the time that they were popular. I always liked Liberachi because my mother absolutely refused to believe that he is gay or was gay, he just happened to be very vibrant. And of course this is only the tip of the iceberg.

So, this is that my favorite slide, Jack Callahan, Sky Network let me use it. So, clearly, there is sort of a different feeling about families and about gay kids, I don’t have one for this generation, I’ve been trying to maneuver those same three words around and I just can’t come up with anything. But clearly the visibility of gay youth is just out there like never before, I would never have dreamed when I began doing this research in ’84 that gay youth would be on the cover of a fairly conservative magazine called Time.

And of course everywhere you look, you just can’t get away from it, okay. Everywhere you look, there are gay kids, gay kids, gay kids everywhere, it’s just visible, it’s out there. Every single junior high school kid in this country knows what a gay person is. When I was growing up, nobody knew. I mean, in my conservative Mid-Western State, the kids were called Mo, and I just thought that was short for Missouri, you know, where I grew up. But then, later I discovered it was sort of short for homosexual. But, so there was just not the visibility out there.

So, here are some snaps which are showing the dramatic increase in the last 15 years, a very short 15 years of the visibility, the acceptance. And I think the real key one here is I know someone who is gay or lesbian. That’s up to now 77% and that’s real key, because that is the single best predictor of positive attitudes towards gay people. Dick Cheney accepted and some other people, but clearly there is just a lot of visibility, a lot of recognition out there.

And this is my favorite slide, because it illustrates a lot of different point. So, this is from USA today. And this shows, this is a percentage who consider homosexuality acceptable, whatever that means, I’m not quite sure. But look at the dramatic increase from 34% to 54% five years ago. And then, look at the age group difference, just very striking. And if you had high school up there, it would be around 70% to 75% and growing. So, it’s sort of like, you could say, well, as the older people sort of pass into another world or somewhere else, then by definition, the positive feelings are going to increase.

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But I also want to say that old people are also shifting their point of view, they’re not just dying and increasing our positive percentage, they’re actually converting themselves into a much more positive thing. A lot of gay youth I talk with, they find their grand parents absolutely accepting of their sexuality.

You can also tell clearly there are regional differences and that still exists. I do believe that is shrinking in size as we become a really, really mass culture. But still, there is certainly recognition growing up in New York, where I teach is very different than where I grew up in Clever, Missouri, where it’s the lowest and I’m not surprised by that at all, so clearly some regional differences.

Point three, gay youth, are not necessarily sick, all right. So, this has been the controversy in our field of gay youth. And what has been – what was established very early on was what I call the suffering suicidal script. Most of the initial research and awareness of youth came from youth who were most at risk. They were the homeless kids, they were the outcast, they were the drug addicts. They were the kids who were really, really suffering. And from that research, we sort of came to believe that gay youth were almost by definition sick or ill.

And there were some good things to that and some bad things and we can debate that very clearly, but unfortunately from my seat and I recognize here that I’m definitely sort of a minority I believe that it gives gay kids the wrong message. Almost be prepared to die because that is your fate. And as we have a lot of mass media attention on gay use suicide, then in fact we do believe that.

And this is clearly a very difficult thing to manage, because what are you to do, you know, to one hand, you don’t want to ignore by any means, gay youth who kill themselves but on the other hand, you do by advertising it and publicizing it, you can also enhance other potential suicide contagious affects by doing that. So, it’s a very difficult sort of thing to do.

When I go into gay straight alliances in schools and get workshops and so forth, and when I ask that question, what is the one thing you know about gay youth, they go, we do suicide better than anybody else. Now, they laugh or whatever and I sort of laugh but I’m not so humored by it because that is extraordinarily sad that that is the image that they have. Now, okay, we can get to that more.

But what does the research shows, what’s actually kind of interesting because when you compare gay youth and once again, there is somewhat definitional problems with what that population is. But look at this. They are just as close to their parents as are straight youth. There is no difference on average between gay youth and straight youth on closeness to parents. They have just as many friends; they are just as close to friends, they have just as much support. So, this thing about gay youth don’t have support is not true, I mean, some obviously don’t but obviously some straight kids don’t have support either. But gay kids have just as much support.

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They also have the same number of stressful wife experiences, they’re different than straight youth but they don’t have more. So, it’s not like their life is essentially worse than straight youth. On average, once again, personality characteristics, there was no difference except that gay youth appear to be open to new experiences, more so than straight youth, you can think of that as good or bad I kind of like it.

Positive health, when you measure positive health, and here is kind of the strange thing, there is no difference in self esteem, no difference in sense of mastery or well being. But when you measure ill-health, then in a lot of studies they do increase. So, it’s like they have just as good health that worse health. So, it’s kind of a strange mixture. And part of it maybe because of this image that they have out there of what they are supposed to be. However, I have two other explanations which I’d like to sort of present.

One thing we know, the more representative the sample of gay youth, the less likely there is to be any differences at all between them and straight youth. So, the better the sample, the differences just go down, just hugely. And that is what we’re now dealing with and that’s why now the differences don’t look nearly as great as we once thought them to be. Okay.

