

INFORMATION TO USERS

This manuscript has been reproduced from the microfilm master. UMI films the text directly from the original or copy submitted. Thus, some thesis and dissertation copies are in typewriter face, while others may be from any type of computer printer.

The quality of this reproduction is dependent upon the quality of the copy submitted. Broken or indistinct print, colored or poor quality illustrations and photographs, print bleedthrough, substandard margins, and improper alignment can adversely affect reproduction.

In the unlikely event that the author did not send UMI a complete manuscript and there are missing pages, these will be noted. Also, if unauthorized copyright material had to be removed, a note will indicate the deletion.

Oversize materials (e.g., maps, drawings, charts) are reproduced by sectioning the original, beginning at the upper left-hand corner and continuing from left to right in equal sections with small overlaps. Each original is also photographed in one exposure and is included in reduced form at the back of the book.

Photographs included in the original manuscript have been reproduced xerographically in this copy. Higher quality 6" x 9" black and white photographic prints are available for any photographs or illustrations appearing in this copy for an additional charge. Contact UMI directly to order.

U·M·I

University Microfilms International
A Bell & Howell Information Company
300 North Zeeb Road, Ann Arbor, MI 48106-1346 USA
313/761-4700 800/521-0600

Order Number 9432358

**We don't exactly get the welcome wagon: The experience of gay
and lesbian adolescents in New York City's child welfare system**

Mallon, Gerald Patrick, D.S.W.

City University of New York, 1994

Copyright ©1994 by Mallon, Gerald Patrick. All rights reserved.

U·M·I
300 N. Zeeb Rd.
Ann Arbor, MI 48106

A

**WE DON'T EXACTLY GET THE WELCOME WAGON:
THE EXPERIENCE OF GAY AND LESBIAN ADOLESCENTS
IN NEW YORK CITY'S CHILD WELFARE SYSTEM**

by

GERALD P. MALLON

A dissertation submitted to the Graduate Faculty in
Social Welfare in partial fulfillment of the requirements
for the degree of Doctor of Social Welfare, The City
University of New York

1994

copyright 1994

GERALD PATRICK MALLON

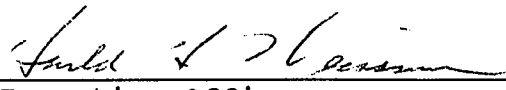
All Rights Reserved

This manuscript has been read and accepted for the Graduate Faculty in Social Welfare in satisfaction of the dissertation requirement for the degree of Doctor of Social Welfare.

4/12/94
Date

4/12/94
Date


Chair of Examining Committee


Executive Officer

Gary Anderson, Ph.D.

Frances Kunreuther, M.S.
Supervisory Committee

THE CITY UNIVERSITY OF NEW YORK

ABSTRACT

WE DON'T EXACTLY GET THE WELCOME WAGON:

THE EXPERIENCE OF GAY AND LESBIAN ADOLESCENTS
IN NEW YORK CITY'S CHILD WELFARE SYSTEM

by

GERALD P. MALLON

ADVISOR: Dr. Irwin Epstein

This dissertation is an exploratory study of the experience of gay and lesbian adolescents in New York City's child welfare system. It is an effort to uncover clues about how both professionals and the young people themselves perceive the experience. The usefulness of such a study is to develop recommendations for professionals to address the inadequacies of the care given to this population and moreover to develop strategies for creating a more gay/lesbian affirming child welfare environment. In addition, this study provides the young people, who are most affected, with an opportunity to tell their story in their own words.

This study represents the first attempt to comprehensively examine and investigate the meaning and experiences of self-identified gay and lesbian adolescents in out-of-home care child welfare settings.

Using a grounded theory approach, with semi-structured interviews, the investigator examines this experience from the point of view of self-identified gay and lesbian young people currently in placement and the professionals who care for them. Twenty-seven adolescents,

and seventy-eight child welfare professionals were formally interviewed. The data for this study were collected from January to June 1993. The investigator, drawing on his own heuristic experiences (Moustakis, 1990) as a gay man, and from his experience as a child welfare professional with 18 years of practice in the field, was able to move through the situation and gain insights more quickly than one who has never studied gay and lesbian adolescents in child welfare.

Several themes emerged from the analysis of the data. The findings are organized in three major areas: The professional and agency response to gay and lesbian youth; the response of young people to the experience and issues of safety for young gay and lesbian people in care. Direct quotations from the in - depth interviews, which constitute the text of this study, are intentionally presented with little interpretation since it is the investigator's intention that they speak for themselves. It is hoped that such an approach will trigger discussion among those practitioners who are most concerned about children in New York City's child welfare system.

The findings strongly suggests that the presence of verbal harassment and physical violence caused many young people to perceive that group homes and foster homes were unsafe places for a gay or lesbian adolescent. Additional findings noted: that the

lack of staff information and knowledge about homosexuality; the absence of training; and the prevalence of religious, social, cultural and personal bias towards homosexuality had a negative impact on the treatment and care of gay and lesbian adolescents in child welfare settings. Such findings suggest the need to consider and support specialized child welfare services for gay and lesbian adolescents, as well as intensive and on-going training and technical assistance for all levels of child welfare practitioners.

ACKNOWLEDGEMENTS

In researching and writing a dissertation, one incurs debts of gratitude to many people. One of the most pleasant aspects in preparing the manuscript is the opportunity to thank them all within its pages.

A qualitative research design can only be as good as its sources. The people who most assisted me were the 105 people who took the time to share their experiences and knowledge with me. I am most grateful to the brave young people whom I interviewed for this study, their incredible inner strength, despite their difficult lives, not only moved me, but left me with a deep admiration for them. I wish to thank them for allowing me to tell their story in these pages.

My colleagues in the child welfare field in New York City, from voluntary child caring agencies, from non-traditional advocacy-oriented child welfare agencies, and from the Child Welfare Administration also generously contributed to an understanding of the experience of gay and lesbian adolescents in child welfare settings. Within these pages they have had to remain nameless as they were guaranteed anonymity, however their contribution to this project has been truly significant in developing a better

understanding about the needs of gay and lesbian adolescents in child welfare settings.

There have been several people - good friends, good colleagues - who have been closely connected with this dissertation, and they deserve special mention.

Irwin Epstein, my dissertation chair, since the very beginning was instrumental in the development of every aspect of this project. He listened to my ideas throughout the long process of gestation, read each portion of the manuscript, gave me insightful commentary, encouragement when I started to get crazy, stringent criticism when I needed it, and has been my staunchest advocate throughout this process. I thank him for his unflagging support and for his generosity both personally and professionally. Gary Anderson, from Hunter College and Frances Kunreuther, from the Hetrick-Martin Institute also merit mention for their contribution as members of the committee and for their insightful suggestions.

Sam Ross, Executive Director of Green Chimneys Children's Services, with whom I have had the pleasure of working for almost seven years, has never wavered in his support and encouragement for me or for this project. When others worried about the implications of connecting gay and lesbian issues with child welfare issues, Sam

never once said, "Gary, I think you went too far!" He always maintained confidence in me and gave his enthusiastic support. My thanks to him is inestimable, as my affection for him is immense.

Joyce Hunter, is undisputedly the grand dame of gay and lesbian youth services (and I mean that in the most sincere and affectionate way). Without the risks, both personally and professionally, which Joyce took, early in career, by advocating for the protection of gay and lesbian young people, I would never have had the opportunity to do this work. She is a true pioneer in gay and lesbian youth work, one who has paved the way for me and for others. Throughout the course of this research, her generosity and support sustained me. I am most grateful for her assistance and for her friendship.

Finally, I have thought about where and how best in this list of acknowledgements to thank the people who lived with this dissertation on a daily basis, but everything seems inadequate to describe how much they have helped. My partner in life, Rafael Abadia deserves the most thanks as he is undoubtedly the person who endured the most in this process - there are no words sufficient to describe how much he has helped or how much I have appreciated his love and support. Others in my family also contributed much and I want to especially thank my Mother, Madge Mallon and my sister Anne Calajoe, for a lifetime of support and affection in everything that

x

I have ever done. Thanks are also due to my friends and colleagues in the doctoral program, Carmen Solis and Judy Bloch, who encouraged me and shared this experience with me in a special way.

Final thanks is reserved for my good friend, Nancy Ramputi whom I met on the first day that I began my career as a child care worker in 1976. While she has not always agreed with me, she has always been a good friend and sometimes has acted as my conscience, reminding me on the bad days of why I got into this work in the first place.

TABLE OF CONTENTS

CHAPTER I	INTRODUCTION	
	The Child Welfare System in New York City	1
	Gay and Lesbian Adolescents in Child Welfare	5
CHAPTER II	A REVIEW OF THE LITERATURE	
	Introduction	9
	Gay and Lesbian Youth in Child Welfare	12
	Adolescent Homosexuality Defined	18
	The Numbers Game	22
	Causes of Homosexuality	24
	Adolescent Development and Coming Out	28
	Stigmatization and the Effects of Homophobia	35
	Stress, Isolation and Stigmatization	37
	School Problems	39
	Gay and Lesbian Youth Suicides	41
	Lack of Understanding	44
	Family Issues	46
	Runaway, Homeless and Street Youth	48
	Adolescent Prostitution	50
	Alcohol and Substance Abuse	51
	Adolescent Detention	52
	Health Care	54

Verbal Harassment and Violence	55
Conclusions	57

CHAPTER III **METHODOLOGY**

Introduction	59
Data Analysis	60
Qualitative Methods	61
Grounded Theory	63
Sample	68
Sampling Design	68
Locating Subjects	72
Statistical Breakdown of Sample	74
Gay and Lesbian Adolescents in Child Welfare	74
Non-Traditional Advocacy Agencies	76
Traditional Voluntary Child Welfare Agencies	77
Child Welfare Administration	79
Instrumentation	81
Research Tools	81
Conclusions	85

CHAPTER IV **PROFESSIONAL AND AGENCY RESPONSE TO GAY AND LESBIAN ADOLESCENTS**

Introduction	87
EXISTENCE AND REALITY	
Gay and Lesbian Adolescents Do Exist	89

	xiii
There Have Always Been Gay and Lesbian Kids in Care	91
There Must Be Some . . .	94
Girls Are More Invisible	95
There Are No Gay or Lesbian Kids in This Agency	96
CONTRIBUTING FACTORS TO PROFESSIONAL PERCEPTIONS	
Discomfort	100
Discomfort Discussing Sexuality in General	100
Discomfort Discussing Homosexuality	101
Words Alone Can Create Discomfort	106
Myths and Stereotypes	106
Misinformation	108
"Encouraging," "Steering," "Pushing"	108
Fear of Contagion	110
A Matter of Choice?	111
Fear and Ignorance	113
Homophobia	113
Homo-Ignorance	116
Lack of Knowledge	116
Picking Up the Cues/"Gaydar"	116
PERCEPTIONS REGARDING THE PLACEMENT OF GAY AND LESBIAN ADOLESCENTS	
Discrimination	118
Disposing of Gay or Lesbian Adolescents	119

	xiv
Multiple Placements and Replacements	121
Accepting Gay Youngsters Stigmatizes the Agency	124
The Gay Group Home	125
If You Thought Boys Were Hard to Place . . .	126
Gay and Lesbian Kids Were Viewed as a Big Problem	127
PERCEPTIONS OF OTHER PROFESSIONAL'S ATTITUDES TOWARD GAY AND LESBIAN YOUNG PEOPLE	
Perceptions of Administrative Attitudes	129
Perceptions of Child Care Worker's Attitudes	131
Perceptions of Social Worker's Attitudes	136
Perceptions of Changes in Staff	137
Staff With Regrets	139
No One Knew What To Do With These Kids	140
THE PERCEIVED IMPACT OF RELIGION, RACE, AND CULTURE ON RESPONDENT'S ATTITUDES	
The Perceived Role of Religion	140
The Perceived Role of Religion and Culture	143
The Perceived Role of Race and Culture	144
THE PERCEIVED IMPACT OF GENDER AND SEXUAL ORIENTATION ON ATTITUDES	
Male Verses Female Workers	148

