



Experiences and Well-Being of Sexual and Gender Diverse Youth in Foster Care in New York City

Disproportionality and Disparities

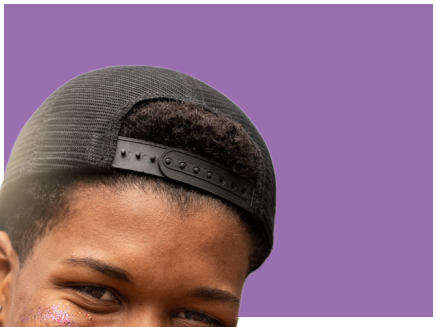
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ACKNOWLEDGMENTS

This survey, commissioned by the New York City Administration for Children's Services (ACS), reports on the proportion of LGBTQAI+ youth in New York City foster care, and the experiences and well-being of these youth, is the outcome of several years of work, involving several institutions and many individuals, in a variety of roles.

The survey is inspired by and modeled after the first similar study carried out by The Williams Institute in Los Angeles and reported as "Sexual and gender minority youth in foster care: Assessing disproportionality and disparities in Los Angeles" (Wilson, Cooper, Kastansis & Nezhad, 2014). The current survey adopted a similar research methodology. The questionnaire used by the Williams Institute was a starting point for the instrument used in the current survey.

Formative work, involving interviews with key informants, group interviews with gender and sexually diverse youth in foster care in New York City, and pilot-testing the survey instrument, was executed by the Division of Gender, Sexuality and Health in the Department of Psychiatry at Columbia University.

Implementation of the survey was conducted by Westat. This involved cognitive testing of survey questions, piloting recruitment procedures, recruiting participants, administering the survey, and preparation of the survey data for analysis.

Linking of survey data with the administrative data was performed by the New York City Administration of Children's Services. Data analysis and report writing was done at Columbia University.

Funding for this survey was provided by the Annie E. Casey Foundation, the Redlich Horwitz Foundation, and New Yorkers for Children.

We would like to thank the many persons who from the beginning to the end of this project, have supported this work in various ways, from initiating this project to the final report writing. These persons included, in alphabetical order, Christopher Behan, Sarah Chiles, Stephanie DerGarabedian, Linda Diaz, Sarah Dipko, Mareena Evans, Julie Farber, Anthony Fermin, Pharon Ford, Somjen Frazer, Saroya Friedman-Gonzalez, George Gabel, Steven Gordon, Jennifer Gunnel, Leanne Heaton, Yeymi Hoffmans, Denise Hinds, Kristin Kimmel, Grace Mackson, Danielle Maniscalco, Ashe McGovern, Ina Mendez, Minerva Muzquiz, Denise Niewinski, Lisa Parrish (deceased), Margaret Passchen-Wolff, Rhodes Perry, David Peters, Elizabeth Petraglia, Jeffrey Poirier, Yvette Santiago, Naomi Schear, Aysha Schomburg, Maryanne Schretzman, Stephanie Serafino, Myra Soto-Aponte, Debra Stumpf, Barbara Turk, Denise White Smith, Syria Wong, and Allon Yaroni. We are indebted to our funders who not only graciously provided financial support, but also provided advice and guidance during the various steps involved in the survey.

Our deepest gratitude goes to the youth in New York City foster care who were willing to be interviewed for this survey. Appreciation also goes to their caretakers and all intermediaries who helped generate the astounding response to our request for cooperation.

All persons who contributed to this project are strongly committed to making our world more equitable and just, particularly with regard to sexuality and gender. That includes the world of youth in foster care, which, as the survey findings show, is in need of intensified efforts to promote acceptance of sexual and gender diversity. Such efforts will only be successful if other structural axes of inequality are addressed as well, including systemic Black racism. We hope that this report contributes to this vital ongoing pursuit.

Westat

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

Division of Gender Sexuality and Health, Columbia University

The Division of Gender, Sexuality, and Health in the Department of Psychiatry at Columbia University serves as a coordinating mechanism for all Columbia Psychiatry faculty engaged with the study of gender and sexuality while providing critically-needed training support to residents, graduate students, postdoctoral fellows, professional staff, and community members. The Division includes the HIV Center for Clinical and Behavioral Studies, the Program for the Study of LGBT Health, the Columbia Gender Identity Program, and the Northeast/Caribbean AIDS Education and Training Center.

About the author

Theo Sandfort, Ph.D. is Professor of Clinical Sociomedical Sciences in the Department of Psychiatry, Columbia University Vagelos College of Physicians and Surgeons. He has been involved in research on sexual and gender diversity for over forty years, with a specific focus on sexual orientation and mental health, gender expression, and sexual behavior and HIV risk. He conducted research studies in many parts of the world, published over 200 peer-reviewed articles, and is on the editorial board of several academic journals including *Archives of Sexual Behavior, Culture, Health and Sexuality,* and the *Journal of Sex Research*.

EXECUTIVE SUMMARY

This is the first survey to report on the proportion of youth in foster care in New York City who are LGBTQAI+ and differences in their experiences compared to those of youth who are not LGBTQAI+. The acronym LGBTQAI+ comprises persons who because of their gender and sexuality have specific needs and are treated differently than other persons, which might negatively affect their well-being. The letters stand for lesbian, gay, bisexual, transgender, queer or questioning, agender or asexual, and intersex.

This survey was commissioned by the New York City Administration for Children's Services (ACS), which is committed to serving youth in foster care that are LGBTQAI+. The survey was implemented with generous support from the Annie E. Casey Foundation, the Redlich Horwitz Foundation, and the NYC Unity Project. This report provides the detailed findings from this survey. A separate document LGBTQ+ Action Plan produced by ACS identifies the steps taken to date to provide services and supports to LGBTQAI+ youth and plans to move forward in response to the survey findings.

According to the survey:

- **LGBTQAI+ youth are overrepresented in foster care.** More than one out of three youths (34.1%), ages 13-20, in New York City foster care is LGBTQAI+. This is substantially higher than the proportion of LGBTQAI+ youth in the general population.
- **LGBTQAI+ youth in foster care are more frequently youth of color.** With almost three quarters of the sample identifying as African American and almost a third identifying as Latinx, the sample reflects the population of New York City youth in foster care, in which people of color are disproportionally represented. Within this already racially and ethnically disproportionate group, LGBTQAI+ youth are less likely to be white and more likely to be Latinx.
- **The placements of LGBTQAI+ youth in foster care differ from those of non-LGBTQAI+ youth in foster care.** Compared to non-LGBTQAI+ youth, LGBTQAI+ youth were more likely to be placed in group homes or residential care and less likely to be placed in family-based care. LGBTQAI+ youth were less satisfied with their current placement. LGBTQAI+ youth were more likely to say that they experienced little to no control over their lives in foster care and to have heard staff or other people refer to them as "hard to place."
- **The family experiences of LGBTQAI+ youth in foster care can be challenging.** While LGBTQAI+ youth were more likely to be in touch with family members, they saw these family members less frequently. Furthermore, LGBTQAI+ youth experienced family members as less supportive than non-LGBTQAI+ youth did. Fewer LGBTQAI+ youth reported that there were adults in their lives, other than family members, who they could rely on and by whom they felt supported.
- **LGBTQAI+ young people have more struggles with institutional systems and higher risk factors for depression.** LGBTQAI+ youth had been absent without permission from their foster care placements for significantly more days than non-LGBTQAI+ youth; they also were more likely to have been homeless and to have had negative confrontations with the police. In addition, LGBTQAI+ youth were more likely to have been criticized for behaving and for dressing too much like the other sex. These risk factors were associated with differences in well-being: LGBTQAI+ youth reported to experience more depressive symptoms and fewer feelings of optimism compared to non-LGBTQAI+ youth.

SURVEY METHODOLOGY

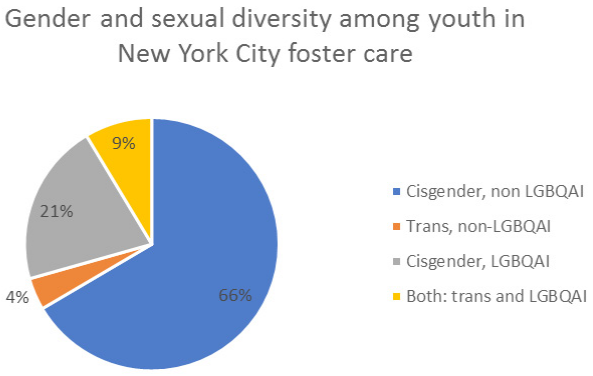
The study aimed to determine the proportion of LGBTQAI+ youth in foster care in New York City and whether the experiences of LGBTQAI+ youth in foster care differ from those of youth who are not LGBTQAI+.

A telephone survey was conducted among youth, 13 to 21 years old, who were in foster care in New York City at the time of the survey (September – November 2019). The survey questionnaire included questions about the sexual and gender status, demographic characteristics, characteristics of the youth's placement in foster care, the youth's social connections, and their well-being. Collected data about youths' sexual and gender status were linked to ACS administrative data, to further explore differences between LGBTQAI+ youth and non-LGBTQAI+ youth in foster care.

The survey had a very successful response rate. Out of 2,397 youths, a total of 659 participated in the survey. The response rate is 69.7% (the number of completed interviews divided by the number of completed interviews plus the number of youth who refused to participate). Considering the total number of (likely) eligible youth who could have participated, the response rate is 38.7%. Among comparable studies, this response rate is high.[1] In the analyses, data were weighted to ensure that the sample optimally reflects the foster care population.

SEXUALITY AND GENDER STATUS

The survey sought information about sexual orientation and gender identity based on self-report. For gender, the majority of the young people in New York City foster care considered themselves cisgender (that is, either male or female and corresponding with the sex they were assigned at birth). About one out of eight young people was trans or gender nonbinary. This includes trans(gender) youth, and gender nonbinary, gender fluid, or gender nonconforming youth, and intersex youth. For sexuality, close to a third of the youth care can be considered LGBQAI+ (30.1%). This includes youth who reported any same-sex attraction or questioned such attraction, and youth who identified as bi- or pansexual, lesbian, gay, or questioning. Combining the two categories, the proportion of LGBTQAI+ youth is 34.1%. The trans and LGBQAI categories are not completely overlapping. These categories did not include the two persons who reported to be assigned intersex at birth.

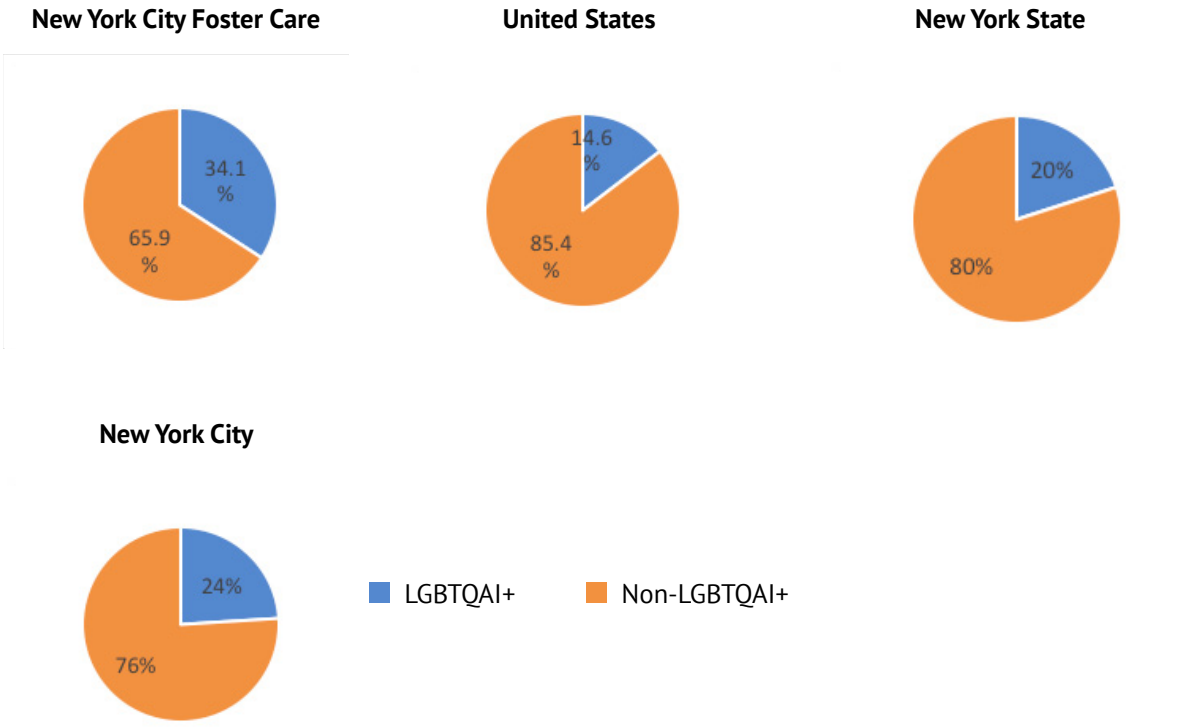


[1] Kennedy & Hartig (2019)

As stated above, LGBTQAI+ youth are overrepresented among the foster care population in New York City. Over a third of the youth (34.1%) could be classified as LGBTQAI+. This includes youth who belong to the trans spectrum (13.2% of the total; including transgender, gender nonbinary, gender fluid, or gender nonconforming youth, and intersex youth) and youth who reported any same-sex attraction or questioned such attraction, or who identified as bi- or pansexual, lesbian, gay, or questioning (30.1% of the total group). This proportion is substantially higher than the proportion of LGBTQAI+ youth in the general population. Nationally this proportion is 14.6% and for New York State and New York City these proportions are 20% and 24%, respectively[2] (differences in survey design impede absolute comparisons).

This disproportionally high number of LGBTQAI+ youth in foster care is confirmed by findings from similar studies.[3] However, it should be noted that it is unlikely that being in foster care promotes becoming LGBTQAI+ but rather being LGBTQAI+ plays a role in entering foster care.

The chart below compares the proportion of LGBTQAI+ youth in New York City foster care, with the proportion of youth in New York City, New York State, and the United States of America in general.



[2] Kann et al. (2018), Yoon et al. (2019).
[3] Baams, Wilson, & Russell (2019), Dettlaff & Washburn (2018), Fish, Baams, Wojciak, & Russell (2019), Mountz (2011), Sullivan (1996), Wilson & Kastanis (2015), and Winter (2013).

PLACEMENT CHARACTERISTICS

LGBTQAI+ youth entered foster care on average at an older age than non-LGBTQAI+ youth (12.0 versus 11.0 years old, respectively; the youths' self-report was confirmed by administrative data). Although the number of spells did not differ between LGBTQAI+ and non-LGBTQAI+ youth, administrative data indicate that in their current spell, LGBTQAI+ youth had on average more placements than non-LGBTQAI+ youth.

LGBTQAI+ youth were more likely to be placed in group homes and residential care and less likely in family-based care compared to non-LGBTQAI+ youth: 29.3% of the LGBTQAI+ youth versus 20.8% of the non-LGBTQAI+ youth were in group homes or residential care and 70.1% of the LGBTQAI+ youth versus 79.2% of the non-LGBTQAI+ youth were in family-based care. Among youth in family-based care, LGBTQAI+ youth were as likely as non-LGBTQAI+ youth to live with a family member or relative (31.0%).

EXPERIENCES OF FOSTER CARE

LGBTQAI+ youth were less satisfied with their current placement than non-LGBTQAI+ youth. LGBTQAI+ youth were more likely to say that they experienced little to no control over their lives in foster care (32.5% versus 21.3% among non-LGBTQAI+ youth). LGBTQAI+ youth more frequently heard staff or other people refer to them as "hard to place" (30.6% versus 23.8% among non-LGBTQAI+ youth). Administrative data showed that the mean number of absent days without permission was significantly higher for LGBTQAI+ youth than for non-LGBTQAI+ youth (these numbers did not differ for hospital-related and other absences).

SOCIAL CONNECTIONS

Although LGBTQAI+ youth were more likely to be in touch with family than non-LGBTQAI+ youth (87.7% versus 82.7%), LGBTQAI+ youth saw their family less frequent and experienced the relationship with family as less supportive than non-LGBTQAI+ youth (both among youth in touch with family members). Furthermore, LGBTQAI+ youth were less likely than non-LGBTQAI+ youth to have adults in their lives, other than family members, who they could rely on and who they felt supported by (78.8% versus 83.5%).

RISK FACTORS FOR WELL-BEING

LGBTQAI+ youth were more likely than non-LGBTQAI+ youth to have experiences that are risk factors for their well-being. These experiences include having been homeless and negative encounters with the police. 23.3% of the LGBTQAI+ youth reported to have been homeless versus 19.5% of the non-LGBTQAI+ youth. 24.1% of the LGBTQAI+ youth reported negative encounters with the police versus 17.5% of the non-LGBTQAI+ youth. Furthermore, LGBTQAI+ youth reported more frequently than non-LGBTQAI+ youth to have been criticized for dressing too feminine/too masculine (20.3% versus 4.9%, respectively) and to behave too much like a person of the other sex (22.0% versus 5.0%, respectively).

WELL-BEING

In terms of their well-being, LGBTQAI+ youth reported more frequently than non-LGBTQAI+ youth that they recently had been bothered by little interest or pleasure in doing things (51.8% versus 31.5%) and by feeling down, depressed, or hopeless (31.5% versus 27.6%). In addition, LGBTQAI+ youth were less hopeful and more pessimistic than non-LGBTQAI+ youth about their future.