Point four, which is my last point, I’m not naïve I know there are some youth at risk. And what I think we ought to be doing is to be focusing on these kids in terms of our clinical work, in a lot of our clinical research to identify those youth who are uniquely at risk and not make statements like you – gay youth or suicidal or depressed.

So, what we know is about 15% of the sample of gay youth, really, really are struggling immensely. Now, and what you can easily do in almost any study every published except for the very early ones, as you could remove that 15% and they absolute the same as straight youth on almost anything that you’re measuring. All right.

So, what are the 15%? Well, here we need to take a look at the sex differences. All right, girls, lesbians, bisexual women, who are gender non-conformity that is they tend to be acting, have the interest of the other sex. So, here we have sort of butch of lesbians if you will or butch, bisexuals, they tend to actually be a little healthier than straight women. So, for them gender non-conformity is not a negative factor in terms of their mental health. It’s the boys, it’s the boys, who really suffer from being sissy or fem or gender non-conforming.

And they face a lot of really unique issues, you know, we can come out so well. All right, first, they are obviously sort of developmental out of sync while other boys are becoming more masculine, they are not. There is also a question as whatever and it looks like gender non-conformity has a pretty heavy genetic component to it. So, some people have proposed, whatever it is that’s changing their brain to be – to act like a girl, if I can use that horrible phrase, it’s maybe the same thing that may be causing them to suffer in terms of their mental health.

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That’s really just beginning, that research is just beginning to be out there. One thing that I found in my own research is that gay boys are more depressed than straight boys. However, they are not more depressed than straight girls. So, I don't think we're willing to say that girls are a depressive group. And so, why are we comparing gay boys to straight boys when really we should be comparing them to straight girls, if what we're saying is a gender non-conforming anyway. That is not a popular view out there and I need to do a whole lot more research on that topic.

Also there is sort of – or is the problem because of social adjacent that is they are being ridiculed, they're being harassed, they're being discriminated by their peer group and is that why they're suffering? Are they suffering because they don't have the kind of parent support that they think they should have or that every kid should have. There is the blending of sex in gender, and maybe not necessarily do they have the social support, the peer group support that they need. So, these are some of the reasons why gender non-conformity may not be, or maybe problematic.

Now, I will tell you that gender non-conformity is also a real problem for straight guys too. Okay. And if I control statistically for gender non-conformity there is no difference at all between straight and gay boys on any mental health dimension. So, it's not sexual orientation that's driving it, its gender non-conformity that's driving it. And if I can eliminate that from my sample, from my stats, there is no – there are no differences at all. Okay.

Now, let's just jump purely right into the muddle here, it's the bisexual women. If you take in almost any sample, if you take the bisexual women out of that sample, the left over group, the lesbians look incredibly strong and healthy. It's but when you combine them with bisexual women, which we do, because we frequently don't have enough numbers in our sample, when you combine them, then they do not look so healthy.

So, then, you know, it's like oh, well, I'm stigmatizing bisexual women. I don't mean to do that and it's not my intent, I think what we have to do is we have to take a look at women who either behave or identify as bisexual. And I think there are some very different women who do that.

First, are those women who are not open at all about their sexuality, there are those who don't make their bisexuality a part of their identity and so, they're still, both of these groups are really struggling with their sexuality. And so, they're not really comfortable being bisexual but they do say they're bisexual.

There is also the argument that their outside gay culture and that, lesbian women do not accept bisexual women as part of that community. And there have been some instances about it in the past, I don't think that's nearly as true today but there are still certain examples.

I think even more important is that bisexual women include what I'm going to call heterosexual women who are identifying as bisexual for maybe not so good reasons,

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okay. And for those you in the clinical field, you think, you merely think of the borderline personality disorder who’s sexual lives are part of their lives and that maybe what’s driving them.

There are also a lot of these bisexual women are real risk takers. They are just, their very high risk for STIs and STDs, for HIV, they’re really out there. Some of said they have very high Libido and they’re having sex with a lot different people and that’s not because of their bisexualities, it’s because of their personality it’s driving them that way. I don't know, I think this is still an issue which we need to consider.

All right, so, my last slide is simply to say, why do we keep focusing on the negative side like I have done for the last few minutes here? And so, I ask a group of kids, I’ve done this over as many years, and I just say to them, just imagine for a moment that gay kids are better, they understand that word than straight kids. What are the attributes, you think that they are better than? And this is sort of a list that they come up they love this exercise by the way. It’s hard to get them started but then you can’t shut them up.

And so, what – these are some of things that have come up. And what’s interesting to me is I’ve been sort of investigating three of these and in deed, gay kids are more sensitive, more empathetic, they have more cognitive flexibility and they feel more authentic than straight kids. So, there may be some positive attributes that we have not focused on, that maybe it’s time that we really do look at those and say, hey, if you’re gay, you have some really, really unique skills and talents and abilities. And that’s what you bring to the table and what you have to offer. Okay, thank you, then.

All right, you want me to bring it up.

Diane Elze: Good afternoon. I’m going to be focusing more on Child Welfare and youth in the Child Welfare System than Ritch did. But I think a couple of things that I’m going to be talking about will certainly or certainly related to what Ritch was talking about.