Perceptions of Gay and Lesbian Staff	151

THE PERCEIVED IMPACT OF AGE ON ATTITUDES

Maturity of the Worker	155

Conclusions	156

CHAPTER V THE RESPONSE OF YOUNG PEOPLE

Introduction	158

THE NEED TO HIDE

Sensing Differentness	160

Initiating the Hiding Process	161

Isolation	163

Dismissal of Feelings	164

Conflictual Feelings	166

They Could Change If They Wanted To . . .	167

Self-Perceptions	168

PERCEPTIONS OF PLACEMENT

"We Don't Exactly Get the Welcome Wagon"	170

Multiple Placements and Replacements	171

Replacements and Feelings of Rejection	172

Experiencing Acceptance	173

PERCEPTIONS OF TREATMENT BY STAFF

Negative Experiences	174
Denial of Existence	174
Perceptions of Staff's Lack of Knowledge	175
Perceptions of Staff Stereotypes and Myths	177
Perceptions of Staff Hostility to Homosexuality	178
Perceptions of Inequality	179
Perceptions of the Impact of Religion	182
Perceptions of the Impact of Race and Culture	182
Staff Threats to Confidentiality	183
Staff Use of Verbal Slurs	184
Perceptions of Staff Gender Difference in Response to Homosexuality	184
Positive Perceptions	185
Gay and Lesbian Staff	185
Perceptions of Staff Openness	186
Perceptions of Staff Understanding	187
Perceptions of Staff Caring	188
Perceptions of Staff Acceptance	189
Perceptions of Mixed Responses	190

PERCEPTIONS OF TREATMENT BY PEERS

Positive Experiences With Peers	192
Sometimes the Kids Were Better Than the Staff	192

Perceptions of Staff Influence on Peer Responses	193
The Positive Impact of Numbers	194
Perceptions of Mixed Responses From Peers	194
Some Were Accepting, Some Weren't	194
At First They Were Afraid	195
Perceptions of Negative Peer Responses	196
Dissatisfaction With Placement	196
Discretion in Disclosure	198
Peer's Lack of Information	199
Questions Based on Ignorance	199
Sexual Relations Between Young People	200
REFUSING TO HIDE	
Unwilling to Hide	205
The End of Hiding	206
Conclusions	206

CHAPTER VI **ISSUES OF SAFETY: HARASSMENT AND VIOLENCE**

Introduction	208
FEAR OF DISCLOSURE	
Rejection	211
A Pattern of Multiple Placements and Replacements	212
The Relative Safety of the Street	213

VERBAL HARASSMENT IN CHILD WELFARE PLACEMENTS

Verbal Harassment at Home	218
The "Garbage" Metaphor	220
The Cultural Context	221
Harassment From Foster and Adoptive Parents	221
Verbal Harassment From Peers	222
The "Welcoming" Process	223
The Mitigating Effects of Physical Size	225
The Cumulative Effects of Harassment	225
Fear of Escalation From Verbal to Physical Abuse	226
The Community Response to Verbal Harassment	226

PHYSICAL ABUSE

Physical Violence By Family Members	228
Physical Violence By Peers	231
Physical Violence By the Community	233
Physical Violence By Staff	233
Sexual Favors	237
Staff Refusal to Intervene	238
Those at Greatest Risk of Violence	240
Conclusions	241

CHAPTER VII CONCLUSIONS AND IMPLICATIONS FOR PRACTICE

Introduction	243
Review of the Study	244
ADMINISTRATIVE CHILD WELFARE POLICY ISSUES	245
TRAINING AND DEVELOPMENT ISSUES	249
CHILD WELFARE PRACTICE ISSUES	256
GENERIC SERVICES VERSES SPECIAL SERVICES	257
CLINICAL ISSUES	263
Areas For Further Study	270
Conclusions	273
APPENDICES	278
Appendix A	
Interview Schedule for Child Welfare Professionals	279
Appendix B	
Interview Schedule for Gay, Lesbian, and Bisexual Young People in Care	283
BIBLIOGRAPHY	288

CHAPTER ONE

INTRODUCTION

The subject of gay and lesbian adolescents in child welfare settings is one about which many people have opinions though very few have any facts. The fact that discussions focusing on sexuality of any type have been restricted in American culture, makes open discussions about homosexuality even more taboo. As if this were not difficult enough, add to the discussion the assumption that society expects children to be innocent and non-practicing heterosexuals and most professionals will find that this is not a familiar or comfortable discussion. Indeed, this is a subject which, when (and if) openly discussed, evokes strong, emotionally charged responses from many child welfare professionals. The discussion is further impeded due to a lack of accurate information about homosexual orientation by child welfare practitioners.

Prior discussions, when they have taken place, were usually driven by stereotypes, misconceptions, and ignorance. This study represents the first attempt to comprehensively examine and investigate the meaning and experiences of self-identified gay and lesbian adolescents in out-of-home care child welfare settings.

The issue of gay and lesbian adolescents in out-of-home care child welfare placements, is one of many issues which confronts New York

welfare placements, is one of many issues which confronts New York City's Child Welfare Administration. This system, like many others across the nation, is overburdened by its charge to care for thousands of emotionally, physically, and sexually traumatized children, who cannot or should not live with their families of origin. In 1991, there were four hundred and thirty thousand children in foster care in the United States (Sheehan, 1993, p. 60). By the end of June 1993, there were 48,086 New York City children who, rather than living with their own families, were living in some type of out-of-home care placement (CWA, 1993b, p. 1). It is estimated that 12,687 of these children are adolescents (HRA, 1992, p. 5). There are no figures that estimate the number of gay and lesbian young people in care. In fact, until recently, gay and lesbian young people in child welfare settings were an invisible population.

The Child Welfare System in New York City

Before moving directly into the issue of gay and lesbian adolescents in the system, it would be helpful for the reader to have an understanding of the child welfare system in New York City. The system is the largest local operation of its type in the country and somewhat unique in its approach as it encompasses within its framework a conglomeration of public and voluntary entities. The dominant agency, from a legal perspective is the Child Welfare Administration (CWA), which operates under the

auspice of the New York City's Human Resources Administration (HRA). By its own definition:

New York City's Child Welfare Administration (CWA) provides protective, preventive, foster care and adoption services to families and children in accordance with state law. When the safety or well-being of the child requires placement away from the natural parents, CWA provides foster care, either through a contracted voluntary agency or through the Office of Direct Child Care Services (HRA, 1993, p.1).

The Child Welfare Administration manages the child and family's case, sets policies and procedural guidelines for all child caring agencies and concentrates its efforts and resources on children who are "at risk." The tradition in New York City, has been for children in need of foster care services* to be referred to voluntary child caring agencies. In fact, since 1875, such care was exclusively provided by non-public agencies through a purchase of service contract. In the 1940's, the Bureau of Child Welfare, the predecessor to CWA, established its own placement units (Greenspan, 1983).

Currently, there are 69 voluntary child caring agencies that contract with the Child Welfare Administration to provide out-of-home care. These agencies have had an unusually large voice in child welfare policies and practices, primarily due to their history of being the

* Throughout this work the terms foster care, out-of-home care

placement and child welfare services are used interchangeably.

sole providers of care for foster children. The fact that most of these agencies "fall within the orbits of the major religious federations also provides them with a strong political counterweight to any public sector pretensions" (Greenspan, p. 61).

The City, though its Office of Direct Child Care Services - ODCCS also provides direct out-of-home care services for children and their families. Until recently, this system served as a safety net for children who needed placement but who were not accepted by the voluntary agencies for various reasons. The Family Court, has also increasingly played a major role in supervising and periodically reviewing the status of almost all children who are in care for more than eighteen months. This means that along with CWA, the Family Courts share the authority of deciding whether a child stays in care, is returned to his or her parent or should be freed for adoption.

The current family preservation philosophy of child welfare which recommends prevention strategies offering an array of services, rather than separating children from their families, contends that it is more desirable to keep children at home with their own families of origin when ever possible. However, when out-of-home care placement is deemed to be necessary, the focus is then, to

work with and to reunite the child with their families as soon as possible. Residential services provided by CWA and the voluntary agencies are classified into three broad levels of care based on the following elements: intensity of care and treatment, size of facility, cost, degree of restrictiveness, concentration of professional staff, staff-to-client ratios, the use of on-site verses community resources and the extent to which the child's daily activities resemble those of other children (New York State Council on Children and Families, 1988, p. 169). This classification scheme contains three levels: family foster care; group care - including group homes and group residences; and institutional or congregate care placements. Young people and agency staff interviewed for this study were represented from all three levels of this scheme.

Gay and Lesbian Adolescents in Child Welfare Placements

Gay and lesbian adolescents are present in every type of child welfare setting, but because most child welfare professionals do not have adequate knowledge about homosexual orientation and because gay and lesbian young people have been socialized to hide, they are often perceived to be an invisible population. Whether they are readily identifiable or invisible, most gay and lesbian young people have rarely been provided with the kind of services and understanding that they truly needed.

Throughout its history, child welfare agencies have struggled to understand and adapt to racial, ethnic, religious, physical and cultural diversity in providing their services to children and their families. But they have not, until now, been prepared to add sexual orientation to that list. Societal stigmatization and anti-homosexual sentiment has made it possible for agencies to continue to discriminate against lesbian and gay adolescents. As such, they have been denied adequate access to appropriate child welfare services.

While the majority of gay and lesbian youth are not totally denied access to care, the lack of appropriate program planning and staff training makes their lives in many of these settings intolerable, causing them to have multiple placements or worse yet, impelling them to turn to the apparent safety of the streets. Additionally, the majority of child welfare practitioners erroneously focus on identifying this hidden population, as opposed to focusing their energies on creating more positive and safe environments for all young people to live in, regardless of their sexual orientation.

Adolescents with a series of unsatisfactory placements usually leave care and join the growing numbers of young people who are live on the streets. Adolescents who feel that they are "unwelcome" or who are asked to "change" a part of themselves that is not possible to change, or who are "disposed" of, as though they were garbage, or who feel that they are misunderstood by staff and

feel unsafe in a group home or foster home will leave such unsatisfactory settings when they conclude that the streets meet their needs better than the service system. As a system, which is by its own definition designed to provide protective and preventive services for the safety and well-being of a child when the family system fails, practitioners must themselves why this is not being done for gay and lesbian adolescents? If streets are meeting young people's needs better than child welfare agencies, which are, by design, developed to protect and shield children, then, there are very serious questions which child welfare practitioners need to examine regarding the quality of care that their agencies provide.

Program planning and policy development for the lesbian and gay adolescents in out-of-home care settings presents unique challenges to the child welfare profession and yet, this is a phenomenon which has never before been investigated. This exploratory study of the experience of gay and lesbian adolescents in New York City's child welfare system is an effort to uncover clues about how both professionals and the young people themselves perceive the experience. The usefulness of such a study is to develop recommendations for professionals to address the inadequacies of the care given to this population and moreover to develop strategies for supporting a more gay/lesbian affirming child welfare environment. In addition, this study provides the young people, who are most affected, with an opportunity to tell their story in their own words.

The study begins with a review of the literature in Chapter two, followed by a discussion of the methodology and study design found in chapter three. The major findings of the study, presented in chapters four, five, and six identify several themes which emerged from the data. Chapter four explores the experience from the child welfare professional's perspective. Chapter five examines the perspective from the young person's point of view. Chapter six addresses issues surrounding safety and protection from harassment and physical violence. Flowing from these themes are recommendations, outlined in chapter seven for policy development, for training and development, for child welfare practice and clinical interventions.