IMPLICATIONS

The health disparities in relation to the foster care youth's sexual and gender status confirm and complement findings from other studies among youth in general[4] as well as among youth in foster care.[5] Although some observed health disparities were bigger than others, these disparities form a pattern and warrant ongoing policy and programming activities to better accommodate the needs of LGBTQAI+ youth in foster care, and to promote their safety, permanency, and well-being. LGBTQAI+ youth should have access to competent and appropriate support in an environment that validates gender and sexual diversity.

This requires that all parties that interact with foster care youth, including social workers, foster parents, and institutional staff, understand gender and sexual diversity and related issues. They should be enabled to appropriately interact with LGBTQAI+ youth and address their needs.

The meaningful differences observed here between LGBTQAI+ and non-LGBTQAI+ youth require further, in-depth exploration of LGBTQAI+ youth's experiences, including their overrepresentation, the way they are treated on an interpersonal level by peers and adults, as well as structurally by the foster care system; the youth's relationships with family and supportive adults; and resources, such as resiliency, that LGBTQAI+ youth employ to negotiate their trajectory through foster care. Understanding of the of LGBTQAI+ youth's experiences could further be strengthened by considering how they are shaped by intersecting factors such as gender, sexuality, race and ethnicity, and socio-economic status.

[4] Bouris et al. (2010), D'Augelli, Hershberger, & Pilkington (1998), Eisenberg & Resnick (2006), McLaughlin, Hatzenbuehler, Xuan, & Conron (2012), Needham & Austin (2010), Pearson & Wilkinson (2013), Russell, Seif, & Truong (2001), Ryan, Huebner, Diaz, & Sanchez (2009), Saewyc et al. (2006, 2009), and Ueno (2005).
[5] Baams et al. (2019), Jacobs & Freundlich (2006), Wilson and Kastanis (2015), and Winter (2013).

LIST OF TERMS[6]

Asexual	Persons who do not experience sexual attraction or desire, who have no desire to engage in sexual interactions, or who identify as such.
Bisexual	Persons who experience sexual and/or romantic attraction towards persons of both genders, engage in sexual interactions with persons of both genders, and/or who identify with this label.
Cisgender or cis	Persons whose gender identity corresponds with the sex they were assigned at birth.
Gay	Persons who experience sexual and/or romantic attraction towards persons of their own gender, engage in sexual interactions with persons of their own gender, and/or who identify as such.
Gender identity	How persons identify in terms of their gender. Persons can identify as a man or a woman if they identify within the gender binary (man/woman). People can also identify outside of the gender binary with labels such as *genderqueer*, *gender expansive*, *gender fluid*, or *bigender* (identifying with both genders). Persons who do not identify in terms of their gender are *genderless*, *gender free*, or *agender*.
Gender role expression	A person's external characteristics and behaviors that are socially defined as either masculine or feminine, such as dress, mannerisms, and speech patterns. Those who behave in ways not typically associated with their perceived gender are usually labeled as "gender non-conforming."
Heterosexual	Persons who experience sexual and/or romantic attraction towards persons of the other gender, engage in sexual interactions with persons of the other gender, and/or who identify as such.
Intersex	Describes a person with a genetic, genital, reproductive or hormonal configuration that results in a body that often cannot be easily categorized as male or female.
Lesbian	Women who experience sexual and/or romantic attraction towards women, who engage in sexual interactions with persons of their own gender, and/or who identify as such.
LGBTQIA+	An acronym that stands for *lesbian*, *gay*, *bisexual*, *transgender*, *queer* or *questioning*, *agender* or *asexual*, and *intersex*, the + sign indicating other gender and sexually expansive identities that may fall within the larger umbrella.
Nonbinary	Persons whose gender identity it outside of the "gender binary" (male/female). Often used as an umbrella term for gender identities outside of the binary, including but not limited to genderqueer, gender expansive, pangender and others. Some nonbinary people identify with the label "enby," from nonbinary.
Queer	Queer is an umbrella term for persons who do not identify as *heterosexual* and/or who are not *cisgender*.
Questioning	Persons who are in a process of discovery and exploration about their sexual orientation, gender identity, and/or gender expression.

[6] This list of terms is composed based on information from various related websites, including Understanding Sexual Orientation and Gender Identity (https://www.plannedparenthood.org/learn/gender-identity); Sexual Orientation and Gender Identity Definitions | Human Rights (https://www.hrc.org/resources/sexual-orientation-and-gender-identity-terminology-and-definitions); LGBTQIA Resource Center Glossary (https://lgbtqia.ucdavis.edu/educated/glossary); and Comprehensive* List of LGBTQ+ Vocabulary Definitions (https://www.itspronouncedmetrosexual.com/2013/01/a-comprehensive-list-of-lgbtq-term-definitions/).

Sex	*Sex* refers to the anatomical and physiological differences between men and women. At birth people are typically assigned the male or female sex, or intersex.
Sexual identity	How persons identify in terms of their sexuality, including, but not limited to *lesbian*, *gay*, *bisexual*, and *heterosexual* or *straight*, *pansexual*, *polyamorous*, *queer*, *same-gender loving*, *omnisexual*, *polysexual*.
Sexual orientation	Persons' romantic or sexual attraction, their sexual identity, and their sexual behavior in terms of the gender or sex of their partners. These three elements quite often correspond, but they do not necessarily have to, and quite regularly, they do not.
Transgender or trans	Persons whose gender identity differs from the sex they were assigned at birth. They can identify as the other sex than they were assigned, as *transgender* or *trans*, as *trans man* or *trans woman* (if they were assigned the female sex and the male sex at birth, respectively), or similar terms.

1. INTRODUCTION, RESEARCH QUESTION, BACKGROUND, AND RELEVANCE

The survey reported here aimed to answer two questions: (1) What proportion of youth in foster care in New York City is LGBTQAI+? (2) Do experiences of LGBTQAI+ youth in foster care differ from those of youth who are not LGBTQAI+? LGBTQAI+ is an acronym that covers a group of persons who have specific needs and who, because of who they are in terms of their sexuality and gender, are sometimes treated differently than other persons. These differences in treatment could negatively affect their well-being.

1.1 The acronym "LGBTQAI+"

The letters in LGBTQAI+ stand for lesbian, gay, bisexual, transgender, queer or questioning, agender or asexual, and intersex. The "+" sign indicates that although the acronym intends to be inclusive, it covers, in various ways, more than what the separate labels indicate. While some people might identify with one or more of these labels, others might not, while they still are considered to be covered by the umbrella acronym. For instance, while some persons identify as lesbian or gay, others might prefer other labels, such as same-gender loving, to indicate their romantic and sexual interest in persons of the same gender. A lot of (young) people reject traditional categories and invented new labels, such as: pansexual, polyamorous, queer, omnisexual, polysexual. Sometimes, people use abbreviations as a label; for instance, instead of saying "I am pansexual" they might say "I am pan." More broadly, in terms of *sexuality*, the acronym also encompasses persons who experience same-sex sexual attraction, either exclusively or combined with attraction to persons of the other gender and persons who engage in same-sex sexuality, without identifying with a specific label. "Asexual" is a label for persons who have no sexual attraction or desire, or no desire to engage in sexual interactions; while some of these people will adopt this label, others will not.

The letter "T" stands for persons who identify as trans or transgender and includes people who identify within the binary (i.e., transgender men and transgender women) and outside of it. It also refers to persons who identify as a woman or a man, even though the sex they were assigned at birth was male or female, respectively. The LGBTQAI+ acronym also includes persons who defy traditional gender categories and identify as gender nonbinary, gender fluent, or gender expansive. In terms of *gender*, the "+" sign also implies that the acronym covers persons who express their gender in ways that deviate from what is expected from them based on the gender that others perceive them to have.

The "I" in the LGBTQAI+ acronym stands for "intersex," a condition that should be distinguished from transgender identity. "Intersex" covers a variety of conditions in which a person is born with a reproductive or sexual anatomy that does not fit the typical definitions of female or male. In some cases, intersex traits are visible at birth. In other cases, they are not apparent until puberty. Such traits do not have to be physically apparent to outsiders. People can be intersex, but still identify their gender as "woman" or "man."

Finally, the "Q" stands for "Queer," but it is also used for persons who are "questioning," both in terms of their sexuality and their gender. *Queer* is an umbrella term for persons who do not identify as heterosexual and/or who are not cisgender. *Questioning* refers to persons who do not yet know what their sexual identity is, or whether their sexuality is tied to a specific gender. It also includes persons who do not (yet) know what their gender is or whether they want to identify with a specific gender at all.

1.2 Importance of understanding LGBTQAI+ youth in foster care

Research has demonstrated that there are various health disparities associated with being LGBTQAI+ and associated with their marginalized and stigmatized position. In addition, LGBTQAI+ youth have been shown to have specific needs. This makes LGBTQAI+ youth a critical population for evidence-based health policy and programming. In this context, families can play a critical role (see Section 1.3). Whereas relatively less is known about LGBTQAI+ youth in foster care, there clearly are similar health disparities as there are outside of foster care (see Section 1.4). Knowing the proportion of LGBTQAI+ youth in foster care can help promote their visibility. Understanding their experiences will help to identify their specific needs and formulate the necessary policies and programming that reduces health disparities and promotes the well-being of LGBTQAI+ youth in foster care. In terms of the experiences of LGBTQAI+ youth in foster care, differences in demographic characteristics in the current survey were explored first. Subsequently, differences in foster care and placement characteristics were examined. To explore permanency, the interaction of LGBTQAI+ youth with family members and other adults were compared with those of non-LGBTQAI+ youth. Finally, differences in risk factors for well-being and actual well-being were explored.

1.3 How LGBTQAI+ youth compare with non-LGBTQAI+ youth

There is compelling evidence that LGBTQAI+ youth have an increased likelihood of negative health outcomes, compared to heterosexual youth (even though the acronym LGBTQAI+ is used here, most studies focused on LGB youth; furthermore, studies only recently started reporting on persons' gender status). These findings have been replicated in various studies assessing different dimensions of sexual orientation and using various measures (Coker, Austin, & Schuster, 2010; Collier, van Beusekom, Bos, & Sandfort, 2013; Institute of Medicine, 2011; Kann et al., 2018; Reisner et al., 2016). These negative health outcomes, including school-related problems, have been associated with peer victimization as well as victimization by adults of LGBT adolescence (Savin-Williams, 1994). LGBTQAI+ populations also have been shown to experience more stressful childhood experiences, including sexual, physical, and emotional abuse, as well as physical and emotional neglect, compared to heterosexual populations (Schneeberger, Dietl, Muenzenmaier, Huber, & Lang, 2014). These abuse and neglect experiences are furthermore associated with elevated levels of mental distress and physical ailments. A meta-analytic review showed that LGBTQAI+ youth had significantly higher rates of suicidality and depression as compared to heterosexual youth (Marshal et al., 2011). Negative experiences and health outcomes specifically among transgender and gender variant youth have been documented, for instance by Johns, Beltran, Armstrong, Jayne, and Barrios (2018) who also inventoried protective factors on the individual, interpersonal and social level.

It has been demonstrated that many LGBTQAI+ individuals from diverse ethnic backgrounds experience difficult relationships with their family members, including negative responses to a child's disclosure of his or her sexual orientation (D'Augelli, Hershberger, & Pilkington, 1998), and higher rates of abuse from family members compared to heterosexual individuals (McLaughlin, Hatzenbuehler, Xuan, & Conron, 2012; Saewyc et al., 2006). Among LGBT youth, family rejection is associated with negative health outcomes (Ryan, Huebner, Diaz, & Sanchez, 2009). LGBTQAI+ youth also experience lower levels

of parental support in adolescence compared to heterosexual individuals (Eisenberg & Resnick, 2006; Russell, Seif, & Truong, 2001; Saewyc et al., 2009). Several family relationship factors have been shown to partially account for sexual orientation-related health disparities (Bouris et al., 2010). These family factors include more problems with parents, less family connectedness, less parental support, less closeness with parents, and less support from families (Eisenberg & Resnick, 2006; Needham & Austin, 2010; Pearson & Wilkinson, 2013; Ueno, 2005).

Whereas parents have been shown to contribute to health disparities between LGBTQAI+ youth and non-LGBTQAI+ youth, research shows that they can also mitigate negative consequences of homonegativity. For instance, for lesbian women and gay men who reported less accepting parental attitudes, internalized homonegativity and rejection sensitivity were positively associated with depressive symptoms. This was not the case for those lesbians and gay men reporting more accepting parental attitudes (Feinstein, Wadsworth, Davila, & Goldfried, 2014). Carnelley, Hepper, Hicks, and Turner (2011) demonstrated that accepting parental attitudes positively affected the romantic attachment styles of LGBTQAI+ persons. Important work in this context is the Family Acceptance Project with its focus on serving LGBT youth in the context of their families (Ryan, 2010).

Complementing the focus on health disparities and their possible causes, is the emerging interest in resilience in sexual and gender diverse youth (Colpitts & Gahagan 2016; Mustanski, Newcomb, & Garofalo, 2011; Russell, 2004; Singh, 2013; Stieglitz, 2010; Wilson et al., 2016). While most studies report on the positive resilience factors such as self-esteem and coping strategies, there is recognition that resilience should be studied and defined on interpersonal, social, and structural levels. This focus on resilience is particularly useful for the development of interventions aimed at supporting sexual and gender diverse youth.

1.4 What is known about LGBTQAI+ youth in foster care

LGBTQAI+ youth are known to be overrepresented in the child welfare system (Baams, Wilson, & Russell, 2019; Mountz, 2011; Sullivan, 1996; Wilson & Kastanis, 2015; Winter, 2013). Wilson and Kastanis (2015) reported that approximately 19% of Los Angeles foster youth are LGBTQAI+, which is much higher than estimates of similar youth in the general population, both in Los Angeles and nationally. Baams et al. (2019) found in a cross-sectional study of almost 900,000 10- to 18-year old students in California, that among those who were living in foster care, 30.4% self-identified as LGBTQ. Overrepresentation of LGBTQAI+ youth in foster care is demonstrated on the national level as well (Dettlaff & Washburn, 2018; Fish, Baams, Wojciak, & Russell, 2019). LGBTQAI+ youth are also known to be disproportionately at risk for becoming homeless (Ray, 2006; Wayman, 2008). Wilson and Kastanis (2015) reported that the majority of the LGBTQ youth in Los Angeles County were youth of color, reflecting the overrepresentation of persons of color among youth in foster care in general. Higher rates of abuse and neglect in families of origin because of youth's sexual or gender status could contribute to higher numbers of LGBTQAI+ youth in foster care (Friedman et al., 2011). The services that LGBTQAI+ youth receive within the child welfare system have been characterized as quite often disparate, inappropriate, and unsafe (Winter, 2013).

Our understanding of the experiences of LGBTQAI+ youth in foster care is limited. Most public child welfare systems do not collect data on sexual and gender diversity, resulting in gaps in understanding

the prevalence, experiences, effectiveness of services and outcomes for LGBTQAI+ youth. There is a limited number of studies that assessed experiences of LGBTQAI+ youth in foster care; such studies quite often have small, non-representative samples. LGBTQAI+ youth in foster care in such studies reported challenges, including lack of support while coming out in care, a perceived need to hide their sexual orientation at some point out of fear, not wanting to disclose their sexual orientation to birth parents, and experiencing discrimination (Gallegos et al., 2011). LGBTQAI+ youth often continue to be victimized while in out-of-home placements as a result of their sexual orientation and gender identity (Feinstein, Greenblatt, Hass, Kohn, & Rana, 2001; Woronoff, Estrada, Sommer, & Marzullo, 2006), whereas foster family acceptance plays a critical role in establishing and affirming an inclusive environment for LGBTQAI+ youth (McCormick, Schmidt, & Terrazas, 2016). Baams et al. (2019) compared LGBTQ youth in foster care with heterosexual youth in foster care and found that LGBTQ youth reported more fights in school, victimization, and mental health problems. Foster families sometimes have negative attitudes, though, toward lesbian gay and bisexual foster youth, informed by misconceptions (Clements & Rosenwald, 2007). Another study found that, compared to heterosexual youth, LGBTQAI+ youth in foster care reported more incidents of sexual abuse as well as higher scores on the Trauma Related Beliefs questionnaire (Mitchell, Panzarello, Grynkiewicz, & Galupo, 2015). Another study found that LGBTQAI+ youth are less satisfied with their child welfare system experience, are more likely to experience homelessness, are moved around to more placements, and are experiencing higher levels of emotional distress compared to their non-LGBTQAI+ counterparts (Wilson & Kastanis, 2015).

Shpiegel and Simmel (2016) explored how LGBTQAI+ youth fare during the period of transition to adulthood in comparison to their heterosexual peers; they found that, after controlling for demographics and child welfare history, the deficits for LGBTQAI+ youth are noteworthy across all categories of functional outcomes, including education, employment, homelessness and financial stability. Regarding child welfare agencies, there seems room for improvement in terms of providing an inclusive environment and creating supportive policies (Rosenwald, 2009). In addition to offering support and facilitate well-being, Winter (2013) identified as critical issues for child welfare agencies in dealing with LGBTQ youth: (1) recognizing and addressing physical and emotional safety; and (2) competence management of issues related to sexual orientation and gender identity. Mallon, Aledort, and Ferrera (2002) demonstrated that even in gay-affirming child welfare agencies there are challenges to ensure permanency, safety, and well-being for LGBTQAI+ youth, as identified by the agency staff and youth in such settings; these challenges include long stays, multiple placements, lack of appropriate school and physical and mental health services.