I’m going to give a quick, I think overview of where we were, where we are now and what we need around LGBTQ use in Child Welfare. I’m going to do a little bit about, what is the research showing in terms of the numbers of youth that we maybe talking about in the Child Welfare System, though there is still a lot of questions about that. I think also because of the kinds of issues that Ritch was talking about.

I’m going to say a little bit about the ethical reasons for including queer youth and their families and research. And some of the concerns and challenges in conducting research with queer youth. And some of the methods utilized in research with youth and then saying a little bit about the need for research affirming leadership.

And I would just second what Krista said about sharing your expertise. I want to give just a little shout out Lisa to Lisa Parish who is here from the LA, GLBTQ Community Center I might not have gotten all. But Lisa, we would love you to talk about an initiative that the community center in LA is going with LGBTQ Youth and Out of Home

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Care, if that’s my understanding, is that right? Yeah. So, I’m very excited that Lisa is here.

I also very much appreciate Commissioner Samuel’s remarks that he made this morning. Because when he said that we need to get better at providing effective treatment and services for maltreated youth, that certainly applies I think to where we are now looking at the needs of LGBTQ youth who are involved with the Child Welfare and other Service Delivery Systems. So, I really appreciate it Commissioner Samuel’s remarks.

Now, this is where I pay homage to Gary Mallon, who couldn’t unfortunately, Gary couldn’t be here today. He was also originally going to be on the panel. But where we’ve come from and where are we now?

You know, Gary was one of the only – you know, one of very few researchers in the 1990s who was focusing on the needs of queer youth in Child Welfare. And then, we have had Lambda Legal Defense and Education Fund, a legal foundation, an advocacy group in New York City, due conducted a study with LGBTQ youth in the Child Welfare System around 2011.

And then, Lamda partnered with the Child Welfare League of America in the fostering transitions project. Rob Warenoff, who some of you may know was the LGBTQ Director at the Child Welfare League of America. And that initiative I think has been critical in producing wonderful resources for youth by people in the Child Welfare and Juvenile Justice System. Best practice guidelines and serving LGBTQ Youth and Child Welfare emerged from that initiative.

We also have had the Model Standard’s Project that Legal Services for Children and The National Center for Lesbian Rights started. And the Model Standards Project has been instrumental in disseminating policies for recommended policies to follow in Child Welfare and Juvenile Justice Systems. And so, I think that these are some of the critical points in the trajectory – if we look at the trajectory of serving LGBTQ Youth who have been involved in the Child Welfare and also the Juvenile Justice System.

So, we have seen an explosion of some resources that have been very helpful. A couple of years ago, just a couple of things I want to mention. A couple of years ago, Robin McCalin and some of you may know Rob and she’s the Executive Director of True Colors in Connecticut, a fabulous organization that serves queer youth. And they do this wonderful conference every year that brings thousands of people, it’s really great.

And Robin McCalin and I developed a curriculum, called Moving the Margins that was sponsored by Lamda Legal Defense and Education Fund and the National Association of Social Workers that was aimed at folks who work in Child Welfare and how to address the needs of queer youth and their families. And that’s available on the Lamda website. I would also encourage you to go on Facebook and become a fan of Lamda, because they do great work.

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I’m also involved right now in working with the National Resource Center for In-Home Services we’re preparing a research brief that will summarize what the state of the field is looking like in terms of delivering services to the families of LGBTQ Youth.

And on the ground I have to say that I think we still see direct service workers and Child Welfare and other systems of care, lacking basic information about sexual orientation and gender identity. I think one of the factors that contribute to that of course is that there isn’t some areas high turnover. So, you may train staff and then staff changes.

We also see I think that services to family members of queer youth, is still very spotting. And there is a couple of initiatives that I want to quickly mention, the Family Acceptance Project in California which is directed by Caitlyn Ryan has been conducting I think groundbreaking research with ethnically, religiously and educationally diverse families of queer youth. They have a website, they’re easily found. They’ve been developing educational material for use with families across multiple service systems not just Child Welfare. And their materials include booklets and also some brief films that people can use, service providers can use with families.

They’ve also been developing intervention strategies to help families reduce, rejecting behaviors with their children and increase their support of their children. They’ve also developed a rapid risk screening tool to help providers assess LGBT young people. And so the Family Acceptance Project can be contacted for, you know, assistance that folks want to be trained in using that rapid screening tool.

Now, Rob Warenoff, who’s also in California now, he’s working as the Director of the Putting Pride into Practice Project, which is all these pages. It’s a program that family builder’s in California has. And it’s aimed at improving the service delivery system and he’s working with multiple counties and their Child Welfare System. It’s aimed at improving the systems of care for LGBTQ Youth in the Child Welfare System.

So, those are I think some of – I think those are some of the resources I think that are available to folks right now who are working with youth and also trying to work with their families. We need, we desperately need more research, we need research on organizational culture and climate for queer youth and Child Welfare, service delivery system change processes, staff and familial attitudes and behaviors, implementation of programs and policies and then, interventions. You know, we need youth focused, staff focused and family focused intervention studies.