CHAPTER TWO

A REVIEW OF THE LITERATURE

Introduction

Recent media attention has thrust a variety of gay and lesbian issues out of the closet and into the homes of millions of people during the past two years. Issues as varied as same-sex parental adoptions (New York Times, 1992b, 1993b); gay and lesbian partnership (Bennet, 1993; Schmaltz, 1993c); benefits for same-sex partners (De Palma, 1992); gay and lesbian parents (Chira, 1993; Goleman, 1992; Gross, 1991); the March on Washington (Berke 1993; Naegle, 1993; Schmaltz, 1993a); the anatomical idiosyncrasies of brains in gay men (Angier, 1991a, 1991b, 1992, 1993; Bailey & Pillard 1991; Burr, 1993; Gelman, 1992; Le Vey, 1991); the power of lesbians (Salholz, Glick, Beachy, Monserrate, King, Gordon, & Barrett, 1993); gay and lesbian content in school curriculums (Levy, 1992; Myers, 1992a, 1992b; New York Times, 1992d); gay rights (Sack 1993a, 1993b; Schmaltz, 1993b) or the restriction of gay rights (Gross, 1992; Johnson, 1993); gays and the boy scouts (New York Times, 1992); the first gay comic book character (New York Times 1992); and finally the highly sensationalized and very dissatisfying result of the movement to end the ban on gays and lesbians in the military (Gordon, 1993, Manegold, 1993, Schmitt (1993a, 1993b, 1993c, Schmaltz, 1993a, Welch 1993). It seemed that

after years of being relegated to a whisper, the issues of gays and lesbians were now being dealt with openly and visibly.

Ironically, in the midst of such attention, the overall response from the child welfare community has been an uncomfortable silence.

Many remain silent not because they are callous or agree with intolerance, but because they are afraid to speak up. They may fear creating public controversy by appearing too sympathetic to gay and lesbian young people, "promoting" homosexuality, being accused of being gay or lesbian themselves or even losing their jobs. The stereotypes and mythology surrounding gays and lesbians, has persisted in spite of substantial evidence to the contrary. Many child welfare professionals still fear that an openly gay or lesbian worker would molest a same-sex child in their care. Most continue to believe this misconception even after being presented with research data which clearly indicates that both girls and boys are more likely to be molested by heterosexual males (Newton, 1978, Southern Voice, 1992). Nonetheless, child welfare professionals have a professional and ethical responsibility to seek and develop safe and appropriate out-of-home care settings for all young people regardless of differences in personal opinions about homosexuality.

Schneider, (1988), best captures the inability of child welfare professionals to deal with the open, self-identified homosexual

adolescent when she quotes a group home supervisor who reports:

We have always had gay adolescents though they were often invisible. They said nothing about it and neither did we. Then kids started openly stating they were gay, and suddenly we didn't know how to respond (p.13).

In many cases, child welfare agencies still don't know how to respond. This population is so unacknowledged, that many agencies, despite statistics, are convinced that they do not have any gay or lesbian youngsters in their agencies (CWLA, 1991). Given the statistics, whatever study you choose to rely on, Kinsey (1948, 1953) or Guttmacher (1993) this is highly unlikely. Although society often stereotypes the homosexual as a white, effeminate man, the gay and lesbian population includes youth from every ethnic, social, economic, racial, cultural, and religious background (Gibson, 1989; Martin, 1982). Only some of these youth are gender nonconforming, and gender nonconforming behavior does not necessarily mean an adolescent is gay or lesbian (CWLA, 1991). The reality is that most child welfare professionals are so ill-prepared to deal with this population or have such inadequate and inaccurate information about homosexual orientation that they do not recognize that there are gay and lesbian young people currently within their own structures.

This literature review will examine the experience of gay and lesbian adolescents in out-of-home care child welfare settings. While the literature pertaining to gay and lesbian adults has

grown, there has been little empirically-based information collected on this population from an adolescent perspective.

In fact, while there is a lack of literature which exclusively addresses the population of gay and lesbian youth in child welfare settings, there is a representative body of literature on the development of a homosexual identity, the stigmatization process, and the effects of that stigmatization on the young gay and lesbian youth. Given the fact that this would be a very brief literature review if one were to simply review the literature on gay and lesbian youth in child welfare, the review will be broadened to include discussions of the issues pertaining to gay and lesbian youth in general.

Gay and Lesbian Youth in Child Welfare

One of the most salient aspects of a review of the literature on adolescent homosexuality in child welfare is the paucity of literature. A literature search of Social Work Research and Abstracts from 1977 - 1992 revealed only 12 articles about gay and lesbian youth. A similar search using the Psych-Lit database from January 1987 to March 1993 identified an additional 15 articles. Only five articles, four of which are written by this author, could be found which specifically address the issues pertaining to youth in out-of-home care settings (Steinhorn, 1979; Mallon, 1992a; Mallon, 1992d; Mallon, 1993a, 1993b). The majority of documentation that does exist investigates the experiences of gay

males. Studies on lesbians in child welfare are noticeably absent, with the exception of Steinhorn's (1979) article.

Noting the paucity of literature with respect to young lesbians Steinhorn said:

Our male-oriented culture has done more research on male homosexuality than on lesbianism, but the incidence of lesbianism may be just as high (p. 495).

Using case examples, the author makes several excellent points regarding the personal implications of being a lesbian and professional attitudes toward lesbianism. Steinhorn concludes by noting implications for the profession stating:

We must educate and raise the consciousness of staff in our residential treatment centers to stop reinforcing the negative aspects of being homosexual. We need to talk about it with staff and bring it out in the open. Although a difficult task, talking and discussing issues and attitudes would help staff understand what it means for some adolescents to be gay. They need to be helped to see that homosexuality is neither a mental illness nor a disease and that there is no reason to shame these young lesbians about their preference (pp. 497-498).

Mallon (1992a; 1992d; 1993a, 1993b) attempts to be inclusive by addressing the issues and needs of both lesbian and gay adolescents in out-of-home care settings. Mallon's (1992a) article discusses factors that can help make placement a positive experience for gay and lesbian young people. Mallon's (1992d) article focuses on the

needs of gay and lesbian youth in residential treatment centers. Utilizing experiences gained from working with gay male adolescents in a residential center in New York City, the author suggests that gay and heterosexual residents can be successfully integrated into one residential program. The article emphasizes that education and on-going training of all levels of staff, board members and other residents about gay and lesbian issues, and encouraging them to examine their own responses to homosexual orientation, can enhance opportunities for identifying, addressing, and serving the needs of this client group.

Two other articles written by Mallon (1993a & 1993b) provide a concise overview of the issues pertaining to this population of young people. Additionally, these articles identify suggestions for developing a gay-affirming environment and discuss the need for child welfare agencies to develop policies that are based on professional practice principles, not on personal bias.

Child welfare agencies are expected to meet the best interests of all children, youth and families in their care, striving to recognize and value racial, ethnic, religious, physical, and cultural diversity in providing services. Historically, however, the unique needs of some clients groups have not always been adequately recognized. Gay and lesbian youth are one group of clients who are still undeserved by child welfare agencies (CWLA, 1991). The Child Welfare League of America notes:

The improvement of services for gay and lesbian youths should be based upon our professional code of ethics that mandates "we start where the client is," and calls upon us to respect client diversity as we address client needs (p. 21).

In January of 1991, responding to the interests expressed by a group of member agencies, the Child Welfare League of America convened a group of child welfare professionals to advise it on how to better serve the needs of gay and lesbian youth. The colloquium participants were asked to make recommendations that might best advance child welfare practice for this group of young people who due to their stigmatized status in society are at "high-risk" for severe psychosocial stressors. The recommendations from this colloquium were published in January of 1992, and distributed to the 670 member agencies of the League. Although the report was widely distributed and a subsequent article was written by this researcher and published in Volume 71 of the League's Journal, both documents were received with little or no comment from the general membership. The anticipated discussion or even rebuttal was never registered, the only response was silence.

The results from this colloquium entitled Serving the Needs of Gay and Lesbian Youths in Child Welfare: The Role of Child Welfare Agencies included recommendations for agencies interested in providing quality services for gay and lesbian young people; recommendations for administrative policy, for child welfare practice, and for advocacy. In addition, the publication discusses

the challenge of serving this population, provides professionals with a summary of what is already known about adolescent homosexual orientation, outlines potential barriers to providing quality services and includes an insightful section of thoughts from an agency's Chief Executive Officer, who identifies a number of issues which confront an agency Executive Director with respect to dealing with the this population of young people. This document reflects the League's commitment to effective services for children that respect diversity. It is a well written, comprehensive, and useful tool for child welfare agency staff. If it is read by professionals in the field, it will also be an excellent starting place for professionals interested in honestly approaching and discussing this topic from a professionally based perspective.

The issues of lack of access to social services which are gay-affirming and professional staff's inability to address the needs of gay and lesbian adolescents are largely due to a lack of training and sensitivity. Dulaney & Kelly, (1982); Hidalgo, Peterson, & Woodman, (1985); Mercier & Berger, (1989); Needham, (1977); Schneider & Tremble, (1986); Schneider (1988); Whitlock (1989) have all written about the need for the development of gay-affirming social services and the need for professional staff to become more comfortable dealing with issues of homosexual orientation through training and familiarization with accurate and adequate information.

Hidalgo, Peterson, & Woodman (1985) were responsible for compiling a resource manual for social workers on gay and lesbian issues published by the National Association of Social Workers. One section, written by Terry (1985) specifically addresses gay and lesbian issues as they pertain to youth in residential treatment. This segment garners credit for being part of the collection, but scores low points because it addresses the topic in a very superficial manner.

Mercier & Berger (1989) contributed a comprehensive and thorough article based on survey data ($n = 49$) of gay and lesbian youth from Orange County, California. The survey explored the nature and extent of the respondent's psychosocial problems as well as questioned them about the resources to whom they turned for help. The article notes that social service needs of gay and lesbian adolescents centered on issues of identity management, depression, limited resources for getting help, and interpersonal relationships with family members.

Needham (1977) uses a case example to detail some supportive, innovative, and outreach techniques for working with a self-identified, homosexually oriented adolescent. The author encourages the social worker to accept the gay client's orientation as valid and immutable.

Schneider & Tremble's article (1986) describes a three hour

workshop for service providers working with gay and lesbian adolescents. The workshop is designed to assist providers in developing skills to address a variety of issues specific to the needs of the population.

Schneider (1988) and Whitlock (1989), both of whom are cited throughout this review, deserve special attention as they are particularly excellent resources. Both include well thought-out and comprehensive discussions about social service delivery and focus exclusively on issues relevant to the experience of the homosexually oriented adolescent. They are readable and excellent resource guides for the helping professional interested in working with and understanding the needs of gay and lesbian youth.

Adolescent Homosexuality Defined

Adolescent homosexuality has been approached by service providers and researchers from a number of perspectives. Many theorists have developed their own definitions of homosexuality (Berger, 1983; Green, 1988; Hooker, 1957, 1967; Isay, 1989; Marmor, 1980; Saghir & Robins, 1980). Others have studied them (Paul & Weinrich, 1982; Richardson, 1984; Shiveley, Jones, & de Cecco, 1984; Tripp, 1987; Weinberg & Williams, 1974). Homosexuality can however, be defined using the same terms employed to define heterosexuality - "the emotional and physical attraction to persons of opposite sex; including falling in love, caring for, and making a commitment to

another person" (Schneider, 1988, p. 18). The only difference is that in homosexuality the partners are of the same sex. The tendency for most people is to focus exclusively on the sexual aspects of homosexuality. Homosexually oriented people often become labeled for their sexuality. Schneider (1988) notes that often the very descriptor "homosexual" is allowed to obscure everything else about a person. The inordinate amount of attention to the sex aspect of homosexuality is usually associated with the mythology and stigma attached to it. Within homosexuality and heterosexuality there are a wide range of behaviors, sexual and otherwise. Homosexuality differs from heterosexuality only in that the object of attraction is a person of the same sex.

Eichberg (1991) and Gonsiorek & Weinrich (1991) recommend the use of the term sexual orientation rather than sexual preference because most research findings indicate that homosexual feelings are a basic part of an individual's psyche and are established much earlier than conscious choice would indicate (Gonsiorek & Weinrich, 1991, p. 2).