2. METHODOLOGY AND LIMITATIONS

2.1 Survey methodology

The survey aims were addressed with a telephone survey among youth currently in New York City foster care. Data collected in the survey were linked to administrative data to further explore differences between LGBTQAI+ youth and non-LGBTQAI+ youth. Administration of the survey was conducted by Westat (see Appendix A for a full account of the survey preparation and administration).

Youth were eligible to participate in the survey if they were 13-20 years old, and in 24-hour foster care during the survey period. Youth were deemed ineligible if they were unable to complete a phone interview due to physical or cognitive disability. In addition, the informed consent process contained a cognitive check to ensure that youth understood the survey well enough to participate; youth who could not answer the cognitive check were deemed ineligible and did not proceed with the survey.

The questionnaire for the survey was based on formative work, consisting of group interviews with LGBTQAI+ youth and subsequent cognitive testing. Several questions were included that had been used as part of the Los Angeles Foster Youth Survey (Wilson, Cooper, Kastansis, & Nezhad, 2014; Wilson & Kastanis, 2015), which used a similar survey procedure. The final instrument and selected survey materials were again subjected to cognitive testing by Westat and subsequently adapted.

Interviewers who conducted the survey had previously worked on studies with sensitive topics or youth populations. All interviewers received a 9.5 hours training consisting of a combination of self-paced online survey, a live group training session conducted over WebEx, and dyad role plays. The actual training included mock interviews, contact procedures, survey concepts and protocol, a distress protocol for handling potentially elevated distress situations with survey participants. A written overview of sexual and gender terminology was presented to the interviewers and discussed. Follow-up training was provided during the survey administration.

Survey implementation involved a variety of activities to promote an optimal response rate, including advance letters with an FAQ mailed to all eligible youth and their caregivers close to the survey launch. Reminder postcards were mailed to all youth who had not yet completed the survey two weeks before the end of data collection. Additional phone and email outreach were conducted by Administration of Children's Services (ACS) staff to the foster care agencies to encourage participation.

Data collection for the survey began on September 16, 2019 and continued through November 10, 2019. Youth were contacted at varying times of the day, taking into account that most of them were of school age. Approaches continued throughout the weekend. Youth were also allowed to call Westat using a toll-free inbound number (about a quarter of the final interviews were conducted this way). Westat followed an algorithm for follow-up calls in case youth could not be reached. Refusals clearly made by either the youth or the youth's foster parent/caregiver were considered final and Westat did not call that youth again. Specific efforts were made to ensure that youth in residential care settings were reached. To complete the project, a total number of 17,370 inbound and outbound calls were made.

Before the start of the interview, youth were given all relevant information to decide whether they wanted to participate in the survey, including that participation was completely voluntary. As part of the consent process, youth were informed that all information that they would provide would be kept confidential, with the exception that if they would be in danger of hurting themselves, threatening to hurt someone else, or being hurt now, the interviewer would have to report it to a government agency for their protection (no such cases occurred). Youth were asked questions about the provided survey information to ensure that they were able to make an independent informed decision about participation. Youth who completed the survey received a $25 gift card as an incentive, which was mailed to them by Westat.

The survey questionnaire (see Appendix B) consisted of 43 questions. Most of the questions with precoded answers were read with inclusion of the answers and the associated response numbers. To facilitate honest responses, youth was offered the opportunity to provide the number that was associated with their preferred response instead of the actual answer. Youth could refuse to answer any question that they did not want to answer. See Section 2.2 for a description of the assessment of sexual and gender diversity.

Given the size of the total eligible population (N = 2037) and the practical need to complete the survey in a short period, a census approach was used, in which, in principle, every person was eligible. In total 659 interviews were conducted. The response rate, calculated as the number of completed interviews divided by that same number plus the refusals (either by youth or caretaker), is 69.7% [659/(659 + 287)]. Taking into account the total number of (likely) eligible youth, the response rate is 38.7% (see Appendix A). This response rate is quite high among comparable studies (Kennedy & Hartig, 2019). Westat developed nonresponse weights to adjust the sample, so that the weighted sample was very similar to the full population of interest.

The generated datafile based on the survey, which contained information about the youth's LGBTQAI+ status was linked to administrative data provided by ACS (See Appendix C for list of data elements). The data included information about youth spells in foster care (if more than one) and more detailed information about the current foster care spell (e.g., age at entry to care, current level of care, moves between placements, and AWOL episodes ("absent without leave," days absent without permission) as well as information from the youth's most recent Comprehensive Family Assessment and Service Plan (FASP). These administrative data allow further exploration of differences between LGBTQAI+ youth and non-LGBTQAI+ youth on formal data regarding characteristics of the placement in foster care as well as family background information (ACS does not routinely collect has no record of the LGBTQAI+ status of the youth in foster care).

Analysis of deidentified data for the current report was conducted using SPSS at Columbia University. Analyses included Chi square tests, t-tests, Pearson correlation coefficients, and F-tests. For presentation in the tables, some answer categories were combined to promote clarity; all analyses were conducted on the original data from Westat. The few variables with skewed distributions were log-transformed before analysis. All analyses were weighted for non-response. When it is stated here that a difference is significant, it is meant to indicate statistical significance ($p < .05$). Whether a statistically significant difference is meaningful is a matter of interpretation.

Table 1 Comparison of youth who participated in the survey compared with the original population and the youth who refused to participate by sexual status[1]

	Boys/men			Girls/women		
	Population	**Survey[2]**	**Refusals**	**Population**	**Survey[2]**	**Refusals**
	(42.7%; N = 768)	(42.2%)	(46.0%; N = 132)	(57.3%; N = 1029)	(57.8%)	(54.0%; N = 155)
Age (in years); mean (standard deviation)	17.3 (2.25)[3]	17.2 (2.20)[4]	17.1 (2.36)[3]	17.5 (2.10)[3]	17.4 (2.08)[4]	17.4 (2.08)[3]
Race						
African American/Black	75.0%	73.4%	72.7%	73.1%	72.8%	70.3%
American Indian or Alaskan Native	-	-	-	-	-	-
Asian	2.0%	4.7%	4.7%	2.7%	1.9%	2.6%
Native Hawaiian or Pacific Islander	-	-	-	0.2%	0.6%	0.0%
White	14.5%	15.5%	15.2%	15.2%	16.8%	16.1%
More than one race	4.3%	3.4%	5.3%	5.0%	3.5%	5.8%
Unknown (declined/not reported)	4.3%	3.1%	6.8%	3.9%	4.5%	5.2%
Latinx	32.2%	30.9%	37.1%	35.6%	35.0%	39.4%
Missing	1.0%	1.6%	0.0%	0.7%	0.5%	1.3%
Level of care						
Kinship	26.8%	27.3%	36.4%	28.8%	28.4%	41.3%
Foster Boarding home	44.3%	46.9%	56.8%	49.5%	53.2%	56.8%
Residential home	28.9%	25.9%	6.8%	21.8%	18.4%	1.9%
Total number of foster care spells[5]						
1	68.1%	70.0%	66.7%	69.6%	70.7%	71.0%
2	23.3%	22.3%	24.2%	20.0%	22.5%	19.4%
3 – 5	6.9%	6.1%	8.4%	8.2%	5.5%	8.4%
Missing	1.7%	1.6%	0.8%	2.2%	1.3%	1.3%
No longer in foster care on 07/07/20	15.6%	14.5%	18.9%	14.9%	12.8%	13.5%

[1] Three persons are missing in the total population due to missing information on sex. These persons did not participate in the survey and were also not among the youth who refused to participate.
[2] Data weighted for sex, age and level of care.
[3] Age at 07/07/2020.
[4] Age at 09/01/2019.
[5] Spell: An episode of out-of-home care that includes a start and an end date; each spell can consist of one or more placements.

Table 1 presents a comparison of the youth interviewed for this survey with (a) the original population of foster care youth from which the survey sample originated, and (b) the youth who was reached but refused to participate. The information about the interviewed youth is weighted for sex, age and level of care (as provided to Westat by ACS; see Appendix A). The data for the description of the total population excludes youth who were not eligible to participate in the survey (see Appendix A). Refusals include refusals by the youth themselves or by their parents. Data presented in Table are formal data as provided by ACS and are not necessarily identical to what youth reported in the survey about themselves.

Table 1 shows that the youth who were surveyed quite well reflect the 13 to 21 years old youth in foster care in New York City, showing that the weighting procedure in terms of age, sex, and level of care, as developed by Westat, was successful. Data were not weighted for race and ethnicity, but Table 1 shows that the racial and ethnic composition of the youth who were surveyed quite will resembles the overall foster care population; the average percent of differences was slightly more than one percent (1.1%) for race and smaller for ethnicity (1.0%). The same applies to the total number of spells (episodes of out-of-home care that includes a start and an end date). The proportion of youth no longer in foster care, about 8 months after completion of data collection, also did not differ between the youth interviewed and the total population.

The comparisons between the youth who participated in the survey and the youth who refused, suggest that refusal is not randomly distributed. Boys were somewhat more likely than girls to refuse. While difference in terms of race were small, ethnicity seemed to matter: Latinx youth seemed less likely to participate. Youth who refused also differed in terms of level of care. Youth in residential homes seemed less likely to refuse to participate. Differences between youth who refused to participate and those who participated are smaller again when considering the number of foster care spells and whether they are still in foster care eight months after the survey. The exact impact of the fact that refusal was not random on the survey findings cannot be determined. The fact that the surveyed youth resembled the population of youth from which they originated is encouraging.

2.2 Assessment of gender and sexual diversity

Being at the core of this project, the way in which gender and sexual diversity was assessed in the survey deserves special attention. This assessment was guided by several considerations, resulting in the set of questions as presented in Tables 2 and 3. First, an approach was preferred that gave young people as much as possible the opportunity to express how they see themselves. While the assessment of gender and sexuality used to be seen as simple – people were either male or female and straight, lesbian, gay, or bisexual – the gender and sexual landscape is rapidly changing and becoming more and more diverse, with new labels and identities expanding the gender and sexual vocabulary. This implies that the assessment of gender and sexual diversity should move away from binary descriptions and do justice to the diversity of experiences that people have. To accomplish this, more answer categories were offered than traditionally is done in similar surveys. Furthermore, participants could express that they identified with none of the provided labels, after which they were invited to present their own gender and sexual identity labels.

Table 2	Survey questions for the assessment of gender diversity[1]
Gender	When you think about yourself, do you see yourself as a boy/man or a girl/woman, or do you use another word to identify your gender? ○ As a boy/man ○ As a girl/woman ○ As trans or transgender ○ Uses other word (If this option was chosen, the interviewer continued with: "If you're comfortable telling me, what word do you use to identify your gender?" ○ Doesn't know ○ NOT SURE (YET) ○ DOES NOT IDENTIFY IN TERMS OF GENDER ○ DOESN'T KNOW WHAT QUESTION MEANS ○ REFUSED TO ANSWER
Sex	What sex were you assigned at birth? ○ Male ○ Female ○ Intersex ○ DOESN'T KNOW WHAT QUESTION MEANS ○ REFUSED TO ANSWER ○ DOESN'T KNOW
Gender role expression	In general, how masculine do you act and behave? ○ Not at all masculine ○ Somewhat masculine ○ Very much masculine ○ Extremely masculine ○ REFUSED TO ANSWER ○ DON'T KNOW In general, how feminine do you act and behave? ○ Not at all feminine ○ Somewhat feminine ○ Very much feminine ○ Extremely feminine ○ REFUSED TO ANSWER ○ DON'T KNOW How do you think other people see you? Would you say other people see you more like a boy/man[2] or do they see you more like a girl/woman[2]? ○ More like a boy/man ○ More like a girl/woman ○ EQUALLY LIKE A BOY/MAN AND A GIRL/WOMAN ○ REFUSED TO ANSWER ○ DON'T KNOW

[1] Not-capitalized response answers were numbered and read to participants. Participants could provide their answer by providing the answer itself or the number of the corresponding answer.
[2] Girl/boy was used if participants were less than 17 years of age; woman/man was if participants were 17 or older.

In terms of *gender identity*, participants were offered "trans" and "transgender" as response categories, in addition to boy/man and girl/woman (in the survey "girl" and "boy" was used in questions for persons below the age of 17 and "woman" or "men" was used in questions for persons 17 years and older). Offering "trans" and "transgender" as options made it easier for participants to disclose their gender status in case it applied to them. Participants who identified as "trans woman" or "trans man" or equivalent labels were able to express this when they indicated that none of the provided gender labels applied to them.

Second, gender and sexuality were assessed with separate sets of questions. Although gender and sexuality are sometimes seen as identical issues and there are indications that they are associated (Bailey & Zucker, 1995; Sandfort, 2005), conceptually, gender and sexuality must be distinguished: *Gender* referring to how one sees oneself or is seen by others in terms of one's gender and *sexuality* referring to the sex or gender one is attracted to or to how one identifies in terms of one's sexuality.

Inclusion of trans response categories is not enough, though, to capture the full diversity of gender identities. For the purpose of this survey, it is critical to be able to distinguish persons whose gender identities align with their sex assigned at birth (whom are considered "cisgender") from persons whose current gender identity differs from the sex they were assigned at birth ("transgender" people). Although these persons identify with a binary gender category, they should be distinguished from persons who are cisgender. For this reason, a question was included about the participants' sex assigned at birth. "Sex assigned at birth" was categorized as female, male, or intersex (Conron, Lombardi, & Reisner, 2014; Reisner, Badgett, & Landers, 2014). Binary gender categories were specified as girl/woman or boy/man.

Separate from participants' gender identity, *gender expression* was assessed to determine whether they behave in line with what is traditionally characteristic of one's gender or whether they differ from that. Gender expression should be distinguished from gender identity. Even though one might behave in ways that expand one's binary category, it does not exclude one from identifying as a girl/woman or a boy/man. Because masculinity and femininity are conceptually independent, assessed persons self-perception on both dimensions were assessed (see Table 2 for the three specific questions asked). Furthermore, because perceptions of oneself do not necessarily correspond with how one is seen by other persons, both were assessed. Participants were categorized as gender conforming or nonconforming based on answers to the three gender expression questions and the sex they were assigned at birth. Participants' assigned sex at birth was used as the referent, because it was expected that other people's expectations of gendered behaviors would be based on participants' assigned sex and not on their current gender identity (Wilson et al., 2014). Female participants were categorized as *gender nonconforming* if they saw themselves as "very much" or "extremely" masculine, or as "not at all" or "somewhat" feminine, or were seen by other people as more like a boy/man. For male participants, a parallel procedure was used. Persons who reported to be assigned "intersex" were categorized as gender nonconforming (if their sexual orientation is informed by the sex assigned at birth, they can not be categorized as "heterosexual").

In terms of *sexuality*, it was decided to assess both attraction and self-identification. Sexual attraction and sexual identity do not always overlap. For instance, some persons who identify as gay or lesbian do also experience attraction to persons of the other sex/gender. There are also persons who see themselves as straight while they also engage in sex with persons of the same gender. Discrepancies between attraction and identification are particularly likely in adolescence when persons are developing their sexual identity (Ott, Corliss, Wypij, Rosario, & Austin, 2011; Rosario, Schrimshaw, Hunter, & Braun, 2006; Saewyc, 2011). To prevent the survey from becoming too intrusive, no questions were asked about the sex/gender of one's sexual partners.

Attraction was assessed by asking whether participants were romantically or sexually attracted to girls/woman and to boys/men. Every participant was separately asked about attraction to girls/women and to boys/men to facilitate the provision of answers that are socially undesirable (i.e., disclosing that one is attracted to persons of the same sex or gender). To facilitate answering the question, participants were offered the options "Yes" and "No" instead of a scale ranging from "Not at all" to "Very much," as is done in other studies (Bos, Sandfort, De Bruyn, & Hakvoort, 2008). To determine whether participants were attracted to the same and/or to the other sex or gender, the participants' sex assigned at birth was used as referent, as was done with the categorization of gender expression (Wilson et al., 2014). Because from a developmental perspective, feelings of same-sex attraction precede identification as lesbian, gay, or bisexual, and because attraction is central to adolescents' sexual orientation, questions about sexual attraction were asked before the question about sexual identity (Coker et al., 2010; Friedman et al., 2004; Saewyc, 2011). Participants' *sexual identity* was asked with the question "How do you see yourself in terms of your sexuality, would you say you are straight, bisexual, gay or lesbian? Or do you use another word to identify your sexuality? It could also be that you don´t know." Based on the formative work, it was expected that many participants would prefer another label, "Queer' and "Pansexual" were programmed as possible answers; these answers were, however, not provided to the participants as response options. Persons who reported to be "Pansexual" were combined with persons who reported being bisexual.

Categorizing persons as LGBTQAI+, based on their responses to the gender and sexuality questions, was straightforward for most of the survey participants. For instance, the gender of a participant who said that she identifies as a girl/woman and was assigned the female sex at birth is "cisgender girl/woman." Similarly, the sexual orientation of a boy/man who reports same-sex attraction or identifies as gay should be categorized as "gay." The categorization of some participants posed a dilemma, though, resulting from the open approach for the assessment of gender and sexuality adopted in this survey. This applies specifically to participants who (1) answered "Don't know" to the gender and sexual identity questions, or (2) provided other identity labels. To address this dilemma, an approach was preferred that stayed as close as possible to both the individuals' experiences and what they reported. Furthermore, a systematic approach was preferred above an arbitrary approach.