Now, just a little bit about how many youth are we talking about potentially? And again, keep in mind what Ritch talked about in terms of the limitation of how we ask young people these questions. But you know, researchers for some time have estimated that queer youth are disproportional represented in foster care.

Now we know from Courtney’s work that, you know, Courtney and his colleagues, they did a longitudinal study of youth ageing out of the Child Welfare System in three Mid-Western States. And found that about 6% at age 19 self-identified as bisexual, mostly

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homosexual or a 100% homosexual. Now, this percentage is only slightly higher than the proportion of youth in the National Longitudinal study of adolescent health who were asked those questions at Wave 3, of that study.

This percentage also slightly exceeds the proportion of youth in the Center for Disease Control and Preventions, Youth Risk Behavior Surveillance System Study, the youth in the Youth Risk Behavior Surveillance System that identified as gay lesbian or bisexual.

Now, Courtney of course, you know, Courtney’s study was longitudinal and they ask the young people at age 23 or 24. And then by that age, the rates were similar to the rates reported by the CDC in a study of sexual behavior among young adults of approximately the same age. And again, you can see how they didn’t ask the questions exactly alike.

Now, the Casey Field Office Mental Health Study, those were the results of a study that they did with children in several field offices – who were connected with several field office sites. And the children were in foster care, they had been in Casey programs. And those were the percentages and again that’s how they asked the question they ask young people to self identify.

Now, oh, I didn’t know that those moves. Now, so, I’m going to shift gears a little bit and talk about conducting research with LGBTQ Youth. As we know, the ethical conduct of research with people has been based on these moral values. And these principles and the federal regulations are written however in broad general terms. And we apply them to diverse populations in our research and also to diverse settings and activities.

We usually respect young people in our research by using informed consent procedures because that’s how we protect and safeguard their rights. We make efforts to secure their well being, we must protect them from harm and maximize benefits and minimize risks. So, for example, we need to think about not sending queer youth home with copies of surveys or a center consent forms. And this is where we also need to have emergency procedures in place for mental health referrals if we’re investigating for example, mental health problems.

Now, the Principle of Justice however suggests that queer adolescence be given a reasonable opportunity to participate in research. As their exclusion from research denies us knowledge about their needs and therefore impedes the creation of culturally sensitive interventions on their behalf. Now many researchers however are concerned about conducting research with queer youth. And they also have experienced barriers to conducting a research with queer youth.

With queer adolescence we experience challenges and identifying procedures that will enhance their ethical involvement in research and be approved by our institutional review boards. I have many colleagues who have come into conflict should I say with their University institutional review boards in trying to get their research approved for their studies or proposed studies with gay, lesbian, bisexual and transgender adolescence.

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Some researchers have shied away from research with youth. They perceive youth focused research is too difficult and they anticipate difficulties securing IRB approval.

Now Institutional Review Boards, the Universities, very widely in their interpretations of Federal regulations, governing research with children and adolescents. So, it is not surprising that researchers experience some time a lack of clarity around parental permission requirements. And IRB is often prohibit, the participation of minors in research unless parental permission can be secured despite Federal regulations that allow for waivers of parental permission under certain circumstances. This prohibition has the effect of excluding queer adolescents from research studies.

Now, some of the challenges also are that State Laws vary, related to these areas. And the State Law is very regarding when minors are considered to be adults or capable of giving consent for certain types of care and treatment. An additional factor of course the Child Welfare is considering whether parental rights have been terminated. And State Child Welfare agencies have their own procedures and requirements related to research with youth in state custody.

And these also vary widely among the states. So, researchers have a number of factors to navigate when they are wanting, to do research with in this case queer adolescence involved with Child Welfare Systems. Also few states have regulations that apply to research. Opinions often vary as to whether state law is related to treatment, also apply to research and there are many good reasons to suggest that they do apply. But again, IRBs may act in very different ways.

And as part of our discussion, you know, for those of you who may have – for those of you who have experiences with navigating IRBs around conducting research with young people, it would be great to hear about what you’re experiences have been.

Now, these are some of the ways that LGBTQ Youth and also youth who are homeless, some of who may identify as LGBTQ. These are some of the ways that they have been recruited. I also, when you look at the literature and when we talk with colleagues who are interested in conducting research with LGBTQ Adolescence, one of the things I think that we often see and hear is that they may settle for conducting research with youth who were formerly in care, who are age 18 or older in order to avoid some of the challenges and potential barriers in conducting research with LGBTQ Youth who are currently in care. A variety of data collection methods have been used from face to face interviews focused groups offer questionnaires and telephone interviews.

Now, I’m going to say a little bit about minimizing risks and informed consent issues. But I also want to mention the ethical, our ethical responsibility of asking questions that queer youth and their families see as important questions to be asked and answered and also our ethical responsibility to investigate strength and resilience as well as some of the challenges that they face. And I think that it also of course is an ethical responsibility to ask questions that have the potential to improve their life. And also change service

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delivery systems on their behalf. Those I think are important ethical responsibilities when conducting research with queer youth and their families.

How am I doing on that?