Other investigators, most notably Spitzer (1981) have indicated that sexual orientation involves a sense of identity, role and fantasy. Spitzer's definition points out that homosexuality is a "persistent pattern of homosexual arousal but also a persistent pattern of absent or weak heterosexual arousal" (p.212).

Cates (1987); Herdt (1989); Remafedi (1985, 1987a, 1987b, 1987c); Remafedi & Blum (1986); Schneider (1988); Tremble (1988); and Savin-Williams (1987, 1988, 1989b, 1990a, 1990b) have all made significant contributions to body of literature that specifically addresses adolescent homosexuality.

Remafedi's articles focusing on adolescent male homosexuality, published in a variety of medical journals, are excellent. They are often cited and are significant in that his findings represent data collected from quantitative empirically-based studies. In this investigator's opinion, the fact that Remafedi's studies have been met with some criticism for making generalizations based on a relatively small (N=29) sample size does not diminish the importance of his findings.

Savin-William's contributions consist of several articles (1987,1988, 1989b, 1990a) focusing on ethological and theoretical perspective accounting for adolescent homosexuality and one full-length book on gay and lesbian youth (1990b).

Tremble (1988) examined the experience of Canadian gay and lesbian adolescence from a qualitative perspective. Similarly, Schneider (1989) conducted a study with 25 self-identified lesbians ages 15 to 20 which added to the limited literature on lesbian adolescents. Cates' (1987) article describes dynamics and interventions in relation to adolescents who express concern about gay and lesbian

issues. The author advocates therapeutic intervention based on psychological and emotional aspects of sexual orientation and offers three case studies of young homosexuals in the early, middle, and late stages of adolescence. Cates concludes by suggesting various clinical interventions and strategies to be used by professionals in response to addressing the unique needs of these young people.

Deisher's preface (1989) and Herdt's introduction (1989) to a collection of articles on gay and lesbian youth (Herdt, 1989), act as an excellent foundation for investigation into the field of study of gay and lesbian youth. Ricketts (1986); Robinson & Dalton (1986); Roesler & Deisher (1972); and Slater (1988) have also addressed general issues pertaining to the homosexually oriented adolescent.

The conflictual nature of the gay and lesbian youth's experience is captured by Boxer & Cohler (1989); Schneider and Tremble (1985); and Troiden (1979) who discuss issues pertaining to working with the confused adolescent.

The Numbers Game

The scientific measurement of sexual behavior began with the work of Kinsey, Martin, & Pomeroy (1948, 1953). Their studies were based on in-depth interviews, with approximately 20,000 subjects. The data collected indicated an amount of homosexual activity greater than was previously acknowledged. Based on their findings it was until recently, generally accepted and documented that 10% of the general population is homosexual. Gonsiorek & Weinrich (1991) however caution that this figure and indeed the overall findings themselves, could not be cited uncritically. Noting that the statistics reported behavior as opposed to inner orientation or fantasy, and described a particular sample population at a particular time, these authors acknowledge the flaws of this landmark study.

Other studies have both supported and challenged Kinsey's findings. A recent report, The Janus Report (1993), estimates that 9 percent of American men are homosexual and 5 percent of women. On the other hand, another study, by the Alan Guttmacher Institute, and conducted by researchers at the Battelle Human Affairs Research Centers in Seattle, caused considerable debate and was touted to be one of the most thorough reports on male sexual behavior ever. Its findings indicated that only 1% of the 3,321 men surveyed said that they considered themselves to be exclusively homosexual

(Guttmacher, 1993). This study too, can not be cited without criticism. Several critics pointed out that the survey was limited to men between the ages of 20 and 39, a period in which many adults have still not come to terms with their sexual orientation. Some have argued that the survey coldly compiled sexual acts, without dwelling on the more complex and elusive questions about sexual identity. Others have noted that sexuality is much more than just sexual behavior. One of the study's authors conceded that there were two flaws. First, 30% of the men asked to participate refused. Second, participants in surveys like this one tend to give "socially appropriate" answers. Because many have been taught to believe that homosexuality is morally "incorrect," it is likely that men will underreport their homosexual feelings and behavior (Miessner, 1992, p. A22). Another author notes that whatever the number, part of the reason that so much fiction has persisted is that scientists have not succeeded in securing federal funding to do much research. In the late 1980's, Congress approved two national surveys of sexual behavior, one for adults and one for teens. But conservatives, led by Senator Jesse Helms and Representative William Dannemeyer, killed the measures. They argued that the studies would give homosexuality more standing than it deserves (Painton, 1993, p. 29).

These new findings, as controversial as they may be, are in line with a series of surveys of sexual practices done in each of the four years by researchers at the University of Chicago, and with

recently published reports from Britain, France, and Denmark (Barringer, 1993). Kinsey's studies (1948, 1953) however, despite their flaws are still important because they were the only statistics on sex for many years and because they were the first to indicate that it is invalid to dichotomize heterosexuality and homosexuality. An individual's sexual orientation generally lies on a continuum between the two absolutes, and one's position on that continuum may vary with time and experience.

Causes of Homosexuality

There has been a great deal of discussion and debate about the cause of homosexuality. Kirsch & Weirich (1991) ask in their article: Is homosexuality natural? The authors assert that homosexuality is part of the range of behavior that has molded humans. They conclude that human homosexuality is as biologically natural as human heterosexuality. Noting that "like left and right handedness, the two are expressions of a single human nature that can be expressed differently in different individuals" (p. 30).

Based on studies that examined a cluster of cells in the hypothalamus in the brains of heterosexual and gay men, it has also been suggested that sexual orientation is biologically determined (Le Vey, 1991). Other studies suggest that homosexuality is genetically determined (Angier, 1991a, 1991b; 1992, 1993; Bailey & Pillard, 1991; Burr, 1993; Gelman, 1992; Kirsch & Weirich, 1991) or that it is a combination of genetics and early childhood influences

(Acosta, 1975, De Cecco, 1981, Shiveley, Jones, & De Cecco, 1984). Other research on sexual identity has found that sexual orientation has already been formed by the time of adolescence (Bell, et al, 1981). Although there is no conclusive evidence proving the exact age that sexual orientation is formed, there is general agreement from the research data that most young people become aware of their sexual orientation during adolescence (Savin-Williams, 1988; Remafedi, 1987a; Remafedi, 1987b; Saghir, Robbins, & Walbain, 1973). In a recent study (Mallon, 1992c) noted that average age for same sex sexual attraction first occurred at age 12, but many adolescents reported sensing something "different" about themselves as early as age four or five. Kinsey and colleagues indicated that as adolescents enter adulthood, about 13% of the young men and 7% of the young women will be predominately homosexual (Kinsey, et al, 1948). Subsequent studies found similar results (Remafedi & Blum, 1986; Kinsey, et al, 1953). Bell et al. (1981) found that adolescents recognize homosexual feelings three years before they act on them. These young people either engage in heterosexual activity, refrain from sexual contact or identify as bisexual during adolescence and as homosexual during adulthood (Jay & Young, 1977).

Reiter (1989) argues that sexual orientation, which is determined early in life, may or may not match sexual identity, which the author notes can change over time. The author give particular attention to the debate over choice and reviews the matter of

choice as documented in the literature. Using two case examples, to illustrate her points, the author argues that identity, not orientation, is open to choice.

Many children in out-of-home care child welfare placements have been sexually abused. Child welfare professionals sensitized to the issues of sexual abuse of children, often ask if such experiences can make a youngster gay or lesbian. Schneider (1988) notes that there is no evidence that sexual abuse causes homosexuality. There are lesbians and gays who have been abused sexually, just as there are heterosexuals that have been abused sexually and although it may cause confusion, sexual abuse does not affect sexual orientation. Gay and lesbian young people who believe that the abuse "made" them that way, may reject their sexuality, perceiving it negatively as a symptom of the abuse. Sexual abuse and sexual orientation are two distinct and separate issues and should be addressed from individual perspectives and not viewed in a causal relationship (Schneider, 1988).

Some researchers have documented the various efforts which have been made, and subsequently found to fail, in changing one's sexual orientation (Hetrick & Martin, 1983; Duberman, 1991; Martin, 1984; Socarides, 1978). One of the concerns expressed by opponents of the New York City Board of Education curriculum which teaches tolerance is that teaching about homosexuality will encourage adolescents to experiment. However as one researcher notes: "there

is absolutely no evidence that orientation can be changed due to exposure to other people and educational messages. If it could, everyone would be straight" (Green, 1993b).

In a recent article, which discussed research on the biological determinant of homosexuality, Bull (1993) notes:

A National Institute of Health study of gay men that links their homosexuality to a specific chromosomal structure has intensified a growing debate about the cause of sexual orientation (p. 30).

The study's researchers questioned 114 openly gay male volunteers about the sexual orientation of the males on the maternal side of their family and found that statistically they were more likely to be gay than men on the paternal side of their families. Then by studying DNA samples from 40 sets of gay brothers taken from the group of volunteers, the authors found that 33 pairs of 40 pairs of gay male brothers who participated in the study had identical DNA strands, called a marker, on a region of the X chromosome, part of the genetic material contributed by the men's mothers. The authors are working on a similar study involving lesbians. Advocates note that this study is an important addition to the growing body of evidence suggesting a genetic basis for homosexual orientation in some people. It is also important because it can show that homosexuality occurs naturally and is a common variation among humans - a fact that gay and lesbian people have known all along.

Critics pointing to the flaws of the study suggest that the findings are premature and recommend that the researchers should have waited two or more years to make sure that the research was more solid before publishing the results.

One advocate for youth summed it up best when she noted,

The issue is not what causes sexual orientation, but society's reaction to it. And that reaction leads to suicides. It causes gay people to be beaten up, to be thrown out of their homes, to be in incredible isolation (Steinem 1992, p.147)

One of the reasons that it is so difficult for people to understand homosexuality is that there are many myths and stereotypes about the gay and lesbian community. Eichberg (1990) demystifies homosexuality best when he says:

Some of us are heterosexual and others of us are homosexual and no one really knows why. Though many people might desire to do a way with homosexuality in themselves or in others, there are now, have always been, and always will be lesbians and gay men. Being attracted to one's own sex is as natural for someone who is homosexual as being attracted to the opposite sex is for someone who is heterosexual. Much like the differences in the colors of our hair, eyes, or skin; the shape of our bodies; or being right or left handed; it is not good or bad, right or wrong, or better or worse to be homosexual or heterosexual - it just is (p.9).

Adolescent Development and the Coming Out Process

Homosexual orientation often emerges during adolescence, when the

primary task is the formation of social and sexual identity. Adolescence is a time of tremendous cognitive, social, and biological change, and sexual discovery is a normal and important aspect of adolescent development. Even for pre-adolescents there is a period of sexual awakening and experimentation (CWLA, 1991).

In addition to the usual development tasks of adolescence, the gay and lesbian adolescents must also struggle with the developmental tasks associated with the decision to hide one's orientation or to come out. Coming out is defined as the developmental process through which gay people recognize their sexual orientation and choose to integrate this knowledge into their personal and social lives (De Monteflores & Schultz, 1978). During the past two decades, several investigators have proposed theoretical models that attempt to explain the formation of homosexual identities (Browning, 1987; Cass, 1979, 1983, 1984; Coleman, 1981, 1987; De Monteflores & Schultz, 1978; Gonsiorek, 1988; Gonsiorek & Rudolf, 1991; Maylon, 1981; Sears, 1989; Sophie 1988; Sullivan & Schneider, 1987; Troiden, 1979, 1989). While the various models propose different stages to explain this phenomena, they all describe similar patterns of growth and change as the milestones of homosexual identity development.