Acknowledging that gender and sexual identities are in development during adolescence, it was decided to categorize all participants who answered, "Don't know" to the gender and sexual identity questions as "Questioning" and subsequently in the LGBTQAI+ category. Such a blanket approach is not justified for participants who offered other gender or sexual identity labels, especially because of the growing awareness of "mischievous responders" (Cimpian & Timmer, 2020), participants who mislead researchers by providing untruthful responses and on purpose misrepresent their gender or sexual status. For responses to the *gender identity* question, it was decided to categorize persons as non-cisgender or as part of the "trans"-spectrum, if that was indicated, in one way or another, by their specific response. This applied, for instance, to participants who said: "They them," "Gender fluid," and "Free spirit" (see Section 3 for the actual labels provided). A few participants perceived the gender identity question as a question about their sexual identity and provided other labels such as "Gay," "Bisexual," and "Pansexual." These participants could not be classified as non-cisgender, because these labels do not imply anything about their gender identity. Whether such participants ultimately were categorized as LGBTQAI+ depended upon their responses to the questions about their gender expression, sexual attraction, and sexual identity; in terms of their gender, these youth were considered to be cisgender. Two other answers, "Attack helicopter or apache" and "Nick fan," also do not necessarily imply anything about the participants' gender status; "Attack helicopter" is actually an internet meme used to mock the arbitrariness of defining a person's gender based on their individual preference (Flood, 2020; "I sexually identify as an attack helicopter," N.D.).

A similar procedure was adopted for the participants who provided their own label in response to the question about their *sexual identity* (Table 3). Most of these responses contained a clear indication that the respective participants should be considered as non-heterosexual, and consequently as L, G, B, or Q. This applied to labels such as "Everything," "Heterflexible," "Demi-sexual," "No label," "Free spirit," and "Trysexual." The participants who responded "Asexual" and "Questioning" were also considered to be part of the LGBTQAI+ population. The participants who said "Transgender/transsexual" could not be categorized as non-heterosexual, missing a clear indication of an LGBQ status. Again, whether such participants ultimately were categorized as LGBTQAI+ depended upon their responses to the questions about their gender identity and expression, and their sexual attraction.

Table 3 Survey questions for the assessment of sexual diversity[1]

Sexual attraction	Please tell me, are you romantically or sexually attracted to girls/women[2] ○ Yes ○ No ○ Not sure yet ○ Doesn't know what question means ○ REFUSED TO ANSWER ○ DOESN'T KNOW Please tell me, are you romantically or sexually attracted to boys/men[2] ○ Yes ○ No ○ Not sure yet ○ Doesn't know what question means ○ REFUSED TO ANSWER ○ DOESN'T KNOW
Sexual identity	How do you see yourself in terms of your sexuality, would you say you are straight, bisexual, gay or lesbian? Or do you use another word to identify your sexuality? It could also be that you don´t know. ○ Straight or heterosexual ○ Bisexual ○ Gay ○ Lesbian ○ Other word to describe oneself (If this option was chosen, the interviewer continued with: "If you're comfortable telling me, what word do you use to identify your sexuality?" ○ Doesn't know ○ QUEER ○ PANSEXUAL ○ DOESN'T KNOW WHAT QUESTION MEANS ○ REFUSED TO ANSWER

[1] Not-capitalized response answers were numbered and read to participants. Participants could provide their answer by providing the answer itself or the number of the corresponding answer.
[2] Girl/boy was used if participants were less than 17 years of age; woman/man was if participants were 17 or older.

To determine the proportion of LGBQTAI+ youth in foster care three steps were followed. First, it was decided which youth could be considered as part of the "trans"-spectrum. Youth who are part of the trans spectrum include trans(gender) persons, and gender nonbinary, gender fluid, or gender nonconforming youth, and intersex youth. To determine the proportion of these trans youth, information about the youth's reported gender, their sex assigned at birth, and their gender expression was combined. Youth who questioned their gender identity were categorized as trans. Youth with other gender labels were categorized as trans if the label they provided implied an indication of being nonbinary or nonconforming. Second, it was considered who was LGBQA. To determine this, youth with the following responses to the sexual attraction and sexual identity questions were combined: youth who reported any same-sex attraction or questioned such attraction, and youth who identified as bi- or pansexual, lesbian, gay, or questioning. Youth with other sexual identity labels were categorized as "LGBQA" if the label they provided implied an indication of belonging to this category. Finally, the two categories were combined.

2.3 Survey limitations

A few limitations must be considered. While telephone interviews are an optimal way of reaching participants in a short amount of time, the format allows a small number of questions and the actual questions have to be straightforward. This limits the depth that can be accomplish with questions as well as the range of topics that can be explored. Due to space limitations, it was for instance not possible to probe whether specific events occurred during or before being in foster care. To facilitate the communication by phone, simple answer options had to be provided, while more nuanced options would have been preferred. Although it would be preferable to assess several topics with reliable scales containing a series of items measuring the same concept, this was not possible in this context. This negatively affects the reliability and validity of most assessments; one-item assessments of complex topics is usually considered as less reliable than full scales. Furthermore, even though measures were taken to promote honest responses, it cannot be ruled out that some youth might have provided answers that put them in a more favorable light. Finally, this survey could only cover a limited range of topics. For instance, actual legal permanency outcomes (reunification, guardianship, and adoption) were outside the scope of this survey.

Unless indicated otherwise, data reported in the subsequent sections are based on the youth's responses to the survey questions

3. GENDER AND SEXUAL DIVERSITY AMONG YOUTH IN FOSTER CARE

This section summarizes the youths' answers to questions about their gender and sexuality status. In reviewing these findings, it is important to consider that most youth are still developing their gender and sexual identities. This implies that some participants might not (yet) have had the vocabulary to express who they are in terms of their gender and sexuality, and, also, that their answers should not be considered to be static. It is known from various studies that gender and sexual identities are still in flux at this age (Ott et al., 2011; Rosario et al., 2006). All percentages reported here have been weighted; actual numbers are unweighted.

3.1 Gender, based on reported gender identity and sex assigned at birth

Table 4 summarizes the youths' responses to the questions about their gender and the sex they were assigned at birth. Most of the participants were cisgender men or women (92.2%). Substantial proportions, though, were trans or transgender (3.5%) or questioning (2.2%). One of the two persons who were assigned intersex reported their gender identity as "girl/woman"; the other person reported their gender identity as "Don't know." Of note, none of the participants refused to answer the question about gender identity. None of the participants chose the options "Not sure yet," "Does not identify in terms of gender," or "Does not know what the question means."

Table 4	Gender diversity among youth in New York City foster care	
52.7%	Cisgender women	Persons who identify their gender as "Girl/woman" and who reported to have been assigned female sex at birth.
39.5%	Cisgender men	Persons who identify their gender as "Boy/man" and who reported to have been assigned male sex at birth.
3.5%	Trans(gender) persons	Persons who identified their gender as "Trans" or "Transgender" and persons whose reported gender identity differs from the sex they were assigned at birth. Of these persons, 13 were assigned female sex at birth and 7 male sex. In terms of gender identity, 4 identified as girl/woman, 10 as boy/man, and 6 as trans(gender).
2.2%	Questioning persons	Persons who answered "Don't know" to the question about their gender identity. Of these persons, 9 were assigned female sex at birth and 4 male sex. One person refused to answer the question about sex assigned sex at birth.
1.8%	Persons with other labels	Persons who did not identify with any of the gender labels offered and volunteered their own label. Labels used by persons assigned female sex, included: bisexual (2x), free spirit, human being, nick fan, nonbinary, they them). Among persons assigned male sex, these labels included: gender fluid, attack helicopter or Apache, gay, myself, pansexual.
0.4%	Intersex persons	Persons who indicated that they were identified at birth as intersex. One person reported their current gender identity as girl/woman. The other person answered "Don't know" to the question about gender identity.

3.2 Gender nonconformity and its relation to gender orientation

Of all youth, 7.9% can be considered nonconforming in their gender expression (Figure 1). This means that these persons either (1) thought that other people perceived them as (more) like another gender/sex; and/or (2) saw themselves as less like their own sex and more like the other sex. Whether youth was gender nonconforming is associated with their gender orientation (Chi-Square = 667.56, $p < .000$). As to be expected, gender nonconformity is the lowest under cisgender women and men (8.5% and 3.1%, respectively), and much higher among: (1) trans(gender) persons (86.1%); (2) persons who, in terms of their gender, are questioning (28.6%); and (3) persons who provided another label for their gender (40.0%).

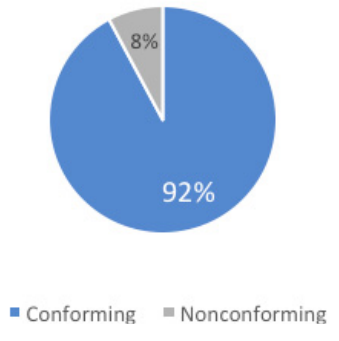


Figure 1: Gender conforming and nonconforming youth in foster care

3.3 Sexual attraction

Tables 5 and 6 present the participants' combined responses to the questions about sexual attraction for female and male youth, respectively. The tables show that most of the youth are attracted to the other sex only (60.5% and 78.8% of the persons assigned female sex and male sex, respectively). The second largest group seems to consist of persons attracted to persons of both, the other sex and the same sex (16.6% and 3.5% of the persons assigned female sex and male sex, respectively). The third group is attracted exclusively to persons of their own sex (6.8% and 6.0% of the persons assigned female sex and male sex, respectively). The two intersex persons and the person who refused to answer the question about assigned sex at birth were excluded from these tables.

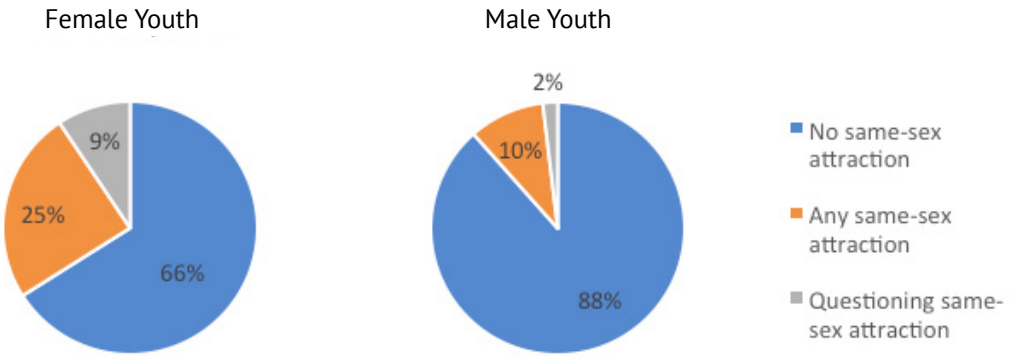
With reporting "any same-sex attraction" as the starting point of categorization, the figures result in the following distribution. For persons assigned female sex at birth: 24.5% reported any same-sex attraction and 9.5% was questioning their same-sex attraction. For persons assigned male sex at birth: 9.8% reported any same-sex attraction and 1.8% was questioning their same-sex attraction. As Figures 2 and 3 illustrate, persons assigned female and male sex at birth differ in terms of the prevalence of same-sex attraction: Female persons were more likely to experience any same-sex attraction or questioning same-sex attraction than male persons (Chi square = 148.32, $p < .000$).

Table 5 **Sexual attraction to girls/women and boys/men for persons assigned the female sex at birth in New York City foster care (percentages of the total sample)**

	TO BOYS/MEN:					
TO GIRLS/WOMEN:	**Yes**	**No**	**Not sure yet**	**Don't know meaning of question**	**Refused**	**Total**
Yes	16.6	6.8	0.9	0.0	0.0	24.2
No	60.5	2.5	1.2	0.9	0.0	65.1
Questioning	5.8	1.2	2.4	0.0	0.0	9.3
Don't know meaning of question	0.7	0.2	0.2	0.2	0.0	1.3
Refused	0.0	0.0	0.0	0.0	0.0	0.0
Total	83.6	10.7	4.6	1.2	0.0	100.0

Table 6 **Sexual attraction to girls/women and boys/men for persons assigned the male sex at birth in New York City foster care (percentages of the total sample)**

	TO BOYS/MEN:					
TO GIRLS/WOMEN:	**Yes**	**No**	**Not sure yet**	**Don't know meaning of question**	**Refused**	**Total**
Yes	3.5	78.8	1.2	0.0	0.6	84.8
No	6.0	0.7	0.2	0.7	0.0	6.9
Questioning	0.0	3.6	0.0	0.0	0.0	3.6
Don't know meaning of question	0.0	2.2	0.4	0.6	0.3	3.6
Refused	0.0	0.3	0.0	0.0	0.8	1.2
Total	9.4	85.6	1.8	1.4	1.8	100.0



Figures 2 and 3: Sexual attraction in female and male youth

3.4 Sexual identity and its relation to sexual attraction

Table 7 summarizes the youths' responses to the question about their sexual identity, showing most participants identified as heterosexual or straight (see also Figure 4). Of note, no participant responded "Queer," "Not sure," or "Doesn't know what question means" in response to the question about sexual identity. One person refused to answer this question.

Table 7	Sexual diversity among youth in New York City foster care
73.4%	Heterosexual/straight
13.5%	Bi- or pansexual
5.6%	Lesbian or gay
4.8%	Questioning[1]
2.7%	Other labels[2]

[1] Persons who answered "Don't know" to the question about their sexual identity.
[2] Other labels used: asexual (4x), demisexual, questioning, identify, no label, trysexual (among cisgender women); asexual, heterflexible (among cisgender men); questioning, transsexual, transgender (2x) (among trans and transgender persons); everything, free spirit (among persons who reported another gender identity). Parallel to the gender identity question, some participants understood the sexual identity question as being about their gender identity.

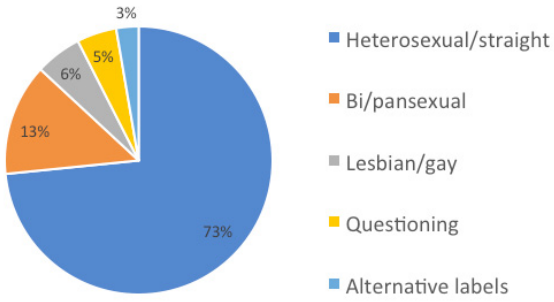


Figure 4: Sexual identities among youth

As Table 8 shows, the occurrence of same-sex attraction is, as would be expected, strongly associated with the sexual identity that the youth reported (Chi-Square = 1753.39, $p < .000$). The Table also shows that there are some seeming inconsistencies between reported attraction and identity. For instance, some youth identified as lesbian or gay, but also reported not to experience same-sex attraction. Notable is also that the largest proportions of youth that are not sure yet about whether they experience same-sex attraction are among the questioning youth and the youth that provided another label to the ones that were offered.

Table 8 Sexual identity and same-sex attraction (row percentages)

	Any same-sex attraction	Same-sex questioning	No same-sex attraction
Heterosexual/straight	1.9	2.9	95.2
Bi/pansexual	79.6	13.3	7.0
Lesbian/gay	87.3	4.8	7.9
Questioning	8.0	37.5	54.5
Other label	42.1	21.1	36.8

3.5 Sexual and gender identity

As the Table 9 and Figures 5 to 9 illustrate, sexual identities are differently distributed across the youth. Most of the cisgender women and men identify as heterosexual/straight (65.9% and 91.4%, respectively). Almost half of the trans(gender) persons identify as heterosexual/straight (47.7%).