So, these, as you know, some of the procedures and safeguards that we’ve used, what we’ve done research with queer youth, our certificates of confidentiality, also being very careful and thorough in our debriefing with young people and these issues will matter to IRB. And also when necessary having clinical backup services if you’re going to be talking about sensitive topics that may, you know, activate young people and then, also thinking about potential jeopardy if you take any kinds of documents home.

Now, I have used on a number of occasions, participant advocates with – when conducting research with queer youth. And wavers of parental or guardian permission are possible in one of the ways that they’re possible if you use a participant advocate. Participant advocates are typically folks who are social workers or who have experience counseling, in my case adolescence and they are there to make sure that the youth wants to participate in the research study, they’re independent from the researcher.

They will periodically check with the youth if they want to keep going. They’ll give the youth also permission to stop and they’re essentially there as an additional protective mechanism. And that, you know the use of a participant advocate has enabled me to conduct a number of studies and get IRB approval with queer youth.

Now, I have seen participant advocate procedures approve for all queer youth who are under 18 but also some IRBs may approve the youth participant advocate only for, they may give a waiver I should say, they may give a waiver of parental permission for all youth, if you use a participant advocate or sometimes only for youth who have not disclosed their sexual orientation to their parent. So, I have seen IRBs do variable things with participant advocates.

Now, that also, you know, when the IRB gives just partial, you know, covers just, you know, some of the kids with the participant advocate, they’re really putting the burden on the young person to accurately assess their parental – their parent’s reactions to their self identification.

Now, in my own research, actually I found when I contacted parents which I was supposed to do in one study, I was supposed to contact the parents who – when the young person reported that they were not only out to their parents but they also found it comfortable to talk with their parents about their sexual orientation. You know, just being out doesn’t necessarily mean that the young person is comfortable.

And so, when I contacted those parents, in all cases actually and it was nearly 70 young people. The young people called it correctly, their parent was very open, very willing to give consent for the young person’s participation in the research study. But those are – you know, those are some of the challenges I think in conducting research with queer

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youth. And so, you know, IRBs again will, you know, they may approve a participant advocate procedure for all youth or for some youth.

And these are some of the other alternative mechanisms that have been used by researchers to protect young people in studies, that have been talked about in the literature, including you know, some folks when they’ve done research with an agency, with young people connect with an agency, somebody in the agency has been okay to give consent for the young people’s participation.

You know, I think Fischer, you know, he talks about a participant consultation model in conducting research with adolescence. And I think that it’s helpful to think about this in conducting research particularly with queer adolescence and their families. You know, using them as consultants about ethical issues in the research that they may be engaged in and developing a collaborative relationship. And I think, you know, those of us who are social workers find that very congruent with social work’s ecological and strengths perspective.

But I think seeing youth and their families as collaborators and co learners in research can be very helpful. Because I think that we have a lot more that we need to find out about what queer youth and their families especially with life out of research. You know, certainly, we see from the family acceptance project, you know, the initial publications and that they have produced and what Caitlyn Ryan has talked about.

Families of queer youth often, even when they have rejecting behaviors, they really do want to do the best that they can for their kids. And sometimes their rejecting behaviors are grounded in fear of their, of something happening to their kid, it’s grounded in a lack of information, it’s grounded in, you know, just not knowing what maybe facing their kid, when their kid is out there in the world.

And that those behaviors can change through intervention, that families that were highly rejecting can become more accepting. They might not love the fact that their kid is queer, the way some of us might love the fact if you know, our kid was queer. But they don’t have to be as rejecting, they can become more accepting. And then, if young people can stay connected to their families in positive healthy way, they will have better outcomes than if their family continues to be highly rejecting. And that gives us places I think for a lot of intervention.

So, you know, again, I think Commissioner Samuels is a wonderful example of leadership in terms of queer youth and meeting their needs in the Child Welfare System. These are just some questions that I thought that we might discuss but there is also, there is also questions that you may have. And those of you who are doing research with queer youth and their families or who are embarking like Lisa is, on some initiatives to address their needs, you know, we would love to hear from you.

Krista Thomas: And so, with that. I mean, first, thank you to both of our presenters for your perspectives and insightful comments across a wide range of issues. We’ve got

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about a half an hour left. And we were really excited about opening up these issues for discussion and hearing from all of you.

So, I think Diane has posed some questions up there. But we’re also interested in what’s going on in your work. And any questions that maybe you’ve brought with you to this session. And we can use the microphone or not, whatever you’re most comfortable with.

Speaker: Question about runaways and often its different kinds of statistics that said a lot of the kids who are on run are LGBTQ. I’m wondering if – what has been your experience with that?

Diane Elze: Well, I think, oh, I don't need that, because my voice carries. Multiple studies I think have identified, you know, results vary. And it’s usually the percentages that are quoted are between 15% and 40%. I think again it goes back to some of the issues that Ritch raises in terms of how were kids asked the questions the questions that they were asked. Were they asked about self-identification, gay, lesbian, bisexual, transgender or were they asked about same sex attractions. Were they asked – they were often asked about same sex behavior, so it has varied. But I think that they usually vary between 15% to 40%, in the studies, that have been done with the methodological limitations, that exist.