Troiden (1989) notes five similarities which exist in all of the models: first, nearly all models note view homosexual identity formation as taking place against a backdrop of stigma. This

stigma affects both the formation and expressions of homosexual identities. Second, homosexual identities are described as being developed over a protracted period of time and involve a number of stages. Third, homosexual identity involves an increasing acceptance of the label "homosexual" as applied to the self. Fourth, while coming out begins when the individuals define themselves as homosexual, thus disclosure takes place at a number of levels: to self, to other homosexuals, to heterosexual friends, to co-workers, and to the public at large. Fifth, lesbians and gays develop more personal and frequent contact with other homosexually-oriented people over time (p. 48).

The coming out models are an important theoretical development. Browning (1987) and Sophie (1988) examine the coming out process from the lesbian perspective. The authors identify some of the therapeutic issues which surface for the young adult lesbian client, including: separation from parents, development of social support, and other developmental issues that may effect the coming out process and the development of a positive lesbian identity.

Cass (1979, 1983, & 1984) introduced a model that contains a well-developed explication of the psychological processes involved emphasizing the cognitive aspects of coming out, focusing on cognitive dissonance as the motivation for movement through the process.

Coleman (1981) presents a relatively unelaborated model in which he identifies five developmental stages, namely: pre-coming out, coming out, exploration, first relationships, and identity integration (p. 31). In a later article which focuses on assessment of sexual orientation, Coleman (1987), identifies nine dimensions and introduces a modified Kinsey Scale of sexual orientation stating that the labels homosexual, heterosexual and bisexual "seem meaningless when one understands the complexity of sexual orientation" (p. 23).

De Monteflores and Schultz (1978) in their often cited and groundbreaking article on coming out, identify this as "the developmental process through which gay people recognized their sexual preference and choose to integrate this knowledge into their personal and social lives" (p. 59). They note a number of experiences as being critical to this process, namely: awareness of same-sex attractions, first homosexual experience, coming out in the gay world, labeling oneself gay or homosexual, coming out the family, friends, and co-workers, and finally coming out publicly. The authors identify several areas of psychological theory relevant to this process and note the differences in the coming out experiences of men and women.

Gonsiorek (1988) also notes that there appears to be differences between gay males and lesbians in the coming out process, which may be influenced by sex role socialization. The author notes that men

are confined to more narrow patterns of expression, whereas women are permitted to engage in a broader range of behavioral and emotional intimacy as permitted by contemporary social mores.

Gonsiorek & Ruldolf (1991), have identified a model that may serve as a framework for "articulating the psychological experience and identity formation of any group of individuals who are oppressed by the majority culture and suggests ways that the wounds of oppression may be healed" (p. 176). The concept of internalized homophobia is suggested as being useful in explaining the tendency of minority groups to vent their frustrations against one another instead of toward the majority culture.

The most psychologically oriented model to date was articulated by Maylon (1981). Maylon theorized that gay and lesbian persons, like heterosexuals, are raised with "culturally sanctioned anti-homosexual bias" (p. 323). As these individuals develop and mature, they reach a fuller understanding of the nature of their difference and can identify society's negative reaction to it. Negative feelings may, be incorporated into the negative self image, which can result in varying degrees of internalized homophobia. Negative feelings about one's sexual orientation can be generalized to encompass the entire person's sense of self. These feelings can range from mild self-doubt to severe self-hatred and the acting out of self-destructive behavior.

Maylon noted that adolescents faced with such social disapproval must make adaptations. Three common adaptations to "the dilemma of the homosexual adolescent are: a) repression of same-sex desires; b) a developmental moratorium in which homosexual impulses are suppressed in favor of a heterosexual or asexual orientation; c) homosexual disclosure and the decision to mobilize same-sex desires" (p. 326-327). For the young person in an out-of-home care settings, whichever adaptation they choose can cause difficulties. The repressed youngster may act out, displaying behaviors which reflect the least satisfactory results. The suppressed youngster often exhibits an identity formation which is truncated and is expressed through overachievement, compensating for feelings of inadequacy and unacceptability. Disclosure or self-identified gay and lesbian adolescents are often alienated and neglected by their peers as well as from the larger heterosexual culture. It is this last group, however, which most child welfare professionals so readily identify as "the homosexual residents" or "the openly gay residents." While it is this group that may be most identifiable for services, the other groups which probably do not display any "obvious, blatant or flamboyant" signs (as gender non-conforming behaviors are typically described by heterosexuals), they also represent a significant population of youngsters in placement who will, in later life, inevitably address issues of sexual orientation. Since the price of early disclosure is costly for homosexually oriented adolescents and the alternative to coming to terms with a homosexual orientation is hiding, which has overall

unhealthy consequences, perhaps, education and sensitivity to homosexual orientation during adolescence might facilitate a healthier "coming out process" for them in later life should they decide to self-identify (Mallon, 1992d).

Maylon's article concluded by calling for services to become more responsive to the special needs of this population noting that each of the possible adaptations to adolescent homosexuality tend to be problematic and will remain so until social policies and cultural attitudes change, ultimately extinguishing the stereotypical notions and irrational fears that serve as the basis for anti-homosexual bias.

In his research on growing up gay in the South, Sears (1989) points out that "Lesbian participants more often than gay men, attached emotional-romantic meaning to same-sex relationships prior to engaging in homosexual behavior, and defined the term homosexual in an emotional romantic context" (p. 437). Gramick (1984) and Ponce (1980) made similar observations.

Noting that when young people identify themselves as being gay or lesbian, that this is often dismissed as a phase, an adjustment reaction, or experimentation, Sullivan and Schneider (1987) argue that homosexual identity must be viewed from a developmentally non-pejorative perspective.

Troiden (1979) offered a early model of gay identity acquisition and in an article in (1989) used sociological theory to develop an ideal-typical model of homosexual identity formation. In this paper Troiden provided an excellent review of the various theoretical frameworks from other sources and presents his own four stage model representing a synthesis and an elaboration on previous research. These stages include: sensitization; identity confusion; identity assumption; and commitment. Noting that adolescents typically begin to personalize their homosexuality during this developmental stage, Troiden's identity confusion stage provides some excellent insight into the various strategies which adolescents may adopt in response to their confusion. He identifies five strategies, namely: denial, repair, avoidance, redefinition, and acceptance, as broad categories and gives specific examples of each within the context of the article.

Stigmatization and the Effects of Homophobia

Lesbian and gay adolescents face tremendous challenges growing up in a society that is almost uniformly anti-homosexual. These young people, particularly those in out-of-home care child welfare settings, face rejection, isolation, verbal harassment and physical violence at home, in school, and unfortunately even within the very structures which are by design, developed to protect and shield them from these negative influences. In response to sexual identity conflicts, hiding, internalized homophobia, conflicts with

religious beliefs and other culturally defined sexual and social roles, a fear of HIV infection, and struggling to balance their lives in both a homosexual and heterosexual world, gay and lesbian youth face increased anxiety and extreme stress which could lead to suicidal ideation and attempted or completed suicides (Hunter & Schaecher, 1990). Many gay and lesbian adolescents often act on this mental stress, caused not by their sexual orientation, but society's reaction to it, by engaging in high risk behaviors such as: alcohol and substance abuse, school truancy or dropping out, suicide, engaging in risky unprotected sex, which can lead to HIV infection and other sexually transmitted diseases, prostitution, and criminal activity. Additionally, they are at risk for homelessness, health care difficulties, family problems and due to a lack of familiarity on the part of service care providers and a lack of non-biased literature, young gay and lesbian people are often not provided with adequate or accurate information about their own sexual orientation.

Several authors have written exclusively about prejudice and homophobia and their devastating effects. Allport (1958) developed a comprehensive theory around prejudice; Blumenfield (1992) wrote an excellent book on the subject of homophobia which gives an outline for presenting a homophobia training workshop as well as some insightful exercises to stimulate discussion; Mc Naught (1993) documents the experience of gay issues in the workplace and provides a model workshop to battle homophobia; De Crescenzo (1985)

discusses homophobic attitudes of mental health professionals; Kirtzman (1992) wrote an article entitled "Lessons in Hate" about a student at the Harvey Milk High School in Manhattan and his experience with teenage homophobia; Lumby (1976) discusses the need to develop a valid scale to assess homophobia; Lutke, Molina, & Griffin (1993) discuss the need to abolish de-humanizing myths about lesbians and gays; Williams (1993) discusses the issue of the African-American community's feelings toward gay rights.

Stress, Isolation and Stigmatization

There are several reports in the literature which focus on the effects of stress and stigmatization (Hunter & Schaecher, 1987; Hetrick & Martin, 1987; Martin, 1982).

Gay and lesbian youngsters in out-of-home care settings, like most youngsters who live in them, have painful family histories, often having experienced serious maltreatment (COFCCA, 1993; Dugger, 1992a, 1992b, 1992c, 1992d, 1992e; Festinger, 1983; HRA, 1992; Kadushin & Martin, 1988). Sheehan's recent and very detailed account of a young woman and her family's experience in the New York City child welfare system (1993) deserves special mention.

Many of these young people have come into placement because they have been thrown out of their homes when they have revealed their sexual orientation, or they have left voluntarily and prematurely

because of their isolation, confusion, or shame about their sexual orientation (Mallon, 1992d). In a society that unquestionably expects children to be innocent, non-practicing heterosexuals, gay and lesbian adolescents are unprepared for their emerging identity, and there is no readily available framework in which young homosexuals can come to understand and accept their sexual orientation.

Teenagers of lesbian and gay sexual orientation struggle with the same problems of adolescence that confront other teenagers, but they also face other problems unique to their situation. Their lives are filled with the struggle which they must deal with in the midst of a largely rejecting and fearful society.

The difficulties which gay and lesbian teenagers face are intensified since many hide their identity and withdraw socially because they are afraid of adverse consequences. Hetrick & Martin (1987) note that the primary developmental task for the homosexually-oriented adolescent is adjustment to a socially stigmatized role (p.25). Using empirical data collected from the agency which they co-founded in 1979 and that now bears their name, The Hetrick-Martin Institute for the Protection of Lesbian and Gay Youth in New York, the data suggests that isolation, family violence, educational issues, emotional stresses, shelter, and sexual abuse are the main concerns for youth entering the program. The authors note that if these issues are left unresolved during

adolescence then they could greatly impact on their lives as adults. 80% of the youth reported severe isolation problems. They experienced social isolation (having no one to talk to), emotional isolation (feeling distanced from family and peers because of their sexual identity), and cognitive isolation (lack of access to good information about sexual orientation and homosexuality).

Martin's frequently cited article (1982) discusses the process by which the gay adolescent is stigmatized within society. He notes that during adolescence, young homosexually oriented persons are faced with the awareness that they may be among the most despised of groups and as such, they are socialized to hide.

Hunter & Schaecher (1987) note that, the stress and isolation which comes from hiding, makes the gay and lesbian youngster more prone to other psychological problems such as: low self-esteem, chronic depression, hopelessness, helplessness, detachment from family and friends, feelings of worthlessness, poor coping mechanisms, impulsivity, relationship conflicts, and being forced to leave their homes, having to survive on their own prematurely.

School Problems

Like all individuals that suffer from stigmatization, lesbian and gay adolescents need someone to talk to. Schools, have traditionally been one of the most important structures in a young

person's life, a place where young people could find an adult to turn to (Uribe & Harbeck, 1992). Unfortunately, many educational institutions have also maintained a "dark silence on the subject of homosexuality" (p. 16). Additionally, schools can also be the place where lesbian and gay adolescents first begin to experience the stigmatizing effects of minority group membership. For children who reveal their same-sex attraction, school often means a place for verbal and physical abuse from teachers and fellow students. This coupled with other homophobic practices that undermine their ability to learn, frequently causes gay and lesbian students to drop out of school altogether (p. 14). In an attempt to address this concern, some school districts have sanctioned support programs or alternative high schools to meet the needs of lesbian and gay students (Uribe & Harbeck, 1992). Rofes (1989) concurs with Uribe & Harbeck (1992) and notes that there has been an across-the-board denial of the existence of gay and lesbian youth, and that this has taken place because "their voices have been silenced because adults have not effectively taken up their cause" (p. 445).