Table 9 Sexual identity by gender identity (row percentages)

	Heterosexual/ straight	Bi/pansexual	Lesbian/gay	Questioning	Other sexual identity label
Cisgender women	65.9	19.7	6.5	5.1	2.9
Cisgender men	91.4	1.6	2.7	3.6	0.7
Trans(gender) persons	47.4	19.2	7.7	7.7	17.9
Gender questioning	38.8	40.8	12.2	8.2	0.0
Other gender label	10.3	43.6	33.3	0.0	12.8
Intersex	0.0	40.0	0.0	60.0	0.0

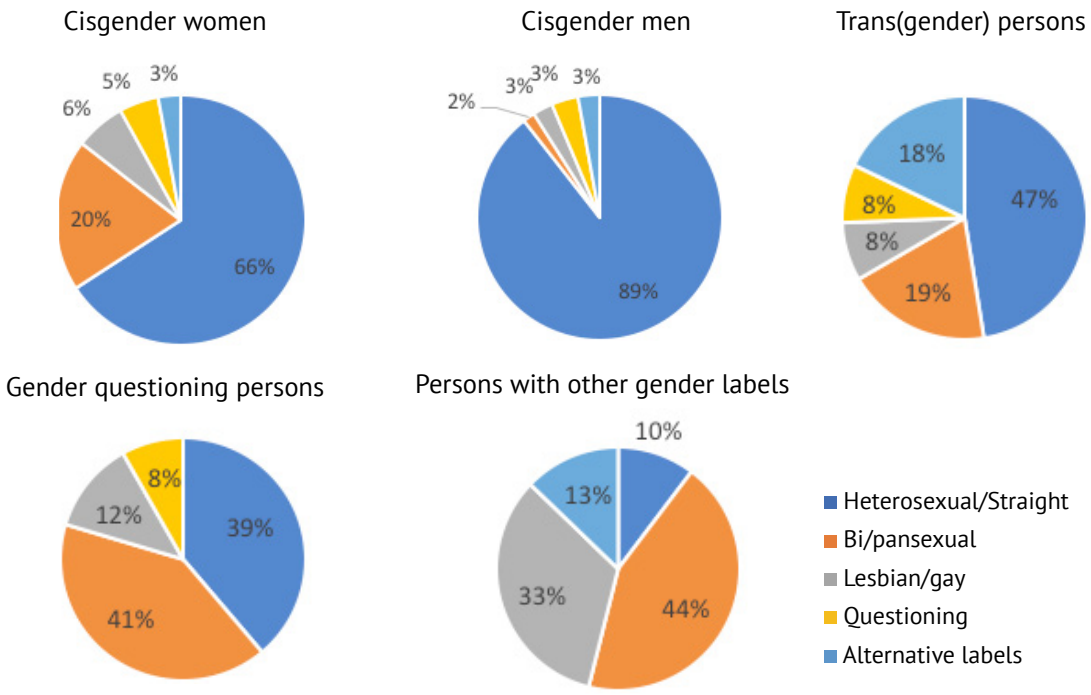


Figure 5 to 8: Sexual identities for youth with various gender identities

3.6 The LGBQTAI+ population and its demographic characteristics

About one out of eight young people in New York City foster care system can be considered to be trans or gender nonbinary. This includes trans(gender) persons, and gender nonbinary, gender fluid, or gender nonconforming youth, and intersex youth. To determine this, information was combined about the youth's reported gender, their sex assigned at birth, and their gender expression. This category also includes youth who questioned their gender identity and youth with other gender labels if these labels implied an indication of being nonbinary or nonconforming.[7]

Close to a third of the young people in New York City foster care can be considered LGBQA (30.1%). This includes persons who reported any same-sex attraction or questioned such attraction, and youth who identified as bi- or pansexual, lesbian, gay, or questioning. Youth with other sexual identity labels were categorized as "LGBQA" if the label they provided implied an indication of belonging to this category.[8]

The two categories combined, the proportion of LGBTQAI+ youth is 34.1% (one person could not be classified due to missing values). As Figure 9 illustrates, the trans and LGBQAI categories are not completely overlapping: 30.6% of the trans youth is not LGBQA and 24.1% of the LGBQA is not trans (this figure does not include the two intersex persons because their sexual status could not be determined).

[7] Youth that provided the labels "Gender fluid," "They/them," "Free spirit," "Myself," and "Human being" were considered "trans"; youth with the remaining labels were categorized according to their assigned sex at birth.
[8] Youth that provided the labels "Questioning," "Asexual," "Identify," "Everything," "No label," "Heterflexible," "Trysexual," and "Free spirit" were considered LGBQA+ youth; youth with the remaining labels were considered non-LGBQA+.

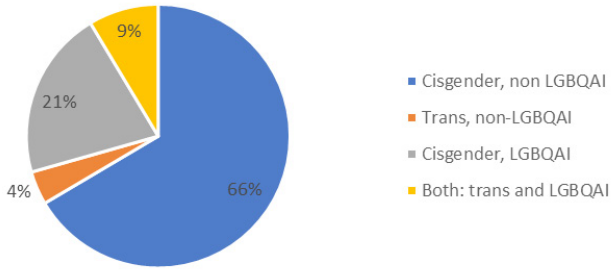


Figure 9: Gender and sexual diversity among youth New York City foster care

In terms of their demographic background, LGBTQAI+ youth differed from non-LGBTQAI+ youth in various ways (Table 10). In line with the eligibility criteria, the age of the youth interviewed for this survey ranged from 13 to 21 years. The mean age of all participants was 16.6 years. LGBTQAI+ youth were significantly older that non-LGBTQAI+ youth, although the difference was small (16.8 versus 16.5 years).

In terms of race, most of the youth, 57.5%, reported being African American or Black. A relatively large group, 18.3% percent reported being of more than one race. Only 15.6% of all youth reported to identify as White. The racial composition of the LGBTQAI+ youth was significantly different from that of non-LGBTQAI+ youth. Inspection of the statistical results showed that among the LGBTQAI+ youth there were slightly more youth than among the non-LGBTQAI+ youth who identified as American Indian or Alaskan Native (5.2% and 3.1%, respectively). Among the non-LGBTQAI+ youth there were slightly more who identified as White (17.1% versus 13.8%). The other differences in racial background between LGBTQAI+ youth and non-LGBTQAI+ youth were not significant.

In terms of ethnicity, about two out of five youth reported to identify as Latinx (40.8%). Significantly more LGBTQAI+ youth than non-LGBTQAI+ youth identified as Latinx (43.9% versus 39.4%).

The primary language of most of the youth, regardless of their gender or sexual status, was English. Differences between LGBTQAI+ youth and non-LGBTQAI+ youth were not significant.

In terms of their migration status, 14.9% of the youth were born outside of the United States; the small difference between LGBTQAI+ youth and non-LGBTQAI+ youth was not significant. Biological parents of the youth were more likely born outside of the United States than their children: 32.8% of the mothers and 32.7% of the fathers; fathers of LGBTQAI+ youth were significantly less likely to have been born outside of the United States compared to fathers of non-LGBTQAI+ youth (31.6% versus 40.0%, respectively); for mothers, these differences were not significant.

Most of the youth, 84.0%, were still at school, regardless of their gender or sexual status.

Table 10 Demographic characteristics by gender and sexual status

	LGBTQAI+	Non-LGBTQAI+	t-test/ Chi-Square
Age (in years); mean (standard deviation)	16.8 (2.05)	16.5 (2.19)	-3.15, p = .002
Race			11.60, p = .041
African American/Black	58.1%	57.0%	
American Indian or Alaskan Native	5.2%*	3.1%*	
Asian	2.2%	3.3%	
Native Hawaiian or Pacific Islander	1.5%	1.6%	
White	13.8%*	17.1%*	
More than one race	19.3%	17.9%	
Latinx	43.9%	39.4%	4.22, p = .040
Primary language			1.53, p = .465
English	96.3%	96.7%	
Spanish	2.5%	2.6%	
Other	1.2%	0.7%	
Born outside the U.S.	13.8%	15.5%	1.14, p = .285
Mother born outside the U.S.	35.2%	31.5%	2.96, p = .085
Father born outside the U.S.	31.6%	40.0%	12.71, p < .000
Currently in school	82.1%	84.9%	2.81, p = .094

* For variables with more than two response categories, all percentages with an asterisk are significantly (p < .05) higher or lower than to be expected based on the marginal totals.

4. PLACEMENT IN FOSTER CARE

There were several differences between LGBTQAI+ and non-LGBTQAI+ youth related to characteristics of their placement in foster care (Table 11). The mean age at which youth reported to have entered foster care was 11.3 years and ranged from 0 to 18 years. LGBTQAI+ youth entered foster care on average at an older age than non-LGBTQAI+ youth (12.0 versus 11.0 years, respectively). This is confirmed by administrative data, which showed that the mean age of the current placement (which might differ from their date of entry in foster care) was 13.3 years for the LGBTQAI+ youth and 12.5 years for the non-LGBTQAI+ youth.

The number of placements that youth reported to have had since they entered foster care, including placements with relatives, varied. The majority of youth had only one or two placements (26.0% and 21.2%, respectively); 8.6% of the youth reported not to know how many placements they have had. According to their self-reports, the number of placements did not differ significantly between LGBTQAI+ and non-LGBTQAI+ youth. Youth also did not differ in terms of whether they were ever placed with a relative.

These findings align with the administrative data, which indicated that the number of foster care spells (episodes of out-of-home care that includes a start and an end date; each spell can consist of one or more consecutive placements) also did not differ between LGBTQAI+ and non-LGBTQAI+ youth. Within the youth's current spell, the total moves from placement to and did differ between LGBTQAI+ and non-LGBTQAI+ youth, with LGBTQAI+ youth having on average more placements in their current spell than non-LGBTQAI+ youth. The difference between the self-reported data and the administrative data could be explained by the different time frame. The question asked to youth in the survey referred to their lifetime number of placements, whereas the administrative data only refer to their current spell. In addition, it is possible that reports of some youth are less accurate.

Most of the youth reported currently being placed in a foster home (51.7%); among those, 31.1% reported to live with a family member or relative. The youth's reports about their current placement overlapped for the

most part with the available administrative data; there were, however, some discrepancies, which might result from the youth's reports being more up to date. The current placement differed for LGBTQAI+ and non-LGBTQAI+ youth. LGBTQAI+ youth reported significantly more often that they were placed in group homes, on a residential campus, or in another setting (respectively 17.6%, 11.5%, and 2.3% in LGBTQAI+ youth versus 12.8%, 7.8%, and 1.0% in non-LGBTQAI+ youth). Non-LGBTQAI+ youth, on the other hand, were significantly more likely to be placed in a foster home or with a family member or a relative than LGBTQAI+ youth (24.8% and 53.5% versus 20.2% and 48.4%). Combining these responses and excluding participants who reported "other," LGBTQAI+ youth were more likely to be placed in residential care (including group homes) and less likely in family-based care compared to non-LGBTQAI+ youth: 29.3% of the LGBTQAI+ youth versus 20.8% of the non-LGBTQAI+ youth were in residential care and 70.1% of the LGBTQAI+ youth versus 79.2% of the non-LGBTQAI+ youth were in family-based care (Chi square = 21.87, $p < .000$). Among youth in family-based care, LGBTQAI+ youth were as likely as non-LGBTQAI+ youth to live with a family member or relative (31.0%; Chi square = 0.86, $p = .354$).

There are differences between LGBTQAI+ and non-LGBTQAI+ youth in terms of the way they experienced their current placement. Overall, 15.1% of the youth would choose to be placed in another setting than their current setting; in this respect, LGBTQAI+ youth and non-LGBTQAI+ youth did not differ. However, they did differ significantly in terms of the level of satisfaction with their current placement. Asked to indicate their satisfaction on a scale from 1 to 10, LGBTQAI+ youth scored on average 7.91, whereas non-LGBTQAI+ youth scored 8.31. Associated with the youth's satisfaction with their current placement, was the sense of control they felt over their life ($r = .25$, $p < .000$). Asked "Do you feel that you have some control over your life in foster care, or do other people determine what happens to you?," 25.1% said that other people mostly determine what happens to them. LGBTQAI+ youth said this more frequently than non-LGBTQAI+ youth (32.5% versus 21.3%). Also associated with level of satisfaction, was how often youth had heard staff or other people refer to them as "hard to place" ($r = -.21$, $p < .000$). LGBTQAI+ youth said that they had heard this more frequently than non-LGBTQAI+ youth (30.6% versus 23.8%).

ACS registers the youth's absences because of hospitalization, absences without permission, and absences for other reasons. These administrative data showed that for most youth, no such absent days were registered: 74.6% of all youth had no hospital days; 67.1% of all youth had no days absent without permission; and 59.8% of all youth had no absent days for other reasons. There was only a significant difference between LGBTQAI+ and non-LGBTQAI+ youth regarding absence without permission: 39.9% of the LGBTQAI+ versus 29.2% of the non-LGBTQAI+ youth had been absent without permission for one day or more.

For those youth who had been absent for the various reasons, the actual number of days that they were absent varied widely, partly caused by a few extreme cases. The median number of days of absence due to hospitalization was 19; the median number of days of leave without permission was 28; the median number of days of absence for other reasons was 25. These median number of absent days differed between LGBTQAI+ youth and non-LGBTQAI+ youth as follows. Absences because of hospitalization: 15 days for LGBTQAI+ youth and 20 days for non-LGBTQAI+ youth; absences without permission, 31 days for LGBTQAI+ youth and 24 days for non-LGBTQAI+ youth; absences for other reasons 26 days for LGBTQAI+ youth and 25 days for non-LGBTQAI+ youth.

To test whether the differences in number of absence days were statistically significant, the data were first log-transformed to correct for the fact that the distributions were highly skewed; in addition, a correction was included for the length of the youth's current spell in foster care, because the number of absent days is likely associated with the length of their stay. The differences for absences because of hospitalization and absences for other reasons were not significant. However, the mean number of absent days without permission was significantly higher for LGBTQAI+ youth than for non-LGBTQAI+ youth.

Table 11 Foster care and placement characteristics by gender and sexual status

	LGBTQAI+	Non-LGBTQAI+	t-test/ Chi-Square/F
Data reported by the youth			
Age of entering foster care; mean (standard deviation)	12.0 (4.23)	11.0 (4.68)	-5.10, $p < .000$
Number of placements (including those with relatives); mean (standard deviation)[1]	3.67 (3.30)	3.83 (4.95)	0.76, $p = .450$
Ever placed with relative other than biological mother or father	50.6%	52.3%	0.55, $p = .456$
Current placement (self-reported)[2]			28.31, $p < .000$
With family member or relative	20.2%*	24.8%*	
In foster home	48.4%*	53.5%*	
In group home	17.6%*	12.8%*	
Residential campus	11.5%*	7.8%*	
Other[3]	2.3%*	1.0%*	
Would prefer to be placed in another setting	14.7%	15.4%	0.20, $p = .652$
Satisfaction with current placement (1 = not satisfied – 10 = very satisfied); mean (standard deviation)	7.91 (2.64)	8.31 (2.44)	3.46, $p = .001$
Feeling no sense of control and that other people mostly determine what happens to them	32.5%	21.3%	32.91[4], $p < .000$
Having heard being "hard to place" (rarely to very often)	30.6%	23.8%	28.42, $p < .000$
Administrative data			
Age entering foster care in years; mean (standard deviation)	13.3 (2.94)	12.5 (3.62)	-5.54, $p < .000$
Time in foster care in months; mean (standard deviation)	41.4 (33.69)	46.8 (39.78)	3.38, $p = .001$
Total number of foster care spells[5]			3.65, $p = .161$
1	73.4%	69.8%	
2	21.1%	23.3%	
3 - 5	5.5%	6.9%	
Number of moves in the current spell; mean (standard deviation)[5]	0.463 (0.340)	0.446 (0.342)	9.88, $p = .002$
One or more days absent because of hospitalization	27.0%	24.4%	1.90, $p = .168$
Number of days absent because of hospitalization; mean (standard deviation)[5]	0.326 (0.631)	0.318 (0.662)	2.90, $p = .089$
One or more days absent without permission	39.9%	29.2%	26.39, $p < .000$
Number of days absent without permission; mean (standard deviation)[6]	0.617 (0.888)	0.420 (0.752)	28.94, $p < .000$
One or more days absent for other reasons	39.6%	40.3%	0.10, $p = .752$
Number of absent days for other reasons; mean (standard deviation)[6]	0.558 (0.826)	0.570 (0.810)	0.39, $p = .534$

[1] Youth who answered "Don't know" were excluded; the number of placements, as reported by the youth, ranged from 1 to 55.
[2] For variables with more than two response categories, all percentages with an asterisk are significantly ($p < .05$) higher or lower than to be expected based on the marginal totals.
[3] Of the nine participants who reported "other," four lived independently, three lived in a college dorm, and one answered, "the projects."
[4] Chi-square calculated based on the whole scale (1 = never – 5 = very often).
[5] Spell: an episode of out-of-home care that includes a start and an end date; each spell can consist of one or more consecutive placements (range 0 to 22).
[6] Analysis conducted on weighted, log-transformed values, controlling for length of stay in foster care.

5. SOCIAL CONNECTIONS

The frequency with which youth were seeing members of their family, regardless of whether they lived with them, varied from daily to never. "Family members" was widely defined and included biological mother, father, siblings, aunts and uncles, and grandparents. As Table 12 shows, the frequency with which one or more family members were seen differed between LGBTQAI+ youth and non-LGBTQAI+ youth. Differences that were statistically significant concerned the category every two weeks to monthly which was more frequently reported by LGBTQAI+ youth than by non-LGBTQAI+ youth, and "never," which was more frequently reported by non-LGBTQAI+ youth than by LGBTQAI+ youth. Among those youth who had at least some contact with family members (84.6% of the total sample), 59.3% reported that they considered these family members to be very supportive; 31.5% considered them somewhat supportive; and 9.2% considered them not supportive at all. The frequency of seeing one or more family members was positively associated with the level of support the youth experienced from family members ($r = .28, p < .000$). While LGBTQAI+ youth were more likely than non-LGBTQAI+ youth to be in touch with family members, LGBTQAI+ youth were less likely than non-LGBTQAI+ youth to report that these family members were very supportive (52.0% versus 63.3%).

In addition to relationships with family members, it was explored whether there were other adults in the lives of the youth whom they could rely on and whom they felt supported by. A significantly lower proportion of LGBTQAI+ youth said that there were such adults, compared to non-LGBTQAI+ youth (78.8% versus 83.5%).

Table 12 Contact with family members and supportive adults by gender and sexual status

	LGBTQAI+	Non-LGBTQAI+	Chi-Square
Frequency of seeing one or more family members[1]			33.52, $p < .000$
Weekly or more frequent	41.5%	44.8%	
Every two weeks to monthly	32.0%*	21.7%*	
Less than monthly (but not never)	14.2%	16.2%	
Never	12.3%*	17.3%*	
Has very supportive family members[2]	52.0%	63.3%	24.02, $p < .000$
Has an adult in their life, other than a family member, whom they can rely on and who supports them	78.8%	83.5%	7.31, $p = .007$

[1] Original answer categories (daily, weekly, every 2 weeks, monthly, less than monthly, never) were combined for ease of understanding; Chi-square was calculated on original scores.
[2] Question was only asked from youth who reported to have at least some contact with family members. Original response options were "very supportive," "somewhat supportive," "not at all supportive"; the reported Chi-square was calculated on original scores.
* For variables with more than two response categories, all percentages with an asterisk are significantly ($p < .05$) higher or lower than to be expected based on the marginal totals.