Ritch Savin-Williams: I would hope though I don't know the data that that percent would be decreasing as families become more accepting and knowledgeable that the kids wouldn't feel like they would have to run away. One of my grad students currently ran away from home when he was 16. And now his mom and dad are really great about it. But at that point, I mean, so, they’ve come along. And I think, I mean, that would be an interesting thing to see if there are fewer now because of the acceptance way.

Diane Elze: And I think the other issue that sort of muddies things too is that kids, maybe running away for issues unrelated to their sexual orientation or their gender identity. And they maybe on the street not because of those issues at all but because of other issues. You know, when I think that we see of course young people coming into the Child Welfare System regardless of their sexual orientation or gender identity, have multiple issues potentially going on in their families.

And now, I think, you know, much less is known about transgender youth. And transgender youth, particularly may be one of those more highly vulnerable populations of young people. I think it is in some ways connected with what Ritch was talking about in terms of gender, non-conformity. And when we look at how gender the world is, it’s very difficult for those young people to get a goodness affect with their environment. And I know Gary has done some work on transgender youth, Sarah, have you? And Sarah is here from the National Center for Permanency Planning, right?

Sarah: Permanency and Family Connections. We changed names again.

Diane Elze: Oh, okay, name change.

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Sarah: Same initials. But yeah, Gary has a book on transgendered youth. That’s really quite *[Indiscernible]* [01:01:42] but at least it’s something. And it’s worth looking at.

Diane Elze: Right, yeah, totally.

Ritch Savin-Williams: If you look at the research, transgender youth are look much were soft. In terms of mental health and sort of services available to them, it’s really quite appalling in many ways.

Diane Elze: Alarming, yeah.

Ritch Savin-Williams: So, and why that’s the case, you know, we can speculate, we can all speculate but its.

Diane Elze: And Lisa, I would imagine that you will – must see a good proportion of trans-youth at the Community Center because those young people typically fall through cracks.

Lisa Parish: It’s interesting that you asked about runaways because for the gay and lesbian center in Los Angeles, we have been providing drop-in services for years in Los Angeles in Hollywood. So, this is actually an area that kids are drawn to. Kids from all over the west, they’re drawn to. And so, they’ve had a Hollywood partnership project going with a number of local agencies, they’re estimated to be about 7,000 homeless youth and we see about half of them are dropped in center each year around 3,000 to 4,000 individual drop-ins.

And I’d say up to 40 plus percent of them report some interaction with the Child Welfare System. So, for us the problem statement became, you know, what do we do to stem the tide of homeless youth in Hollywood. And in fact, it’s sort of necessitating the partnership with the Child Welfare System in Los Angeles, Los Angeles County is actually the Child Welfare System which is 4,000 square miles, I mean, it’s kind of huge.

So, it’s a very large entity and a very large community where the diversity community is from high desert to Long Beach to various valleys. We also run a transitional living program which grew as the drop-in centers, so kids after a while stabilize and we bring them into our transitional living.

And the most interesting thing is we’ve 24 beds there, six of which are red – about half the kids there are Trans, which, is the highest proportion that we’ve ever seen in terms of helping them, to move as being adults.

And so, a year ago under the permanency innovations rent application or developing permanency, increased permanency for long across most of the populations, we sent in a rent proposal to serve LGBTQ youth in foster care. Not knowing how many they were,

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not knowing how long their life of stay was, not knowing if they were actually in need of long-term foster care population, explaining all that fortunately in our rent proposal.

Diane Elze: Yeah.

Lisa Parish: And we actually were awarded when the five year term – rents, I have a very scary job of being a project manager. But I am a New Yorker, so I’ve spent many years in New York City since that now I’m working with the center to basically design a care coordination model, looking lot like wrap around services embedded with family finding things, search family engagement and finally family acceptance strategies. So, we’re building that model as we speak.

And we’re working very closely with Caitlyn Ryan and the acceptance project as she’s the provider if you will of the tools that she already has and the tools that we’re going to build together with her to reducing family rejection.

So, we’re also, we’re also as part of this working on protocols for outreach in the Child Welfare System to find LGBTQ Youth and we will be really developing and training and coaching on how to have these conversations, developmentally appropriately about gender expression, identity, attraction and romantic relationships. So, and, and separate we’re actually because working on developing a Casey, computer existent surveying to try to measure the prevalence.

But we’re kind of bifurcating these three things you know, teaching social workers how to have the conversation and what to do with the elimination, what it’s disclosed and to keep kids safe and to serve the whole needs – around their whole dominion. A survey for to see if we can measure prevalence at some fashion and that’s actually pretty fascinating, we’re working with the Wayne’s Institute at UCLA to develop the survey questions. And so, they’ve just hired me on for Wilson and we’ll be sort of pulling everybody across the country, you know, what a successful survey for teenagers and foster care would look like.

And then, we’re developing this care coordination model we will actually be enrolling kids into a care coordination teams.

Diane Elze: Yeah.

Lisa Parish: Care coordination teams to when a family is present to apply family acceptance strategies. And when we need to rebuild or reconnect families to do that. And then, measure with the family’s level of support for the queer child. Some younger of course, is to worry the most about it. And the trans-kids are most words.