A rich body of literature addresses the issues pertaining to gay and lesbian adolescents in educational settings (Green, 1991; Harbeck, 1992; Krysiak, 1987; New York Times, 1993c; Powell, 1987; Sears, 1992; Stover, 1992; and Tartagni, 1978). While New York, has experienced a great deal of controversy about the teaching of diversity and the inclusion of gay and lesbians as part of that

curriculum (Alyson, 1992; Levy, 1993; Myers, 1992a, 1992b), The Governor's Commission on Gay and Lesbian Youth (1993a, 1993b), from the Commonwealth of Massachusetts has published two excellent reports, on making educational settings safe for gay and lesbian youth. Both documents, the first which addresses the issue from the high school student perspective and the second which focuses on the issue from the college and university student perspective, identify the problems and make recommendations regarding the development of - policies, training and development, provision of services and curriculum content for gay and lesbian young people.

The Massachusetts's Governor's Commission on Gay and Lesbian Youth is the first commission of its kind in the Unites States. It's recommendations will ensure that educational settings are a safe learning environment for all young people. Unfortunately such openness has not been reflected by the New York City Board of Education. School systems which are unable or unwilling to agree upon, include or develop a curriculum to teach tolerance contribute to promoting and maintaining what Paul Monette (1993) calls "homo-ignorance" (p. E17).

Gay and Lesbian Youth Suicide

The stress of societal stigmatization and the isolation which comes from feeling "different" results in gay and lesbian youth being

particularly vulnerable to suicide. Several authors have studied this serious issue (Cope, 1991; Kourany, 1987; Majeski, 1991; Gibson, 1989; Remafedi, Farrow, & Deisher, 1991; Remafedi, 1987; Rofes, 1983; Schneider, Farberow, & Kruks, 1989). Existing statistics indicate that lesbian and gay youth may experience compelling feelings of self-destructiveness, which could lead to suicidal ideation and attempted or completed suicides.

One study's findings indicated that over half of the lesbian and gay men who had attempted suicide had made the attempt at the age of 20 or below. Further breakdown of these figures indicates that 36% of the black lesbians' attempted suicides had occurred when they were 17 years old or younger, as had 21% of the white lesbians', 32% of the black men's and 27% of the white gay men's (Rofes, 1983, p.37).

The Department of Health and Human Services Report on the Secretary's Task Force on Youth Suicide (1989) estimated that gay and lesbian youth are two to three times more likely to attempt suicide than their heterosexual peers. It is estimated that up to 30% of the completed suicides are committed by lesbian and gay youth annually. Moreover, Kourany's (1987) study of 66 randomly sampled psychiatrists' impressions suggests that the suicide attempts of gay, lesbian and bisexual youth are more injurious than those of their heterosexual counterparts.

Hunter & Schaefer (1990) explore the relationship between societal attitudes, social isolation, and suicide among lesbian and gay youth. They make one excellent point that bears repetition:

Disclosure often brings tension within the family and hostility towards the young person, frequently leading to his or her expulsion from the home. Fearing this rejection the gay or lesbian young person will hide their orientation as long as possible. In some cases, when the pressure become insurmountable, the young person may attempt suicide as a means of revealing his or her sexual orientation to the family: the crisis of an attempted suicide and exploration of the reasons for the attempt will sometimes bring about disclosure (p. 302).

In their study of 137 homosexual and bisexual youth, Remafedi, Farrow, and Deisher (1991), have not only documented the high incidence of suicide among this population, they also identified some characteristics that may reflect greater risk of suicidal tendencies in young males. Family problems and young men with more feminine gender role characteristics seemed to be at highest risk.

Remafedi's earlier research (1987) also documents the relationship between homosexuality and sexual abuse, drug abuse, homelessness, prostitution, feelings of isolation, family problems, and school difficulties. Thirty-four percent of the 29 adolescents studied had attempted suicide. Half of those who had made an attempt directly related it to issues regarding conflict about their sexual orientation

The relationship of homosexuality to suicidal behavior was explored

by questionnaire responses from 52 men in gay and lesbian college organizations and 56 men in gay rap groups. 19% of gay college men had attempted suicide as compared to the 6% of heterosexual college men; the mean age for the first suicide attempt was 16.3 years, the youngest attempt occurred at age 12. First attempts usually occurred while the men were "closeted" or following some form of rejection for being homosexual. These findings also suggest that suicidal behavior in gay youths may be the product of both familial factors that predispose youths to suicidal behavior and of social and interpersonal stressors involved in coming to terms with an emerging homosexual identity (Schneider, Faberow, & Kruks, 1989).

Lack of Understanding:

The Need for Counseling, Safe Spaces, Accurate Information and Visible Adult Gay and Lesbian Role Models

Hetrick & Martin (1987) discuss the effects of prejudice and the impact of negative societal attitudes on the developing social and personal identities of homosexual youth. As such, most gay and lesbian youth report feeling that no one understands, while this may also be interpreted as isolation, it also means the development of social contacts. Hetrick & Martin, offer a number of solutions to the many problems that homosexually oriented adolescents face, most of which are social in nature. They recommend first, that gay and lesbian young people need to socialize in a healthy environment. Second, they need access to accurate information,

including adult homosexual role models. Third, they need opportunities to socialize with their peers in other than sexual settings. Fourth, they need to support to counter homophobia (p. 41).

Regarding the need for young gay and lesbian people to be given opportunities to social and meet one another in non-sexual, non-adult environments, Gerstel, Feraios, & Herdt (1989); Green (1993a, 1993b); Lynwander (1993); Mallon (1992c); Mirken (1992); Robinson (1991); Soderlind (1992); and Vergara (1984) have all written about various youth groups, safe spaces and social/support programs specifically designed for gay and lesbian young people. Vergara's (1984) article deserves special mention in that it's author provides an excellent section on the importance of language and specifically discusses foster home care and group home care needs of sexual minority youth.

In an effort to provide young homosexually oriented people with relevant and accurate information about their own orientation, several authors have written or edited books to address their needs (Alyson 1991; Frick, 1983; Greene, 1993; Hefner & Autin, 1978; Heron, 1983; Miranda, 1993; Remafedi, 1987d). Alyson (1991) and Heron's (1983) are the most available and well known, they are edited versions of letters and interviews with gay and lesbian young people. Miranda (1993), Frick (1983) and Greene (1993) are young people who have written insightfully and movingly about their

own lives and experiences; the first is an article which addresses the isolation and feelings of self-hatred that one young man experienced, the second is a book written by a young man who tells of his very positive experience about growing up gay, the third is an article written from a young heterosexual woman's perspective. All three are excellent.

Some young people, however, need more than a group or information and will need some sensitive counseling by trained professionals. Bergstrom & Cruz, (1983); Buhrke, (1989); Coleman & Remafedi, (1989); Gilberg, (1978); Hunter & Schaecher (1990); Klein, (1991); Mc Donald & Steinhorn (1990); Pillard, (1982); Schneider (1988); Smart (1989); Stewart, (1984); Sobocinski (1990) have all written extensively about the various issues concerning counseling the gay and lesbian adolescent. Hunter & Schaecher (1990) and Schneider (1988) make particularly relevant recommendations which speak to the skill of the therapist. All agree that on-going staff training in issues pertaining to homosexuality and sensitization to the needs of gay and lesbian youth are areas which require additional focus.

Family Issues

Even in high functioning families, the disclosure of a child's homosexuality may prompt a crisis. For the dysfunctional family, the result may be expulsion from the home, violence or sexual

abuse. Without the support of the family, these young people face greater risks to their well being. Several authors have contributed to this area of literature, most notably: Anderson (1989) who discusses the importance of family and peer relationships for gay adolescents; Borhek (1988) contends that gay and lesbian youth confront a number of difficult problems, including telling their parents about their sexual orientation and helping their families adjust to the news. Ineffective communication, poor self-esteem, unresolved grief and anger often complicate the adolescent's disclosure to parents; Bozett (1989) and Bozett & Sussman (1989) document homosexuality and family relationships; Fairchild & Haywood (1989) have developed a book for parents of gay and lesbian people entitled Now That You Know - What Every Parent Should Know About Homosexuality; Griffin, Wirth, & Wirth's (1986) book focuses on the experiences of parents of gay men and lesbians; Saperstein (1981) identifies the lack of family support as a central problem and encourages the utilization of gay and lesbian foster parents as the most appropriate resources when it is not possible to reunify the family of origin; Savin-Williams (1989a) documents the parental influences on the self-esteem of gay and lesbian youth; Stromen's article acknowledges the shock that most families experience when a family member discloses their orientation, it is most aptly entitled, "You're a What? Family Members Reactions to the Disclosure of Homosexuality"; and finally, Parents & Friends of Gays and Lesbians/ P-FLAG (1990) have published a very useful pamphlet entitled, "Why is My Child Gay?"

Runaway, Homeless and Street Youth

Gay and lesbian youth are often expelled from or prematurely leave their homes for revealing their sexual orientation and as such are at high risk for homelessness. Research on a group of adolescent gay males found that 50% reported negative parental responses when they revealed their sexual identity. Twenty six percent were forced to leave home (Remafedi, 1985). Able-Peterson & Bucy (1993), Bucy & Obolensky, (1990); Kruks, (1991); Mallon, (1992a, 1992d); Savin-William, (1988); Remafedi, (1987); Rotheram-Borus, Rosario, & Koopman, (1991) have all documented the experience of the runaway, street, or homeless gay and lesbian youngster.

Bucy & Oblensky (1990) identify five subgroups of runaway youth: runaways, homeless youth, system kids, street kids, and missing children. The authors define street kids as young people who run away several times and have now lived on the streets long enough to have internalized a view of themselves as street kids. These are youth who do not seek out social services for help as most of them have been in the child welfare system or are still in the official custody of the state and believe that the system gives them nothing of value. Many of these young people are lesbian or gay and struggling with their sexual identity (p. 342).

The Streetwork Project in New York City's Time Square area, a project of Victim's Services, in three separate studies involving

a total of 235 youth, over a three year period (1987-1990), showed that 42% of the youth reported that they were lesbian, gay or bisexual. Additionally, 73% reported that they were engaged in prostitution, 57% reported that they had been in a foster home or group home, and 87% reported an involvement with drugs (Victim Services/Traveler's Aid, 1991).

Able-Peterson & Bucy's (1993) recently compiled training manual on Streetwork programs deserves special mention as it offers readers a comprehensive overview on the important issues in outreach to Street youth. The manual also includes an excellent section on cultural diversity issues and specifically addresses the concerns of gay and lesbian youth. The manual contains an appendix on guidelines for counseling lesbian and gay youth.

In a study which consisted of 43 female runaways, 47 male runaways, and 36 gay males ages 12 - 18, Rotheram-Borus, Rosario, & Koopman (1991) describe the stresses experienced by runaway and gay youths, and identify their social supports and the risk behaviors that have been observed in these populations.

Kruks (1991) article reports intake data on homeless and runaway youth collected through a consortium of agencies in Los Angeles. The author notes that gay male youth appear to be at increased risk for both homelessness and suicide. In addition, the author notes that gay male youth who have been forced out of their homes because

of their sexual orientation are more likely to engage in survival sex than their nongay male counterparts.

Adolescent Prostitution

Closely allied to the issue of gay and lesbian youth homelessness and as a means of earning income, some young gay males have turned to prostitution. Several authors (Boyer 1989; Cates 1989; and Coleman 1989) have investigated the issues pertaining to male prostitution and the risk factors involved in this activity.

In a two year study of adolescent male prostitution in Seattle, Boyer (1989) interviewed and observed 47 male prostitutes, of this sample, 70% identified themselves as either homosexual or bisexual. Most reported that they prostituted as a means of survival. Coleman (1989) reviews the current research literature regarding male-juvenile prostitution activity. An attempt is made to develop a theoretical understanding of the development of this activity among gay and bisexual adolescents. The author examines a sample of young male prostitutes and concluded that 69% of those interviewed reported money for survival as the prime motivation. The study also revealed that the motivation was different for the different types of prostitutes, indicating that many juvenile prostitutes are runaways and in need of money to survive. In fact, Coleman notes, "many observers believe that the experiences of running away and juvenile prostitution are closely related (p.