6. YOUTH WELL-BEING

Youth were asked several questions about experiences that might negatively affect their sense of well-being. Without making a connection to their gender or sexual identity status, youth were asked about having been homeless and about negative encounters with the police. In terms of homelessness, youth were asked: "Have you ever been homeless after being kicked out of home or running away?" If a further explanation was needed, youth were told: "By homeless, I mean that you did not have a place to sleep at night that is intended for regular use or living? This would include couch surfing." No timeframe was specified. Overall, 20.8% of the youth reported having had such experience (Table 13). Significantly more LGBTQAI+ youth than non-LGBTQAI+ youth reported having had such experiences (23.3% versus 19.5%, respectively).

Negative encounters with the police were assessed with the following question: "Have you ever been harassed, been picked up, or arrested, by the police because they thought you were doing something wrong?" Overall, 19.7% of the youth reported having had such experiences. Again, significantly more LGBTQAI+ youth than non-LGBTQAI+ youth reported having had such experiences (24.1% versus 17.5%, respectively). When youth had been homeless, they were also more likely to have had negative encounters with the police (Chi square = 340.14, $p < .000$); 10.4% of all youth reported having had both experiences.

Youth were asked two questions about risk factors for their well-being related to behaving differently than what outsiders would expect based on their assigned sex at birth: (1) "Have you ever been criticized for dressing too feminine/too masculine?" and (2) "Have you ever been criticized for behaving too much like a (boy/man)/(girl/woman)?" Sex assigned at birth was chosen as reference point; "boy/girl" was used for participants up to 18 years of age and "men/woman" was used for participants 18 years and older. Overall, 10.2% of all youth reported to have been criticized for dressing like a person of the other sex. A similar proportion (10.6%) said that they had been criticized for behaving too much like someone of the other sex. These experiences were also highly associated (Chi square = 652.67, $p < .000$): 6.1% of all youth reported to have had both experiences. Both experiences were reported much more frequently by LGBTQAI+ youth compared to non-LGBTQAI+ youth. Of the LGBTQAI+ youth, 20.3% said that they had been criticized for dressing like a person of the other sex and 22.0% said they had been criticized for behaving too much like someone of the other sex; for non-LGBTQAI+ youth, these percentages were 4.9% and 5.0%, respectively.

The youth's sense of well-being was assessed with four questions. Two questions came from the PHQ-2, a validated screener for detecting major depression (Richardson et al., 2010) and assessed the presence of depressive symptoms ("having been bothered by having little interest or pleasure in doing things" and "having been bothered by feeling down, depressed, or hopeless"); participants were asked to indicate how often they had had such feelings in the past two weeks (not at all, several days, more than half the days, and nearly every day). Two other questions, adopted from the Life Orientation Test (Creed, Patton, & Bartrum, 2002) assessed the participants' general sense of hopefulness. One item was positively worded while the other one was negatively worded ("I'm always hopeful about my future" and "I hardly ever expect things to go my way"); participants were asked to indicate their agreement on a 5-point scale (1 = strongly disagree – 5 = strongly agree).

Overall, over a third (38.4%) of the participants reported to have felt bothered by having little interest or pleasure in doing things at least several days in the preceding two weeks. A somewhat smaller proportion (32.4%) reported to have been bothered by feeling down, depressed, or hopeless. As Table 13 illustrates, depressive feelings were more frequently reported by LGBTQAI+ youth compared to non-LGBTQAI+ youth. LGBTQAI+ youth had been more frequently bothered by having little interest or pleasure in doing things and feeling down, depressed, or hopeless (51.8% and 31.5%, respectively, versus 31.5% and 27.6% in non-LGBTQAI+ youth).

Of all participants, 36.9% (strongly) agreed with the statement "I hardly ever expect things to go my way" and 5.5% (strongly) disagreed with the statement "I'm always hopeful about my future." Here LGBTQAI+ youth differed as well from non-LGBTQAI+ youth. LGBTQAI+ youth were more likely than non-LGBTQAI+ youth to agree with the statement that they hardly ever expect things to go their way (43.0% versus 33.7%, respectively). Similarly, LGBTQAI+ youth were more likely than non-LGBTQAI+ youth to disagree with the statement that they are always hopeful about their future (9.4% versus 3.5%, respectively).

Table 13 Risk factors and mental health by gender and sexual status

	LGBTQAI+	Non-LGBTQAI+	Chi-Square
Ever been homeless after being kicked out of home or running away	23.3%	19.5%	4.41, $p = .036$
Ever been harassed, picked up, or arrested by the police	24.1%	17.5%	13.70, $p < .000$
Ever been criticized for dressing not in line with their perceived gender	20.3%	4.9%	130.46, $p < .000$
Ever been criticized for behaving too much like the other sex	22.0%	5.0%	151.53, $p < .000$
Bothered by having little interest or pleasure in doing things, several days to nearly every day in last two weeks[1]	51.8%	31.5%	88.93, $p < .000$
Bothered by feeling down, depressed, or hopeless, several days to nearly every day in last two weeks[1]	41.9%	27.6%	51.02, $p < .000$
Hardly ever expects things to go their way (agrees or strongly agrees)[2]	43.0%	33.7%	49.57, $p < .000$
Is always hopeful about their future (disagrees or strongly disagrees)[2]	9.4%	3.5%	36.79, $p < .000$

[1] For clarity, scores have been dichotomized; percentage reported indicate the proportion of persons who reported to have had the respective feelings several days, more than half the days, and nearly every day; Chi-square was calculated on original scores.
[2] For clarity, scores have been dichotomized; percentage reported indicate the proportion of persons who either agreed and strongly agreed with the statement or disagreed or strongly disagreed with the statement; Chi-square was calculated on original scores.

7. FASP Data

In addition to data from the survey and the administrative data presented above, LGBTQAI+ youth were compared with non-LGBTQAI+ youth on data that are part of the Comprehensive Family Assessment and Service Plan (FASP; New York State Office of Children and Family Services, 2016). The FASP is the tool New York State uses for assessments and developing case plans for youth in foster care. These data include information about the family background and about the youth themselves and are first collected at the intake of new cases and subsequently updated every other 6 months. and. This information is collected by social workers from the private providers that manage and oversee the youth's placements. Regarding the youth's family, this information includes parental resources (e.g., ability to cope with stress, readiness to change, problem solving skills), characteristics of the relationship of the parents with the child (e.g., acceptance, supervision, discipline), parental background (e.g., physical and mental health, substance use, criminal history). For the youth, this information includes academic performance, substance use, physical and mental health status, and relationship with the family.

An exploration of differences in these FASP data between LGBTQAI+ youth and non-LGBTQAI+ youth, resulted in only a few differences. Given the number of comparisons that were made, these few statistically significant differences likely must be attributed to chance. For that reason, they are not presented here (see for a discussion Section 8).

8. SUMMARY OF FINDINGS AND IMPLICATIONS FOR POLICY AND PRACTICE

8.1 Summary of major findings

Based on the findings of this survey, it can be concluded that over one out of three youths (34.1%), ages 13 to 21 years, in foster care in New York City is LGBTQAI+. This label covers a diverse group of youth who have in common that in terms of their gender and sexuality, they differ from the majority of youth who are cisgender, gender conforming, and heterosexual. LGBTQAI+ youth differed from the non-LGBTQAI+ youth in terms of their demographic background. On average, LGBTQAI+ youth were slightly older, somewhat more likely to identify as American Indian or Alaskan Native and less likely to identify as White, and, in terms of their ethnicity, more likely to identify as Latinx. In terms of migration status, fathers of LGBTQAI+ youth were less likely to have been born outside of the United States compared to fathers of non-LGBTQAI+ youth. While these findings reflect statistically significant differences, it is important to stress that the differences were not large.

There were several differences between LGBTQAI+ and non-LGBTQAI+ youth related to characteristics of their placement in foster care. On average, LGBTQAI+ youth entered foster care at an older age. There did not seem to be differences in terms of the total number of placements, although administrative data indicate that within their current spell, LGBTQAI+ youth has on average more placements than non-LGBTQAI+ youth. In terms of their current placement, LGBTQAI+ were less likely in a foster home with a family member or a relative and more likely to be placed in group homes, on a residential campus. LGBTQAI+ youth were less satisfied with their current placement than non-LGBTQAI+ youth. LGBTQAI+ youth were more likely to say that they did had no control over what happened to them in foster care. They also more often had heard other people refer to them as "hard to place." LGBTQAI+ youth had been absent without permission for more days than non-LGBTQAI+ youth, while these numbers did not differ for hospital-related and other absences.

While LGBTQAI+ youth were more likely to be in touch with family members, they saw them less frequently. Furthermore, LGBTQAI+ youth experienced family members as less supportive than non-LGBTQAI+ youth did. Fewer LGBTQAI+ youth reported that there were adults in their lives, other than family members, whom they could rely on and whom they felt supported by.

LGBTQAI+ youth were more likely to have been homeless and to have had negative confrontations with the police. In addition, LGBTQAI+ youth were more likely to have been criticized for behaving and for dressing too much like the other sex. These risk factors were associated with differences in well-being. LGBTQAI+ youth reported to experience more depressive symptoms and fewer feelings of optimism.

8.2 Proportion of LGBTQAI+ youth in New York City foster care

The proportion of LGBTQAI+ youth in New York City foster care, observed in this survey, is larger than similar proportions among youth in general. For instance, in the national 2017 Youth Risk Behavior Surveillance (YRBS), 14.6% identified as non-heterosexual (Kann et al., 2018); 2.4% identified as gay or lesbian, 8.0% identified as bisexual, and 4.2% was not sure about their sexual identity. Because the YRBS only assesses participants' sex, no information about gender identity or gender expression exist. The figures from the YRBS for New York State show that 20.1% identified as non-heterosexual (3.3%

identified as gay or lesbian, 8.4% identified as bisexual, and 8.4% was not sure about their sexual identity). The 2017 YRBS data for New York City showed a larger proportion of 24% persons that did not identify as heterosexual (this includes 9% of persons who did not identify as heterosexual, bisexual, gay, lesbian, or unsure) (Yoon et al., 2019). The YRBS for New York City did include a question about gender identity, indicating that 3% of the youth identified as transgender or where not sure if they were transgender.

The proportion of LGBTQAI+ youth in foster care observed in the current survey is higher than the proportion observed in Los Angeles, which was 19% (Wilson & Kastanis, 2015), and comes closer to the 30.4% reported by Baams et al. (2019) among 10- to 18-year old students in foster care in California.

When reviewing these proportions, a few things should be considered. Most importantly, these data offer a snapshot; it is known that specifically sexual orientation, including identification, is not static, especially in this age group, in which sexual identity is in development. It has been documented that people change, in different directions (Ott et al., 2011; Rosario et al., 2006). Youth who are questioning now, do not necessarily become LGBTQAI+. Asexual persons could become sexually active, with people of the same or the other gender.

Furthermore, the various comparisons are affected by the fact that the studies vary widely in their design. The age range of the survey samples varies, with relatively older samples likely having more LGBTQAI+ youth. Studies also vary in terms of who was included in estimating proportions, with studies only looking at sexual identities and not including gender identities ending up with smaller proportions. Additionally, if studies only counted persons who adopted a specific gender or sexual identity label, they will have identified a smaller group than when they also would have looked at gender expression and sexual attraction., the reported proportions of LGBTQAI+ youth will be smaller when fewer questions were asked to identify this population; the number of questions will usually be dependent upon the aim of the respective survey and the way data are collected. Finally, affording youth the opportunity to respond with their own self-descriptions besides the ones provided–as was done in this survey–is likely to result in a relatively larger proportion.

Despite these qualifications, this survey demonstrates that a substantial proportion of youth in foster care in New York City is LGBTQAI+. It is quite possible that people working in child welfare dismiss this finding, because it is not in line with what they see in their daily work. The observed proportion is larger than most people who interact with youth in foster care as well as people in general are likely to expect. It is critical, though, to realize that an LGBTQAI+ status is not necessarily a characteristic that is always noticeable.

What this survey did not answer is the question about the cause of the overrepresentation of LGBTQAI+ youth in foster care. It is unlikely that being in foster care promotes becoming LGBTQAI+. This would imply, though, that being LGBTQAI+, in one way or another, plays a role in entering foster care. It is not clear how this works exactly. However, studies have systematically shown that LGBTQAI+ youth encounter more disapproval and rejection from their family (Hall, 2018; Johns, Beltran, Armstrong, Jayne & Barrios, 2018; McGeough & Sterzing, 2018; Saewyc, 2011) increasing the chances of becoming homeless and entering the child welfare system. Taking into account that some youth might enter foster care before they come out at as LGBTQAI+, while others enter foster care as lesbian, gay or transgender, it is likely that there are diverse trajectories for LGBTQAI+ youth to enter foster care.

8.3 Differences between LGBTQAI+ and non-LGBTQAI+ youth in New York City foster care

Some of the observed differences between LGBTQAI+ youth and non-LGBTQAI+ youth in New York City foster care are consistent with differences observed in youth in general, indicating that LGBTQAI+ youth are more likely to experience risk factors that negatively affect their well-being. Other differences observed in this survey are specific to youth in foster care.

LGBTQAI+ youth in New York City foster care, are more frequently exposed to factors that might affect their well-being, as compared to non-LGBTQAI+ youth. Similar factors have been documented in various studies among young people in general (Coker et al., 2010; Collier et al., 2013; Eisenberg & Resnick, 2006; Institute of Medicine, 2011; Johns et al., 2018; Kann et al., 2018; Reisner et al., 2016; Russell et al., 2001; Saewyc et al., 2009; Schneeberger et al., 2014).

As in other studies, the risk factors observed here were negatively associated with the LGBTQAI+ youth's well-being. A relatively higher level of distress among LGBTQAI+ youth in foster care was also reported by Wilson and Kastanis (2015) and Baams et al. (2019). Although the assessed risk factors were associated with well-being, this poorer well-being is likely caused by several other factors that were not assessed in this survey.

Disparities specifically associated with being in foster care, observed in this survey, confirm what other studies have found. That administrative data indicated that LGBTQAI+ youth had on average more placements than non-LGBTQAI+ youth within their current spell, is in line with what was reported by Wilson and Kastanis (2015) about LGBTQ youth in Los Angeles; they also found LGBTQAI+ youth to be more likely to live in group homes, to be less satisfied with their child welfare system experience, which corresponds with the current findings that, compared to non-LGBTQAI+ youth, LGBTQAI+ youth were less satisfied with their current placement, were more likely to say that they did had no control over what happened to them in foster care, and often had heard other people refer to them as "hard to place." As Wilson and Kastanis (2015), this survey found that LGBTQAI+ youth were more likely to have experienced homelessness.

Not reported in other studies is the observation that while LGBTQAI+ youth were more likely to be in touch with family members, they saw these family members less frequently and that they experienced family members as less supportive than non-LGBTQAI+ youth did. Also not earlier reported is that fewer LGBTQAI+ youth reported that there were adults in their lives, other than family members, whom they could rely on and whom they felt supported by.

It should be stressed that all observed differences between LGBTQAI+ youth and non-LGBTQA+ are relative in the sense that there are many LGBTQAI+ youth who did not differ from non-LGBTQAI+ youth. At the same time, these differences are critical. They reflect meaningful differences between LGBTQAI+ youth and non-LGBTQAI+ youth in well-being as well as safety and permanency (Jacobs & Freundlich, 2006), and need to be addressed.

8.4 Lack of differences when comparing FASP data

It was surprising not to find any differences when comparing LGBTQAI+ youth and non-LGBTQAI+ youth on information from the Comprehensive Family Assessment and Service Plan (FASP). This could be understood in various ways. It is possible that the observed differences reported here between LGBTQAI+ youth and

non-LGBTQAI+ youth, in reality, do not exist, or that they only exist in the perception of the youth. This seems unlikely, and even if this would be the case, perceptions of the youth matter. Another possibility is that the instrument is not sufficiently sensitive to register differences between LGBTQAI+ youth and non-LGBTQAI+ youth. Furthermore, the reliability of the FASP data could be limited, or persons collecting these data are insufficiently equipped to observe important details, which would suggest the need for additional training. Finally, it could be that the youth's gender and sexual status plays a limited role in conducting comprehensive family assessments. The reported findings would suggest that improvements could be made in this respect.

8.5 Survey implications

While the findings reported here elicit further questions, they have various implications for policy and programming in foster care. The observed disparities between LGBTQAI+ and non-LGBTQAI+ youth require action in terms of policy and programming. A very first step would be ensuring that relevant parties that interact with foster care youth, including social workers, foster parents, and institutional staff, have an awareness and understanding of gender and sexual diversity and related issues. Furthermore, these parties should be enabled to appropriately interact with LGBTQAI+ youth and address their needs. Initiatives should be in place to ensure a living environment for foster care youth that validates gender and sexual diversity. LGBTQAI+ youth should have access to competent and appropriate support. Additional strategies might have to be developed to mitigate existing disparities between LGBTQAI+ and non-LGBTQAI+ youth.