Diane Elze: Yeah.

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Lisa Parish: So, it’s a, you know, that’s kind of where we started runaway population we do see in adults. And in order to sort of demonstrate a better model. We’re very excited to be working with Caitlyn.

Diane Elze: Yeah.

Lisa Parish: She is really, only partially along in terms of developing the educational materials.

Diane Elze: Correct.

Lisa Parish: And I think we’re all hoping that what this collaboration will enable her work, which has been named up until now, the General Prevention Community. She is kind of much more, much less focused on foster care than we are.

Diane Elze: Right.

Lisa Parish: We’re focusing on foster care, it’s a very deliberate strategy to try to release homelessness in Los Angeles.

Diane Elze: Right, yeah.

Lisa Parish: But we also think that these family acceptance strategies, education and clinical work and pure support, just are the three elements, education, clinical, pure support, you know, understanding the harmful effects of been rejection. You know, Caitlyn believes us to be very transferable setting this up. And culturally and from different – basic communities and she’s been working for years with more of the norms, other fundamental ministries around showing parents the results from the rejection. And seeing the very hopeful changes that families can choose to make without having to change their belief systems and violate their belief systems but understanding the benefits to their children, and their words, actions and behaviors can be less harmful and more supportive.

Diane Elze: Yeah. I mean, there are really strategies that can be applied towards preventing families from fracturing but also reunifying families potentially. I should also mention because you were saying something Lisa that made me think of Gary. I know that Gary Mallon has also been working with folks in Minnesota to develop a training curriculum for aim that, addressing the needs LGBTQ Youth and their families with the realizing focus on families. And they’re going to be once that’s done, they’re going to be disseminating that information to all of their workers. So, Minnesota is doing, you know, somewhere under Gary’s consultation.

Lisa Parish: The other great benefit of Caitlyn’s work is that, you know, she’s done the work with families, at least this family education concepts, apply equally to caregivers to foster homes and to our workers to frontline information.

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Diane Elze: Yeah.

Lisa Parish: We don't know what to do with this information. We may those that are belief systems that they cause them have biases. So, we're going to feel, I don't know what, it's all a little daunting but you know, that, the training materials that we produce for Child Welfare System and the coaching that we do with the folks around, having the discussion of families or young people, the caregivers. And then, what do you do with the information when the queer children are safe.

And then, what do you do with the information in order to meet children's needs by understanding the aspects of their whole identity. You know, that we hold is fairly replicable and package-able and part of the routine is making sure that everyone has up-to-date practices, theoretical information. And what it is be queer adolescent, to get away from the suicide model, that's – you know, beautiful children just like any others.

Diane Elze: Right. Thanks Lisa.

Lisa Parish: I will pug the floor for a second, just to say, we're terribly struggling with desertion of is the best evaluation for this control child, which of course folks would like us to get there too. But getting from where we are, which is really just taking, you know, adopting that round for family engagement and family acceptance testing that, and then perceiving to random assignment, has my head in a roll.

Diane Elze: Yeah. Is Raphael going to be consulting with you all to, Raphael Diaz is a researcher out in California who has with the family acceptance project. And Raphael is a great researcher.

Lisa Parish: Yeah. I think, I mean, the good news is we've been talking with Mark Tester, who's the principle investigator. He conveyed some of our anxiety about this and talking about going slowing in Phase I and Phase II approaches. You know, this is a population that, you know, maybe home with grandmother in foster care, maybe in a spread of foster home, maybe in a tremendously religious foster home, carefully hidden. And possibly, you know, being discriminated against unhurt. And may also could be bouncing in between residential placements and I have case of each and one of those right now.

So, you know, it's going to be – these are complicated, complicated situations and very fluid situations. But the family work I think it's pretty reliable. So, we'll be testing them.

Diane Elze: Yeah, yeah. I can just say one other thing. See, I think some of the frustration also, or maybe I shouldn't say some of the frustration, some of my frustration is, you know, I think, I mean trained folks also who work in Child Welfare Systems around, you know, addressing the needs of queer youth and their families. And I talk with people also, a lot of people who are doing, you know, sort of great work around the country.

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And I think what is frustrating is that we still don't evaluate all of that work that is happening out there. And so, we don't know really the extent to which it may matter in the long run. You know, so, it's you know, we just need so much more evaluation research, you know, because again, I mean, I talk with people especially doing this brief for the, you know, child welfare information gateway. People are doing some exciting work but it's not all getting evaluated. So, we just think it's exciting. And you know, our experience is that it's exciting.

And we see, you know, anecdotally we hear that ooh, it had an impact. But we really need to evaluate it, I don't know. Other thoughts or work that's happening out there, what are you all involved in?

Krista Thomas: Maybe other challenges or questions that you've had coming into this session that maybe wasn't directly addressed but maybe between our collective experience, we did talk about it?