139).

Utilizing two case studies of adolescent prostitutes by choice, where the participants did not prostitute to earn money to survive, Cates (1989), examines this phenomena of high risk behavior and urges professionals to: recognize the problem, accept the individual despite his lifestyle, and educate them as to the risks and alternatives available.

This is an area which deserves further inquiry and investigation by child welfare professionals, particularly with regards to transgender prostitution.

Alcohol and Substance Abuse

Society provides very few sanctioned outlets for gay and lesbian youth. Many youth "self medicate" from their emerging sexual and affectional feelings through the use and abuse of alcohol and other substances. Lacking appropriate social, safe spaces, a large number of gay and lesbian adolescents are forced to visits bars and clubs which serve the adult gay and lesbian community. These adolescents frequently find themselves in an abusive pattern of alcohol consumption in this way. While there are many articles which make reference to this issue, Rofes (1983) insightfully devotes an entire chapter in his book to the issue of alcohol and substance abuse within the gay and lesbian community.

Adolescent Detention

One area where there is very little literature, is in reporting on the experience of the gay and lesbian adolescent in the juvenile justice systems. Mallon (1993c) addresses the issue from the perspective of the family court system and calls for court appointed special advocates for children to develop their knowledge base about adolescent homosexual orientation in an effort to more effectively consider the best interests of gay and lesbian youth. Two authors (Hansell 1985; Kahn, 1990) have made contributions to the understanding of the gay and lesbian adolescent in detention facilities.

Hansell (1985) documented the experience of incarcerated lesbian youth in juvenile institutions. Using her personal account gained from working as a child care counselor with adolescent status offenders in a residential facility, the author relates the pain, anger, and struggle that she experienced in "being out" on the job. Recounting the heterosexism and homophobia she encountered in the facility is discussed in relation to her attempt to help two female teenagers come to terms with their lesbian identity. The author urges social service providers to become more sensitive to the existence and struggle of gay and lesbian youth.

Kahn's (1990) article provides case information and clinical impressions of one male to female transsexual youth who spent three

years in a juvenile correction institution. While the experiences of transgender youth are different from those of gay and lesbian youth, the administrative, legal, and day-to-day management issues presented by such adolescents are very similar to the issues presented by gay and lesbian youth in out-of-home care child welfare settings. The author notes that adolescents with severe gender identity confusion presents challenges and dilemmas for child care staff in residential settings. Commenting on the staff and other resident's reactions, the author notes:

Vickie generally elicited a sympathetic reaction from the other residents. Her overtly feminine appearance and normally friendly demeanor fostered a "live and let live" response from other residents. For the most part, however, Vickie experienced a great deal of support and acceptance from the majority of the personnel in the institution. Vickie's counselor's attempted to educate other personnel in the institution about the transsexual phenomena by providing informational seminars using outside consultants and by personal discussions. They did not, however, try to protect Vickie from staff members who had difficulty accepting her female identity. Instead, the attitudes of those staff members were considered to be representative of societal attitudes in general. In this respect, efforts were made to help Vickie develop the skills and confidence necessary to cope with such disapproving or rejecting attitudes, she would undoubtedly be facing them following her release from the institution (p.25-26).

Both studies offer unique insights into working with these populations and provide strikingly similar accounts to those situations encountered by gay and lesbian young people in child welfare settings.

Health Care

Gay youths typically do not have ready access to health care that recognizes and addresses sexual concerns. Paroski (1987) and Dillon (1986) focus on issues pertaining to health care delivery and the concerns of this group. Remafedi (1987a) notes that almost three-quarters of gay male youths preferred attending a public health or gay venereal disease clinic than visiting their private physician since there they could be treated anonymously and without fear that their parents would be notified about their health status.

Owen (1985) discusses the need for physicians treating adolescents to take a complete sexual history, including sexual orientation and practices, to determine whether their patients are homosexually active. The author argues that clinicians can assist homosexual teenagers by understanding their special health needs, by counseling them about safer sex practices, and by accepting their relationships nonjudgementally.

In addition, several factors place lesbian and gay youth at very high risk for HIV transmission include: having to exchange sex for money, unsafe sex, substance abuse, and denial of sexual identity. Cranston (1992) notes that adolescent gay and bisexual males face a higher risk of infection with HIV because of their behaviors and because HIV prevention programs have failed to specifically address

their needs with sensitivity because they have not openly addressed their identification as gay or bisexual young men. The author suggests that personal and group empowerment is a necessary prerequisite to encourage the development of healthy choices around HIV and other health issues. His article proposes a comprehensive health education model for HIV prevention for gay, lesbian, and bisexual adolescents.

Feldman (1989) reviews what is known about gay youth and AIDS, and concurs with Cranston (1992) that school and community-based education programs need to be developed to teach gay and bisexual youth about safer sex. Anderson (1990) edits a comprehensive work that specifically addresses the issues that confront children with AIDS in the child welfare system.

Verbal Harassment and Physical Violence

Verbal harassment is a given for the gay and lesbian young person, but sometimes the verbal escalates into physical violence. Kirtzman (1992); Herek (1990); Hunter (1990); and The American Psychological Association (1993) have addressed issues of anti-homosexual violence toward young people. A recent publication from the American Psychological Association (1993) Commission on Violence and Youth, identifies gay and lesbian youth as a group which is uniquely vulnerable to violence, it is a particularly thorough and compelling report.

Hunter's study (1990) documenting the incidence of violent assaults towards lesbian and gay male youths is worth noting. The findings, based on data collected from 500 case records of youth seeking services at the Hetrick-Martin Institute, suggest that 41% reported having suffered violence from families, peers, or strangers. 46% of that violence was gay-related. While documentation for this study was limited to physical attacks, the author notes that emotional and verbal harassment are even more common. Case vignettes revealed that physical attacks typically were preceded by an escalating sequence of emotional abuse, name-calling, verbal attacks, and threats of violence. In one case example, the author identifies gay and lesbian harassment in group homes and foster homes as a common phenomena:

Anna was angry and frequently became involved in arguments and fights, first at school and then in her several foster care and group home placements. Her anger was linked to insults and harassment for being a lesbian. This harassment was invisible to the group home counselor, who saw only Anna's angry response and perceived her as victimizing the other youth. Only when Anna attempted suicide did the counselor begin to address her victimization by the other residents (p. 298).

Conclusions

Gay and lesbian youth are in every child welfare agency in this country. While the literature which specifically addresses their needs may be scarce, the difficulties which they encounter in these settings are numerous. Beginning to identify their needs, providing practitioners with accurate and relevant information about homosexual orientation and developing strategies for effective interventions, by training staff, board members, and other residents, to work more effectively with them is an issue of equality and a matter of providing good care for children in need, not an issue of sexuality or morality.

The child welfare profession has in the past swept this issue under the carpet, allowing this population of young people to be unacknowledged, ill cared for, and in many cases mistreated by the very structures which were by design developed to care for all children who should not or cannot live with their families of origin. All children are entitled to the best possible placement if they cannot live with their own kin. Yet gay and lesbian youth are seldom placed in such settings simply because they are not welcome in those that do exist. Caring for children and not sexual orientation, is the real issue which is so frequently obscured by those who espouse the principles of homophobia and homo-ignorance rather than the principles of child welfare. Caring for all

children, has always been at the heart of child welfare practice, and should be a guiding principle of the field. Providing quality care for the gay and lesbian youngster in foster homes, group homes and congregate care settings needs to be viewed not as a morality issue based on sexual orientation, but as one more challenge in providing good care for a child in need. This is a challenge which child welfare professionals must face, openly address, and meet.

CHAPTER THREE

METHODOLOGY

Introduction

This study investigates the experience of gay and lesbian adolescents placed in New York City's out-of-home care child welfare settings. Using a grounded theory approach, the investigator examines this experience from the point of view of self-identified gay and lesbian young people currently in placement and the professionals who care for them.

Gay and lesbian adolescents in foster boarding homes, group homes and congregate care facilities have often prompted concern and cautious, discussion from within the child welfare system. As a group, gay and lesbian adolescents have even been classified by the City as "hard-to-place" children. Yet, they have never before been the subject of formal, scientific investigation. The paucity of literature on the population and the lack of empirically based studies has already been noted in the previous chapter. At the risk of redundancy, one point bears repeating; that over a fifteen year period, only three articles, which focused on the needs of this population in out-of-home care settings, were published in child welfare-oriented professional journals (Steinhorn, 1979; Mallon, 1992a; Mallon, 1992d).

Reflecting the paucity of literature and empirical work on the subject, this research is exploratory both in the method it intends to use and the content it addresses. The qualitative analysis, specifically the focus of this research will examine participant's responses to the question: What is the experience of the gay and lesbian adolescent from the young person and child welfare professional's perspective? In an effort to remain true to the unique character of qualitative analysis, the researcher intends to follow the advice of Tuchman (1979) who noted that the researcher must "submit himself to the materials instead of trying to impose himself on his material, then the material will ultimately speak to him and supply the answers" (p.37). In doing so, the investigator hopes to enable these young people and the child welfare professionals who deal with them to tell their own story in their own words. Out of these stories, themes will be identified concerning the young gay and lesbian adolescent's experience in out-of-home care child welfare placements and the perception of that experience in foster care by child welfare professionals.

DATA ANALYSIS

The value of the data is determined, in large part, by the willingness of the interviewees to share as honestly as possible what they have experienced as gay and lesbian adolescents in the child welfare system or as child welfare professionals who work

with them. Interviews have been transcribed by the investigator using WordPerfect 5.1 and analyzed manually and by utilization of The Ethnograph (Seidel, 1988) program. The study utilizes a qualitative approach and as such, methods are oriented towards exploration, discovery and inductive logic. The investigator attempts to make sense of the situation without imposing pre-existing expectations of the phenomena under study. Beginning with specific observations and building towards general patterns, categories and dimensions of analysis emerge from the open-ended observations. The strategy of such a design allows important analytic dimensions to emerge from patterns found in the cases studied without pre-supposing in advance what the important dimensions will be. Utilizing a semi-structured interview as the primary means for data collection, allows the respondents to describe what is meaningful and salient without being pigeonholed into standardized categories (Patton, 1990).

QUALITATIVE METHODS

Given that there is almost no conceptualization and theory building around the phenomena of gay and lesbian adolescents in out-of-home child welfare settings, the use of qualitative methods which is generally more suited to the study of relatively uncharted social circumstances seems warranted. In addition, qualitative methods lend themselves to description of complex social realities. Such descriptions can serve as "ends-in-themselves; or they may be

useful in generating hypotheses that can be tested at a later date by quantitative methods" (Epstein, 1988, p.188).

One of the major controversies and questions concerning qualitative research pertains to the question of approach. Qualitative analysis is described as "thick description" however, decisions have been made about how much descriptions to include. While description and quotations are two of the essential ingredients of qualitative inquiry, these must be balanced by the element of interpretation. Patton described this best when he said,

Description is balanced by interpretation and analysis. The purpose of analysis is to organize the description so that it is manageable. Description is therefore balanced by analysis and leads to interpretation. Interesting and readable reports provide sufficient description to allow the reader to understand the basis for an interpretation, and sufficient interpretation to allow the reader to understand the description (Patton, p.430).

Others believe that the data should not be analyzed, per se; but suggest that the investigator's task is to gather the data and present it in such a manner that allows the informants to speak for themselves. The aim being to give an honest account with little or no interpretation of - or interference with - those spoken words or of the observations made by the investigator. The philosophical principle underlying this approach is that by presenting this type of account, the investigator's biases and presence will not intrude upon the data. In this case, the investigator's scholarly

obligation is to merely listen, to record and to report.