There are several resources available and programs in development to improve the situation for LGBTQAI+ youth in foster care. Examples include the following. Salazar et al. (2019) describe a foster caregiver training that bolster caregivers' knowledge and support of LGBTQ+ youth in their care. Erney and Weber (2018) discuss strategies for serving youth of color in out-of-home care who identify as LGBTQ. A nonprofit collaboration, involving diverse stakeholders, to build system capacity for affirmative practice with youth who identify as LGBTQ and their families within a large child welfare system, the "getR.E.A.L Allegheny"-initiative, is presented by Washburn et al. (2018). Martin, Down, and Erney (2016) describe various policy strategies and state examples that target increasing opportunities for LGBTQ youth in the child welfare system; these policy strategies fall under three primary categories: (1) Ensuring that all youth have the resources necessary for healthy development; (2) promoting the safety of LGBTQ youth; and (3) committing to achieving permanency for LGBTQ youth. Moving forward, it is critical that initiatives to address LGBTQAI+-related health disparities in foster care are based on evidence and are systematically evaluated to ensure efficiency and effectiveness, and to understand how these initiatives can be implemented and sustained most optimally.

The reported findings furthermore suggest the relevance of exploring the foster care experiences of LGBTQAI+ youth in an in-depth way. The telephone survey-method, used in this survey, only superficially indicated that there are several meaningful differences between LGBTQAI+ and non-LGBTQAI+ youth. The reported findings warrant an in-depth exploration of the experiences of LGBTQAI+ youth in foster care, including entry into foster care and subsequent placements; the specific needs LGBTQAI+ youth experience in foster care; the way youth are treated in foster care, on an interpersonal level by peers and adults, as well as structurally by the foster care system; the youth's relationships with family and supportive adults; and

resources, such as resiliency, that LGBTQAI+ youth employ to negotiate their trajectory through foster care. Understanding of the experiences of LGBTQAI+ youth could further be strengthened by considering how their experiences are shaped by intersecting factors such as gender, sexuality, race and ethnicity, and socio-economic status. Explorations of these experiences could meaningfully complement the findings reported here.

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APPENDIX A: METHODOLOGY[1]



New York City Well-Being Phone Study

Methodology and Findings Final Report

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1 This Appendix is an adapted version of the a reporting provided by Westat, which conducted the fieldwork for this study.

New York City Well-Being Phone Study
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Background and Purpose of the Well-Being Phone Survey

While it is generally accepted that there are a disproportionate number of LGBTQ children and young adults involved in the foster care and juvenile justice systems, child welfare administrators often lack concrete numbers and evidence-based interventions that can support these young people in attaining family permanency and achieving independence as adults. In New York City (NYC), the Administration for Children's Services (ACS) lacks the data necessary to accurately scale promising interventions and programs effectively for the LGBTQ youth in foster care in NYC.

Given the lack of concrete data, ACS decided to survey foster youth by phone to gather data for a population study about sexual orientation, gender identity, and gender expression (SOGIE) and the experiences of young people involved with ACS. These data will allow analysis of population and climate characteristics. The purpose of this project is to:

- Estimate the proportion of the number of youth and young people in foster care in NYC who identify as LGBTQ
- Assess differences in life experiences and foster care experiences, well-being, placement stability, and emotional wellness between LGBTQ and non-LGBTQ youth and young people

Through an analytic support task order, ACS contracted Westat, an employee-owned research firm, to conduct the **Well-Being Phone Survey (WBPS).** Westat's tasks included:

1. Cognitive testing of the survey instrument, youth advance notification letter and frequently asked questions (FAQ), and informed assent and consent procedures
2. Survey preparations (including programming and testing of the instrument, mailing survey pre-notification letters (youth and caregiver), and training interviewers)
3. Telephone survey implementation
4. Preparation and delivery of statistical weights (non-response and replicate weights), data tables, and frequency report.

This report will describe the survey population, methodology, considerations for future SOGIE data collection, and survey findings (weighted and unweighted frequencies). Further analysis on the data will be conducted by Dr. Theo Sandfort at the Columbia University School of Public Health.

Survey Population

Youth were eligible for the WBPS if they were:

- 13 years old or older
- In 24-hour ACS foster care during the survey period

At the time the RFP for this project was released, ACS had anticipated sampling 3,000 youth from the eligible population. However, by the time sampling discussion began with Westat, the total population had reduced so substantially that the project team agreed to a census approach where the full population of eligible youth would be contacted.

ACS pulled youth demographics and contact information from the ACS CONNECTIONS data system on August 19, 2019, for all youth who met the eligibility criteria. ACS divided the sample list by foster care agency and sent each foster care agency the list of its own youth with instructions to update contact information, if necessary, and indicate any ineligible youth who should not be contacted for the survey. Youth were deemed ineligible if they had been discharged from foster care (either permanently or on a trial home visit), were incarcerated, AWOL, or were unable to complete a phone interview due to physical or cognitive disability. Thirteen of the 27 agencies returned updated files.

During the survey data collection period, additional youth were identified as ineligible for the same reasons described above. In addition, the informed consent process contained a cognitive check to ensure that youth understood the survey well enough to participate; youth who could not answer the cognitive check were deemed ineligible and did not proceed with the survey. Some agencies identified youth who had entered foster care after the initial sample was drawn; these youth were added to the sample frame and permitted to take the survey.

At the close of data collection, there were 659 respondents out of the initial frame of 2,249 cases. An additional 212 cases were deemed ineligible for the survey during data collection—82 cases because of comprehension barriers, 16 because they had been discharged from the system, and 114 because they were no longer at the facility.

Survey Preparation

Instrument Development and Cognitive Testing

The survey instrument, a twenty-minute questionnaire, was based on the instrument developed for the Los Angeles Foster Youth Survey (LAFYS), which was conducted by Westat as a subcontractor to the University of California Los Angeles (UCLA) Williams Institute. The instrument underwent initial customization and formative testing for ACS by Dr. Theo Sandfort at the Columbia University School of Public Health. Westat then conducted cognitive testing of the instrument and selected survey materials. The purpose of the testing was to assess interpretations of the advance letter and assent/consent language as well as the ease and difficulty of understanding and answering survey items

The cognitive interviews took place at ACS headquarters in NYC on June 17-18, 2019. An interviewer from Westat's Instrument Design, Evaluation, and Analysis (IDEA) Services unit interviewed 10 youth and young people about their reactions to the survey advance letter, FAQ, assent/consent scripts, and key items from the questionnaire. Participants received a $100 gift card after completing the interview.

Westat analyzed the interview data and prepared a memo with several findings and recommendations for improvements to the survey materials. The project team (ACS, Columbia, and Westat) discussed the recommendations and agreed on changes to be made to the materials.

IRB Clearance

The WBPS underwent full board review by the Westat Institutional Review Board (IRB) in two stages: first, for the June cognitive testing (full approval received June 13, 2019), and again in August for the main data collection (full approval received September 13, 2019). In addition, the project underwent internal review by ACS and OCFS.

Interviewer Recruitment and Training

Telephone interviewers were hired and trained for the project through the Westat Telephone Research Center (TRC). The TRC recruited experienced interviewers who had previously worked on studies with sensitive topics or youth populations.

The interviewers were trained via a combination of self-paced online study, a live group training session conducted over WebEx, and dyad role plays. The overall training was 9.5 hours long, and included mock interviews, contact procedures, study concepts and protocol, a distress protocol for handling potentially elevated distress situations with study participants, and proper handling of inbound calls to the study toll-free phone number. Dr. Sandfort provided a written overview of SOGIE terminology and attended the live group training session to answer interviewer questions. A total of 15 interviewers successfully completed the WBPS training.

Additional training took place after interviewers had worked at least one week on the project. Conference call "review" sessions were held with smaller groups of 5 to 10 interviewers to discuss effective strategies in gaining cooperation, the nature of refusals by sample members, and issues encountered in making calls to this sample.

Survey Recruitment/Dissemination

To gain cooperation from youth, foster parents, and foster care agency staff, ACS and Westat collaborated on several efforts to disseminate information about the survey, including:

- An email to foster care agencies from the ACS Deputy Commissioner announcing the study, with the survey schedule and FAQ
- Advance letters including an FAQ to all eligible youth and their caregivers mailed close to the survey launch
- An ACS survey launch event for foster care agency leadership and stakeholders
- ACS and Westat direct outreach to residential care facilities with eligible youth
- Reminder postcards mailed to all youth who had not yet completed the survey two weeks before the end of data collection
- Additional phone and email outreach from ACS staff to the foster care agencies to encourage participation

Data Collection

Data collection for the WBPS began on September 16, 2019 and continued through November 10, 2019. Initial calling focused on youth in foster family placements to allow time for project staff to make contact with residential facilities (see below for further details). Given that the youth in the sample were largely of school age, the data collection standard hours of operation for WBPS were Monday through Friday 3:00 p.m. to 9:00 p.m., Saturday 10:00 a.m. to 6:00 p.m., and Sunday 2:00 p.m. to 9:00 p.m. Exceptions to this schedule were made for group home facilities upon request, as described below.

In addition to outbound calls, Westat obtained a toll-free inbound phone line for WBPS. This number was included in the advance materials and offered when leaving voice mail messages or talking with a contact at a youth's home. This line proved very useful for the WBPS project, both for group home outreach efforts and for youth to have the flexibility to call Westat when they were available for the interview. A total of 160 youth interviews were completed during inbound calls. This reflects nearly one-fourth (24.3%) of all completed interviews.

In order to maximize response on this study, the standard call limits of the Westat calling algorithm were frequently extended. Typically, cases dialed 7 times with no human contact are finalized as noncontacts as of the seventh call; however, for WBPS Westat rereleased these cases for additional rounds of calls such that all final noncontacts at the conclusion of the project had between 14 and 21 total calls. Similarly, cases with which contact had been made but no interview obtained are normally finalized as "maximum calls" results after 9 calls. These cases also were rereleased for additional rounds of calls, and all final maximum calls cases had between 18 and 27 total calls. Overall, 17,370 outbound or inbound calls were handled during the course of WBPS data collection.

Refusals clearly made by either the youth or the youth's foster parent/caregiver were considered final and Westat did not call that youth again. However, these youth were included in the final reminder postcard mailing, and two youth who had previously refused chose to call in to complete the interview. Refusals by unknown parties, not identified as youth or foster parent/caregiver, were contacted again 13 or more days after the refusal in an effort to gain cooperation. A total of 36 interviews were obtained during the process of refusal conversion calls.

Residential Care Interviewing Strategy

A sizable portion (22 percent) of the study population resided in residential care settings. The number of youths at each facility ranged considerably, from a low of 1 youth to a high of 43 youth. These facilities were held out of the initial wave of outbound calling due to expected difficulty in reaching a contact person that could facilitate youth interviews.

Initially, interviews with youth in residential care were conducted via call-ins from the residence to the study 800 number. Specific dates and times were arranged through project staff outreach to foster care agency contacts. On requested days, and on school holidays, the TRC opened interviewing hours from 10:00 a.m. to 3:00 p.m. (in addition to the usual 3:00 p.m. to 9:00 p.m. hours) to enable agency staff to facilitate call-ins on those days.

As the data collection period progressed, it became evident that additional efforts would be necessary to achieve the study goal for completed interviews from residential settings. Westat increased project staff outreach to agency contacts; ACS staff also reached out to encourage agency staff to cooperate. In addition, Westat identified a special team of six interviewers to focus on calling residential facilities and gaining cooperation from staff. Specific group homes were assigned to specific data collectors, who then worked on outbound calls to these homes for the remainder of the data collection period. This effort served to boost the group home survey completion rate considerably.

Response Rates

Westat provided weekly progress reports to ACS throughout the data collection period. The report summarizes outcomes for the overall sample, and then separately for the foster family and residential care strata.

The youth in the sample cooperated with the survey request at a high rate of 80.9 percent, calculated as (Completes + Ineligibles) / (Completes + Ineligibles + Refusals). A total of 659 completed interviews were obtained. The largest form of nonresponse was noncontact, with 22 percent of the sample finalizing in this group. The next largest source of nonresponse was inability to reach the sampled youth, including nonworking phone numbers (10 percent) or numbers that worked but did not reach the youth (7 percent). Refusals were a relatively small source of nonresponse, with just 13 percent of either youth or parents/caregivers refusing the survey request.

Westat generally calculates response rates as recommended by the American Association for Public Opinion Research (AAPOR), which is sometimes referred to as "AAPOR RR3." At the end of data collection, the WBPS had three groups of cases: known eligible (includes both completes/respondents and refusals/eligible nonrespondents), known ineligible, and unknown eligibility.

We want to exclude ineligible cases from our response rate, but for cases we were unable to contact, there is not enough information to classify them as eligible or not. Ignoring cases with unknown eligibility would be the same as assuming that all noncontacted cases are ineligible; this is highly unlikely and may result in an inaccurately inflated response rate. However, treating all unknown eligibility cases as eligible but nonresponding (also unlikely) would likely result in underestimating the true response rate. This effect can be substantial if most cases are in the unknown eligibility group.

AAPOR RR3 is a "compromise" response rate calculation that allocates cases of unknown eligibility, rather than making one of the two extreme assumptions above. First, the eligibility rate is calculated among all cases with known eligibility only (CASRO e):

e = (known eligible cases)/(known eligible cases + known ineligible cases)

Then, this rate is used to estimate the percentage of unknown eligibility cases are actually eligible nonrespondents:

RR3 = eligible respondents/(eligible respondents + eligible nonrespondents + e(unknown eligibility))*

This allows us to account for cases with unknown eligibility under reasonable assumptions. WBPS had an overall eligibility rate of 659/(212 + 659) = 75.7%. Therefore, the final response rate using RR3 is 659/(659 + 1,378*0.757)= **38.7%.**

DATA PREPARATION AND SAMPLE WEIGHTING

Data Preparation

The survey questionnaire included ten items that offered "other/specify" response options. At the conclusion of data collection, these text responses were reviewed and up-coded to existing numeric responses categories where possible. Case dispositions were finalized and a data file with all sample cases, paradata regarding the data collection process, and final outcomes was provided to both ACS and the Westat statistical team. Identifying information (except for the ACS case ID) was removed from the questionnaire dataset.

Sample Weighting

Because the WBPS was a census of all eligible youth, sampling weights are not necessary. However, although the response rate is quite high among comparable studies, the fact that less than 40 percent of the likely eligible youth were interviewed means that our estimates are at risk of nonresponse bias if we use the observed data with no adjustment. Westat developed nonresponse weights to adjust the sample, so that the weighted sample will be very similar to the full population of interest.

The initial step in the weighting process was to see which frame variables were most strongly associated with response status. The following variables were considered: number of calls made, a flag for whether the maximum calls were made, sex (from ACS records), age (from ACS records), and level of care. These were frame or paradata variables available for all cases, including nonresponding cases. Agency ID was also available and considered, but rejected because there were too many unique levels and some very small agencies.

A classification tree was fit in SAS's PROC HPSPLIT to determine the best predictors. Westat found that sex, age, and level of care were the best predictors; in general, older youth and youth in group homes and institutions had much lower response rates, which is expected. These variables were crossed to create nonresponse adjustment cells, and a nonresponse adjustment factor was calculated within each cell as the total number of cases in the cell divided by the responding number of cases in the cell. Similar cells were combined as necessary to avoid very small cells and/or extreme adjustment factors. There were 64 final nonresponse adjustment cells, with factors ranging from 1 to 7.

Jackknife (JK1) replicate weights were also created for variance estimation purposes. There are 64 replicate weights, generated using the nonresponse adjustment cells as pseudo-PSUs.

APPENDIX B: STUDY QUESTIONNAIRE AND CODEBOOK

Survey Interview Data File Notes

Variable Names:

Variable names for each question are "Q*x*" where *x* is the question number. The only exceptions to that are for other/specify responses (that text goes into a separate variable). The other/specify variable names are shown adjacent to the questions that have them throughout this document.

Response Categories/Values:

Response categories for each question are shown (labels read to respondents, and values) after each question below.

For questions that do not have precoded response categories (e.g., age, year in school, zip code) the codes below the question text show if there are range limits on the response. For example, question 1 (Q1) has the code $E 13 21 – this means that entries from 13 to 21 are allowed. Responses of -7 reflect "refused" responses, and those of -8 reflect "don't know" responses.

For questions with precoded response categories the values are shown next to each response below the question.

Questionnaire Skips:

For any question, if certain responses lead to skipping past the next question, that is shown with text like this:

=> FP_A1

This example is from Question Q5 – for this item, responses of no, refused, or don't know skip question Q6 and go directly to the "fencepost" as the end of the first section of the instrument.

Q1:

Now, I am going to ask you a few questions about how you see yourself or how you identify. I want to remind you again that at any point you are welcome to respond using the number of a response, or with the actual response. How old are you?

$E 13 21

REFUSED ..... -7

DON'T KNOW ..... -8

Q2:

What grade are you in?[ENTER GRADE.]

$E 0 16

NO LONGER IN SCHOOL 99

REFUSED ..... -7

DON'T KNOW ..... -8

Q3:

What is your zip code where you live now?[ENTER ZIP CODE.]

99999

REFUSED ..... -7

DON'T KNOW ..... -8

Q4:

What is the language you speak most of the time?

ENGLISH 01

SPANISH 02

OTHER ..... 91 **O_Q4M1**

.....

REFUSED ..... -7

DON'T KNOW ..... -8

Q5:

Do you also speak another language?

YES 01

NO ..... 02 => FP_A1

REFUSED ..... -7 => FP_A1

DON'T KNOW ..... -8 => FP_A1

Q6:

What is your second language?

ENGLISH 01

SPANISH 02

OTHER ..... 03 **O_Q6M1**

REFUSED ..... -7

DON'T KNOW ..... -8

INTENTIONAL SKIP ..... -1 CI

FP_A1:

FENCE POST - SECTION A1

Q7:

The next questions ask about where you are from, remember that all your answers are confidential and will not be shared. Were you born in the United States?