Speaker: I have a question about, a lot of the research is retrospective, you're using 18 year old like maybe long time studies, maybe 23 year old. They're remembering, they're trying to remember what happened to them when they were in care many years ago. And some of their memories seem to be very distorted. And working on role for that and really that's why it's so important to have the ability to do research and look at what's happening in the lives of youth right now who are in care who are less than 18. But it's very hard, and controversial, and there are things going on with the family, and the agencies that are disturbing. *[indiscernible] [01:16:08]*

Ritch Savin-Williams: Yeah, it's a real dilemma and one which all of the space who – and have always spaced when we do gay youth research. It is the – having accessibility to them when they are going through this process, whatever the process of inner struggle or family issues. And so, we don't have access to them many times. And so, we do recall – we do ask for retrospective information.

I have found in my own research is that interviews frequently will clarify things and just a brief example was, we thought for many times – many researches show that the awareness of first sexual attractions is around 10, 11 or so, when we ask them retrospectively. But when you actually begin the interview, then you actually push the age back to about 6 or 7.

So, it's you know, that maybe a way in which we can help out. But it's a tough one because don't have access to it.

Diane Elze: And there is, also methods that, you know, people use to try to help young people remember, like there might be an event that has happened in the young person's life. And you know, in conducting an interview, you may find that out. And then, you'll say, well, around the time that such and such happened, you know, what do you

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remember about da da da da? And that can help memory recall. You know, so there is, different strategies like that but you know, it is a limitation of that kind of research.

Speaker: And we heard about the great work that Lisa is doing and it was going on in California. Are there, either whether from a research perspective or from a practice perspective is there any projects or initiatives or new strategies or changes in the way things are happening in the – the sort of agencies or in the whatever you all are working that you’re noticing like a marked difference from years passed?

Ritch Savin-Williams: I might add that the trends, when I – I visited the Harvey Milk School when it was beginning. And it struck me at that time that almost all of the kids were Trans at that point. And I visited the Chicago Group and it strikes me that most of those kids are Trans to some extent, at least on somewhere on the spectrum. And I’m just wondering if part of the issue that we’ve always have the gender expression being the primary motivator for rejection.

It’s just now that we have a term for it. Before we were calling them gay, and now we call a significant number of them Trans. But it has struck from the day, from I began, you know, sort of involved in the mid-80s that it’s incredible Trans oriented, a lot of welfare agencies and foster homes that I had some interactions with. So, I think it’s always been there. It’s always been the source of great stress, for the family and for the child from day one it strikes me.

Diane Elze: Yeah.

Ritch Savin-Williams: I will say though, I’ve been talking with young people about these issues about gender expressions. They also say that some of those popular kids in their school are gender non-conforming. And they say, the real key is the personality that goes with the Trans, expression, the gender expression. So, there are some kids who are just able to carry it off in a way that actually enhances their uniqueness and their popularity among the peer group.

So, there is a way, you know, almost that I wonder sometimes that if we can work, you know, with kids to help them accept it in a way that might actually be a real key especially if one don't have family members.

Diane Elze: I think it’s the diva factor.

Ritch Savin-Williams: Yeah, yeah.

Diane Elze: To some extent.

Ritch Savin-Williams: Right.

Sarah: There is evidence to support that. I think there is evidence.

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Krista Thomas: Sarah, if you don't mind me asking you a question directly, is a TA provider through the Research Center for Permanency and Family connections, are you – is the center seeing more requests coming either at the state level or local level around queer issues that maybe weren't coming in before?

Sarah: Well, I think, I mean, we have – this one thing I was going to add is – that on our website and on *[indiscernible]* [01:21:47] there is a rainbow flat icon. And you click on it and there is a really solid set of resources, very comprehensive. We've done webcasts directly on LGBT issues. So I think, I don't know who's seeing – I'll having to ask Stephanie if we've seen more requests coming in – but we've definitely been actively engaged in doing outreach. And being able to say the words out loud. It's not so long ago that we're getting there in the schedule. We're at least visible, we can have a rainbow icon on the website now. *[indiscernible]* [01:22:20].

And so, I know, we've been more active and engaging, and I'll assume it's based on some kind of relationship between supply and demand that people have been asking *[indiscernible]* [01:22:48].

Krista Thomas: I mean, I know they're just personally being in the bureau now for seven years which is not a terribly long time. How there has been a pretty distinct shift. And I remember when I first came onboard, I don't remember, six months and a yearend something like that. I'm just asking when you're talking all the PSAs for in recruiting foster adoptive parents and asking like, why are – why don't we have any campaigns that are you know, targeting you know, gay and lesbian foster adoptive parents.

And the response I got was like, oh, these are cute, thanks for asking. But we're not really there yet in terms of being, you know, being really outspoken or targeted. And just, you know, overtime I have seen just more sincere, genuine, progressive forward thinking efforts in becoming more inclusive and affirming in the work that we're doing at across the board. I mean, that's just one, yeah, that's just one example but it was just very different, with an irrelatively short period of time, or at least my short-ish tenure.

Diane Elze: Though I sometimes think that for Gary it must feel like its forever. He started it so long ago. You know, that has changed.

Krista Thomas: Well, I mean, we're getting on about 5:15.

Diane Elze: All right.

Krista Thomas: Are there any last comments or observations, reflections that folks would like to share before we conclude? Lisa, thank you so much for, you know, contributing your experiences that are going in California right now and to everyone for your questions and contributions to the discussion.