YES 01

NO 02

REFUSED ..... -7

DON'T KNOW ..... -8

Q8:

Was your biological mother born in the United States?

YES 01

NO 02

REFUSED ..... -7

DON'T KNOW ..... -8

Q9:

Was your biological father born in the United States?

YES 01

NO 02

REFUSED ..... -7

DON'T KNOW ..... -8

Q10:

Which term do you use to describe your race?

[IF R REPORTS MORE THAN ONE RACE, SELECT OPTION 6 FOR FOLLOWUP QUESTION.]

Say 1 if American Indian or Alaska Native	01	=> Q11
Say 2 if Asian	02	=> Q11
Say 3 if Black or African American	03	=> Q11
Say 4 if Native Hawaiian or other Pacific Islander	04	=> Q11
Say 5 if White	05	=> Q11
Say 6 if bi- or multi-racial or ethnic	06	
OTHER	91	**O_Q10AM1, O_Q10AM2, O_Q10AM3** .....
REFUSED	-7	=> Q11
DON'T KNOW	-8	=> Q11

[VARIABLES FOR Q10A ARE Q10A_1 Q10A_2 AND Q10A_3, MAXIMUM OF 3 MENTIONS WERE PROVIDED

Q10A:

[READ IF NECESSARY: Which terms do you use to describe your race?]

[CODE ALL THAT APPLY.]

Say 1 if American Indian or Alaska Native 01

Say 2 if Asian 02

Say 3 if Black or African American 03

Say 4 if Native Hawaiian or other Pacific Islander 04

Say 5 if White 05

Say 6 if bi- or multi-racial or ethnic 06

OTHER ..... 91 **O_Q10AM1, O_Q10AM2, O Q10AM3**

REFUSED ..... -7

DON'T KNOW ..... -8

Q11:

Do you identify as Hispanic, Latino, or Latina?

Say 1 for yes 01

Say 2 for no 02

REFUSED ..... -7

DON'T KNOW ..... -8

DISPLAYS FOR Q12 VARY DEPENDING ON RESPONSES TO Q1 AS FOLLOWS:

Q1	DBOYSMEN	DGRLSWOM	DCMENWOM
13 TO 17	boys	girls	BOYS AND GIRLS
18 TO 21	men	women	MEN AND WOMEN
-7 (REFUSED) -8 (DON'T KNOW)	boys	girls	BOYS AND GIRLS

Q12:

Who would you say you hang around with more in your free time: <dboysmen> or <dgrlswom>?

Say 1 for <dboysmen> 01

Say 2 for <dgrlswom> 02

BOTH <DCMENWOM> EQUALLY 03

REFUSED ..... -7

DON'T KNOW ..... -8

FP_B1:

FENCE POST - SECTION B1

Q13:

Because of how they act, talk, or dress, some people see themselves as more masculine or manly, while others see themselves as more feminine or womanlike. In general, do you see yourself as more masculine or more feminine in terms of how you act and behave?

Say 1 if much more masculine 01
Say 2 if somewhat more masculine 02
Say 3 if equally masculine and feminine 03
Say 4 if somewhat more feminine 04
Say 5 if much more feminine 05
REFUSED ..... -7
DON'T KNOW ..... -8

Q14:

In general, how masculine do you act and behave?

Say 1 if not at all masculine 01
Say 2 if somewhat masculine 02
Say 3 if very much masculine 03
Say 4 if extremely masculine 04
REFUSED ..... -7
DON'T KNOW ..... -8

Q15:

In general, how feminine do you act and behave?

Say 1 if not at all feminine 01
Say 2 if somewhat feminine 02
Say 3 if very much feminine 03
Say 4 if extremely feminine 04
REFUSED ..... -7
DON'T KNOW ..... -8

DISPLAYS FOR Q16 VARY DEPENDING ON RESPONSES TO Q1 AS FOLLOWS:

Q1	DBOYMAN	DGIRLWOM
13 TO 17	boy	girl
18 TO 21	man	woman
-7 (REFUSED) -8 (DON'T KNOW)	boy	girl

Q16:

How do you think other people see you? Would you say other people see you more like a <DBOYMAN> or do they see you more like a <DGIRLWOM>?

Say 1 if more like a <DBOYMAN>..... 01
Say 2 if more like a <DGIRLWOM>..... 02
EQUALLY LIKE A <DBOYMAN> AND A <DGIRLWOM>..... 03
REFUSED..... -7
DON'T KNOW..... -8

DISPLAYS FOR Q17 VARY DEPENDING ON RESPONSES TO Q1 AS FOLLOWS:

Q1	DBOYMAN	DGIRLWOM
13 TO 17	boy	girl
18 TO 21	man	woman
-7 (REFUSED) -8 (DON'T KNOW)	boy	girl

Q17:

When you think about yourself, do you see yourself as a <dboyman> or a <dgirlwom>, or do you use another word to identify your gender? It could also be that you don´t know.
[IF R CHOOSES OPTION 4 ("ANOTHER WORD"), INTERVIEWER WILL SAY, "IF YOU'RE COMFORTABLE TELLING ME, WHAT WORD DO YOU USE TO IDENTIFY YOUR GENDER?"]

Say 1 if you see yourself as a <dboyman> 01
Say 2 if you see yourself as a <dgirlwom>..... 02
Say 3 if you see yourself as trans or transgender 03
Say 4 if you use another word to identify your gender..... 04 **O_Q17M1**
Say 5 if you don't know 05
NOT SURE (YET) 06
DOES NOT IDENTIFY IN TERMS OF GENDER 07
DOESN'T KNOW WHAT THIS QUESTION MEANS 08
REFUSED..... -7

Q18:

What sex were you assigned at birth? [IF NEEDED: What the doctor put on your birth certificate?

Say 1 if male 01

Say 2 if female 02

Say 3 if intersex 03

DOESN'T KNOW WHAT THIS QUESTION MEANS 04

REFUSED ..... -7

DON'T KNOW ..... -8

[Q19 ASKED IF Q17 AND Q18 RESPONSES ARE DISCREPANT, INCLUDING IF Q17=1 AND Q18=2, OR IF Q17=2 AND Q18=1.]

Q19:

What pronoun do you use, do you use he, she, they, or another pronoun?

Say 1 if he (HIM, HIS) 01

Say 2 if she (HER, HERS) 02

Say 3 if they (THEM, THEIRS) 03

Say 4 if other ..... 04 **O_Q19M1**

NO PREFERRED PRONOUN 05

DOESN'T KNOW WHAT THIS QUESTION MEANS 06

REFUSED ..... -7

DON'T KNOW ..... -8

FP_C1:

FENCE POST - SECTION C1

Q20:

Now, I have a few questions about your general life experiences and foster care. Again, feel free to answer them as honestly as you can. Have you ever been homeless after being kicked out of home or running away? [IF NEEDED: By homeless, I mean that you did not have a place to sleep at night that is intended for regular use or living? This would include couch surfing.]

Say 1 for yes 01

Say 2 for no 02

REFUSED ..... -7

DON'T KNOW ..... -8

Q21:

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

Say 1 for yes..... 01

Say 2 for no..... 02

REFUSED..... -7

DON'T KNOW..... -8

DMASCFEM DISPLAY VARIES DEPENDING ON RESPONSE TO Q18 AS FOLLOWS:

Q18	DMASCFEM
1 (MALE)	too feminine
2 (FEMALE)	too masculine
3 (INTERSEX)	too masculine/too feminine
4 (DOESN'T KNOW WHAT THIS QUESTION MEANS) -7 (REFUSED) -8 (DON'T KNOW)	too masculine/too feminine

Q22:

Have you ever been criticized for dressing <DMASCFEM>?

Say 1 for yes..... 01

Say 2 for no..... 02

REFUSED..... -7

DON'T KNOW..... -8

DBOYGIRL DISPLAY VARIES DEPENDING ON RESPONSES TO Q1 AND Q18 AS FOLLOWS:

Q1	Q18	DBOYGIRL
13 TO 17	1 (MALE)	a girl
13 TO 17	2 (FEMALE)	a boy
13 TO 17	3 (INTERSEX) 04 (DOESN'T KNOW WHAT THIS QUESTION MEANS) -7 (REFUSED) -8 (DON'T KNOW)	a boy/girl
18 TO 21	1 (MALE)	a woman
18 TO 21	2 (FEMALE)	a man
18 TO 21	3 (INTERSEX) 04 (DOESN'T KNOW WHAT THIS QUESTION MEANS) -7 (REFUSED) -8 (DON'T KNOW)	a man/woman
-7 (REFUSED) -8 (DON'T KNOW)	1 (MALE)	a girl

Q23:

Have you ever been criticized for behaving too much like <dboygirl>?

Say 1 for yes..... 01

Say 2 for no..... 02

REFUSED..... -7

DON'T KNOW..... -8

FP_D1:

FENCE POST - SECTION D1

Q24:

[READ IF INTERVIEW IS RESTARTING HERE: Now I have some questions about your experiences with foster care.]

Do you remember how old you were when you entered foster care?

[IF R REPORTS AGE UNDER 1 YEAR OLD ENTER ZERO (0)]

[IF NEEDED: If you don´t remember exactly, an estimate is fine.][ENTER AGE.]

$E 0 21

DOES NOT APPLY.....99

REFUSED.....-7

DON'T KNOW..... -8

Q25:

Has ACS or another agency ever placed you with a relative, other than your biological mother or father? [RELATIVES ARE BIOLOGICAL FAMILY MEMBERS]

Say 1 for yes.....01

Say 2 for no.....02

DON'T REMEMBER 03

REFUSED.....-7

DON'T KNOW..... -8

Q26:

In the past 12 months, how often have you heard staff or other people refer to you as "hard to place"?

Say 1 if never.....01

Say 2 if rarely.....02

Say 3 if sometimes.....03

Say 4 if often.....04

Say 5 if very often.....05

REFUSED.....-7

DON'T KNOW.....-8

Q27:

Do you feel that you have some control over your life in foster care, or do other people determine what happens to you?

Say 1 if you feel you have some control.....01

Say 2 if you feel other people mostly determine what happens to you....02

REFUSED.....-7

DON'T KNOW.....-8

Q28:

Where do you live right now?

Say 1 if home of a family member/relative.....01

Say 2 if foster home.....02

Say 3 if group home.....03

Say 4 if residential campus.....04

OTHER.....91 **O_Q28M1**

REFUSED.....-7

DON'T KNOW.....-8

Q29:

On a scale from 1 to 10, how satisfied would you say you are overall with your current placement if a `1´ is not satisfied at all and a `10´ is very satisfied?

$E 01 10

NOT SATISFIED AT ALL	01
	02
	03
	04
	05
	06
	07
	08
	09
VERY SATISFIED	10
REFUSED	-7
DON'T KNOW	-8

Q30:

If it was completely up to you, would you choose where you live now, or would you prefer to be placed in another setting?

Say 1 if you prefer where you live now	01	=> FP_D2
Say 2 if you prefer another setting	02	
DOES NOT MATTER	03	=> FP_D2
REFUSED	-7	=> FP_D2
DON'T KNOW	-8	=> FP_D2

Q31:

Where would you prefer to live or be placed?

Say 1 if home of a relative/family member	01	
Say 2 if foster home	02	
Say 3 if group home	03	
Say 4 if residential campus	04	
Say 5 if independent living	05	
OTHER	06	**O_Q31M1**
REFUSED	-7	
DON'T KNOW	-8	
INTENTIONAL SKIP	-1	CI

FP_D2:

FENCE POST - SECTION D2

Q32:

[READ IF INTERVIEW IS RESTARTING HERE: Next I have a few questions about your interactions with family members and other adults, and your foster placements.]

How often do you currently see one or more of your family members, whether or not you live with them? This could be your biological mother, your father, any siblings, aunts and uncles, or grandparents.

Say 1 if daily	01	
Say 2 if weekly	02	
Say 3 if every 2 weeks	03	
Say 4 if monthly	04	
Say 5 if less than monthly	05	
Say 6 if never	06	=> Q34
REFUSED	-7	=> Q34
DON'T KNOW	-8	=> Q34

Q33:

Would you consider these family members very supportive of you, somewhat supportive, or not at all supportive?

Say 1 if very supportive	01	
Say 2 if somewhat supportive	02	
Say 3 if not at all supportive	03	
REFUSED	-7	
DON'T KNOW	-8	
INTENTIONAL SKIP	-1	CI

Q34:

Is there an adult person in your life, other than a family member, whom you can rely on and who supports you? This could be a foster parent or any other adult who is important to you.

Say 1 if yes 01

Say 2 if no 02

YES, A PEER 03

REFUSED ..... -7

DON'T KNOW ..... -8

Q35:

How many total placements have you had since you´ve been in foster care, including placements with relatives? If you do not know exactly, an estimate is okay.

[ENTER TOTAL # PLACEMENTS.]

$E 1 50

REFUSED ..... -7

DON'T KNOW ..... -8

FP_D3:

FENCE POST - SECTION D3

DISPLAYS FOR Q36A, Q36B, Q36C VARY DEPENDING ON RESPONSE TO Q1 AS FOLLOWS:

Q1	DGRLSWOM	DBOYSMEN
13 TO 17	Girls	Boys
18 TO 21	Women	Men
-7 (REFUSED) -8 (DON'T KNOW)	Girls	Boys

Q36A, Q36B, Q36C:

Now I would like to ask some questions about how you see yourself in terms of your sexuality. Please tell me, are you romantically or sexually attracted to...						
	Say 1 for yes	*Say 2 for no*	*Say 3 if you're not sure yet*	*Say 4 if you don't know what the question means*	*REFUSED*	*DON'T KNOW*
<DGRLSWOM>?						
<DBOYSMEN>?						
Transgender persons?						

Q37:

Is there any other group of people that you feel romantically or sexually attracted to?

YES. PLEASE SPECIFY:..... 01 **O_Q37M1**
NO 02

REFUSED..... -7

DON'T KNOW..... -8

Q38:

How do you see yourself in terms of your sexuality, would you say you are straight, bisexual, gay or lesbian? Or do you use another word to identify your sexuality? It could also be that you don´t know. [IF R CHOOSES OPTION 5 ("ANOTHER WORD"), INTERVIEWER WILL SAY, "IF YOU'RE COMFORTABLE TELLING ME, WHAT WORD DO YOU USE TO IDENTIFY YOUR SEXUALITY?"]

Say 1 for straight or heterosexual 01
Say 2 for bisexual 02
Say 3 for gay..... 03
Say 4 for lesbian..... 04
Say 5 if you use another word to describe your sexuality ..... 05 **O_Q38M1**
Say 6 if you don't know 06
QUEER.....07
PANSEXUAL 08
DOESN'T KNOW WHAT THIS QUESTION MEANS 09
REFUSED..... -7

FP_E1:

FENCE POST - SECTION E1

Q39:

We are almost done. I have a few more questions about how you feel about yourself. Over the last 2 weeks, how often have you been bothered by having little interest or pleasure in doing things? Would you say…

not at all,..... 01
several days,..... 02
more than half the days, or 03
nearly every day? 04
REFUSED..... -7
DON'T KNOW..... -8

Q40:

Over the last 2 weeks, how often have you been bothered by feeling down, depressed, or hopeless? Would you say...

not at all,..... 01
several days,..... 02
more than half the days, or..... 03
nearly every day?..... 04
REFUSED..... -7
DON'T KNOW..... -8

Q41A, Q41B:

Would you say you strongly disagree, disagree, neither agree nor disagree, agree, or strongly agree with the following statements?							
	STRONGLY DISAGREE	DIS-AGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE	REFUSED	DON'T KNOW
I hardly ever expect things to go my way.							
I'm always hopeful about my future.							

FP_F1:

FENCE POST - SECTION F1

OKINCENT:

To thank you for your time and effort in completing this interview, we would like to send you a $25 gift card. Let me make sure I have your correct name and mailing address.

CONTINUE..... 01 => RESPFNAM
REFUSED CHECK..... 02 => /DISPINCT

F8 – Indicator of interviewer text comment (1=case has comment)

O_F8M1 – Text field for interviewer comment

F10 – Indicator of interviewer message on case (1=case has message)

O_F10M1 – Text field for interviewer message

APPENDIX C: ADMINISTRATIVE DATA

Date of Birth
Gender
Hispanic or Non-Hispanic
Race (see decode below)
Total number of foster care spells
Date child was freed for adoption
Level of care (placement type)
Current foster care spell begin date
Total number of moves (currently spell)
Number of moves to CTH (currently spell)
Number of moves to Kin (currently spell)
Number of moves to residential (currently spell)
Total number of day in the Children's Center and/or Youth Reception centers
Number of AWOL days
Number of hospital absent days
Number of absent days for other reasons

Domains from the Comprehensive Family Assessment and Service Plan (FASP)
Physical Health
Mental Health
Child Development/Cognitive Skills
Child Behavior
Alcohol Use Within the Past Two Years
Drug Use Within the Past Two Years
Child/Family Relationships
Physical Health Care
Mental Health Care
Bonding and Attachment of Child Under Age 2
Academic Performance
Alcohol Use in the past 2 Years
Drug Use in the past 2 Years
Interpersonal Skills (children age 6 and over)
Nutrition, Clothing and Personal Hygiene
Bonding & Attachment of Child Under Age 2
Academic Performance (Children 6 years and older)
Interpersonal Skills