Still others are concerned with building theory, believing that the development of theoretical informed interpretations are the most powerful way to bring reality to light (Glaser, 1978). Building theory by nature implies that data is interpreted. The theoretical formulations that results not only can be used to explain that reality but provides a framework for action.

GROUNDING THEORY

Glaser and Strauss (1967) describe "grounding theory" as a method by which theory is induced through empirical observation. This model provided the theoretical basis for this study of the experience of gay and lesbian adolescents in New York City's child welfare system. As an inductive process, this method of theory development relies on what the investigator learns about the experience. Theoretical propositions emerge from the data instead of the data being used to test previously generated propositions. As such, the research effort is a process of discovery and reformulation. As new data are collected, the investigator shapes further investigation by focusing on the most promising material to develop from the field (Glaser and Strauss, 1967).

The authors use the term theoretical sampling to describe the process of generating theory from data and use of illustrative

characteristics examples to present the theory. Theoretical sampling enables the investigator to be guided by the theory that emerges as the data is collected, as such, the investigator must simultaneously collect, code, and analyze data. In generating grounded theory, the initial decisions about where to begin data collections are based in a general way on the existing literature. Unlike the application of deductive methods, however, initial research decisions are not based on a preconceived theoretical framework. The process begins with a partial framework of logically-related concepts. Then, as concepts are discovered, emerging theory develops; this points to the next steps. The investigator may not know where these steps will lead until he or she identifies gaps in the theory, identifying disparity between observations in the field and the existing theory or by research questions suggested by previous answers. Remaining open to unanticipated insights from new evidence is a challenge that the investigator must meet. In a sense it is a task reminiscent of completing a large jigsaw puzzle, where one completes individual sections first, which will ultimately lead to achieving success at completing the whole puzzle. It is a time consuming, labor intensive process that requires the investigator, to live for as long as possible with complexity and ambiguity, trying to come to terms with it, and ultimately, letting go of it to the reader in a form that clarifies and deepens it (Miles and Huberman 1984, p.251).

This investigator intends to follow the principles and strategies identified by (Bernstein, Goodman, and Epstein, 1992). In using the grounded theory, "the complexity should be from the data, not the methodology" (p. 20). Recognizing that grounded theory is one that is inductively derived from the study of the phenomena that it represents, this study begins with an area of study and allows that which is relevant to emerge. The purpose of such an approach is to build theory that is faithful to and illuminates the area that is studied (Strauss & Corbin, 1990). Trusting that themes and patterns will emerge from the collection of data via the semi-structured interviews the investigator has searched for analogues to understand them, has been conscious about the respondent's use of metaphor to describe phenomena and searched for similarities in different patterns and concepts. Finally, the investigator persisted, resisting the temptation for premature closure, and lived with the complexity relying on theoretical sensitivity which indicates an awareness of the subtleties of meaning of the data.

The investigator comes to this research situation with a well developed degree of sensitivity based on an extensive knowledge of the literature on both gay and lesbian youth and child welfare, as well as, professional and personal experiences with respect to the population being investigated. Drawing on his own heuristic experiences (Moustakis, 1990) as a gay man, and from his experience as a child welfare professional with 18 years of practice in the field, the investigator has been able to move through the situation

and gain insights more quickly than one who has never studied gay and lesbian adolescents in child welfare. Given the fact that the investigator is well-known within both the gay and lesbian youth services community and the child welfare community, he was perceived by both professionals and by the young people, who recognized that he was both gay and someone who knew about group homes, as an insider rather than an outsider, thus reducing validity problems. This candor was evident during interviews despite the presence of a tape recorder. There is however a noticeable difference in the quality of material gathered from professionals who themselves were homosexually oriented. This is discussed further in the section describing the sample.

Additional sensitivity has also been acquired during the research process through continual interaction with the data - through collection and analyses of the data. This sensitivity has enabled the investigator to view the research situation and its data in new ways, and to explore the data's potential for developing theory. However, to remain bias-free, and to produce a valid and reliable theory the investigator has challenged himself to periodically step back from the data to remain objective, to maintain an attitude of skepticism and to follow the research procedures of good science. In some cases, the investigator utilized a colleague grounded in practice and theory to help reflect on the data, realizing that one who is not immersed in it could sometimes see and/or validate dimensions that the investigator could not see.

In addition, to the investigator's analysis, additional analysis was enhanced by use of the computer software program The Ethnograph (Seidel, 1988). This process has enabled the investigator to code data and thus create a formal classification scheme to organize the data. Utilizing such a system has enabled the investigator to develop a systematic and comprehensive classification scheme to identify patterns and themes for further analysis and interpretation.

Themes and patterns emerged from analysis of the data in two ways: as indigenous typologies and analyst-generated typologies. The first are categories developed and articulated by the young people and professionals studied which organized the presentation of particular themes. The second category developed as the investigator became aware of categories or patterns for which the young people and staff studied did not have labels or terms, and the investigator has developed terms to describe these inductively generated categories. The investigator intends to balance the two, but wishes to give particular emphasis to the former thus, permitting the subjects to tell their own stories, to bear witness to their own experience and to politically and personally define themselves; to permit a group which has been oppressed and marginalized, to become empowered. Allowing their own truths and their own knowledge to be expressed validates and legitimizes them as human beings, worthy of society's concern.

SAMPLE

Sampling Design

The sample consists of four interconnected, but separate groups. First, self-identified gay and lesbian young people, ages 18-21 who are currently in foster boarding homes, group homes or congregate care facilities in either a voluntary child caring agencies that contracts with the New York City Child Welfare Administration, or within the programs operated directly by the City. Second, middle management child welfare professionals from the 69 voluntary child caring agencies that contract with the city to provide out-of-home care child welfare services for children. Third, middle management child welfare professionals from the principle departments of the New York City Child Welfare Administration. Finally, professionals from three non-traditional, advocacy-oriented, child welfare agencies who either work exclusively with gay and lesbian youngsters or with a population of runaway, homeless, and street youth.

Initially, the sample design strategy involved identifying and interviewing a representative sample of subjects from the first and fourth groups; the self-identified gay and lesbian teenager in the traditional child welfare program and the professional staff from the non-traditional, advocacy-based, child welfare providers. The sample was broadened to include the second and third groups; middle managers from the traditional child welfare agencies and from the

Child Welfare Administration, for a number of reasons.

During the initial stages of the interviewing process, the investigator realized that interviews with professionals from the "non-traditional" advocacy-oriented agencies, provided only one aspect of a multi-faceted experience. One major distinction between these programs and traditional child welfare agencies was that none of these agencies provided 24 hour a day, residential programming for young people. Rather than residential care, these agencies provided support services, such as: counseling; discussion groups; opportunities for gay and lesbian young people to interact with one another in a safe, healthy, non-sexual environment; recreational activities; and referral services to other service organizations. While all of these are extremely important services, they produce a very different experience from day-to-day residential care. There were other important distinctions as well; in the non-traditional agencies, the young people were usually open about their orientation, were provided with services by staff sensitized and trained in issues pertaining to gay and lesbian youth and were voluntary participants in the agency's programs.

In contrast, in traditional child welfare agencies most young people are not voluntary participants in the agencies services, were not usually provided with services by staff trained in their issues and the youth were, in most cases, invisible or hiding their sexual orientation. Additionally, due to the nature of the

services that non-traditional agencies provided and primarily because of their mission to act as advocates for youth, these agencies tend to attract clients who have had very negative and unsatisfying experiences in care, not always due to issues of sexual orientation alone. Therefore the experiences which the staff could relate to the investigator with respect to the treatment of gay and lesbian adolescents in child welfare settings, were usually negative.

There was another important element which prompted this shift - namely, that all of the non-traditional agency staff interviewed for this study were gay or lesbian themselves, as is the investigator. This factor, while extremely useful in terms of gathering data from open and trusting sources, potentially skewed study findings. Due to their own personal experiences, gay and lesbian professionals tend to have a unique insights and special knowledge about what it means to be gay or lesbian and therefore have a more well developed sense of empathy for their gay and lesbian clients. Because they are also members of a stigmatized minority population, they also had the ability to clearly see very subtle things, that the investigator knew were not obvious to the majority of mainstreamed child welfare professionals who are predominately heterosexually-oriented.

Knowing that there was more than one point of view, and hoping to avoid charges that the research was biased and only focused on the

negative aspects of foster homes or group homes for gay and lesbian adolescents, as told from an exclusively gay and lesbian perspective, the investigator, decided to change his sampling strategy and began to schedule additional interviews with professionals in other "mainstreamed" child welfare agencies.

At first, the investigator erroneously believed that middle management professionals in the voluntary child caring agencies would not speak openly about the experience. But after, scheduling one interview with a heterosexually-oriented, middle manager in a voluntary child caring agency, and gathering data that was completely different from that which he had already gathered from other interviews, the investigator knew that he had made the right decision in changing the sampling strategy.

In an attempt to present a balanced picture, the investigator also decided to request interviews with middle managers in key departments of the Child Welfare Administration. Since the voluntary child care agencies in the City of New York each have a contract for services with the Child Welfare Administration, and since the City and not the agencies, is legally responsible for the placement of children in the most appropriate setting and ultimately responsible for developing policy, their involvement in this study was seen as extremely important. Again, to the surprise of the investigator, each of the individuals interviewed, from each of the departments, were cooperative, open and willing to be

interviewed. Their participation in the study proved to be an important decision and their contribution to the study was significant.

Locating Subjects

Male and female homosexual adolescents in out-of-home care child welfare placements share common dilemmas as members of a sexual minority. However, majority of documentation that exists about this population investigates the experiences of gay males. Studies on lesbians youth in child welfare are noticeably absent, with the exception of Steinhorn's article (1979) which is the only publication that addresses the issues from an exclusively lesbian perspective. Since information about lesbian adolescents is scarce and since their experience is different from gay males, the investigator made a conscious decision at the start of the study to include the experience of lesbians.

Traditionally, male researchers have steered away from investigating the experiences of lesbians, noting that the lesbian experience was uniquely different from the gay male experience and that it was best left to female researchers to examine this experience. Steinhorn (1979) comments on this phenomena in her article saying:

Our male-oriented culture has done more research
on male homosexuality than on lesbianism, but

the incidence of lesbianism may be just as high
(p. 495).

In an effort to insure validity of this sample group, the researcher acquired the assistance of a lesbian research assistant to interview young lesbians, but when subjects were offered this choice, in every case, the young women choose to be interviewed by the principle investigator rather than by the lesbian research assistant. While conscious of the differences in the gay male and lesbian adolescents' experience in child welfare settings, this investigator did not see the inclusion of young lesbians as an obstacle and there was no detectable difference in the quality of interviews with female, lesbian respondents. Therefore, this project focuses on the experience of both male and female homosexuality-oriented adolescents. Investigating the experience of both, enables the researcher to construct the broadest possible generalizations from the data gathered.

Adolescent subjects were recruited through advertisements in local gay news publications and in other youth-oriented publications such as the New Youth Connections Newspaper which is distributed in all New York City public high schools to all high school students. Additional subjects were recruited from social support groups for gay and lesbian youth, university students, various youth drop-in centers, and several gay-affirming child welfare agencies, using posters to advertise the study. The project was advertised as a study of gay and lesbian youth who reside in group homes or foster

homes within the five boroughs of New York City. Additional young people were recruited via referral from their peers. Participation in the study was voluntary, anonymous, and confidential. As anticipated, identification of young lesbians was difficult as teenage lesbians are a more invisible population than are gay male teenagers and as such are more difficult to identify and to access. The investigator, however felt strongly that their participation, in this study was essential as their stories are different from gay males and while acknowledging that the sample size is small, felt that their participation was essential.

Statistical Breakdown of Sample

Gay and Lesbian Adolescents in Child Welfare Placements

A total of 27 subjects from this group were interviewed, 23 males and four females. All of the young people self-identified as gay males or lesbians, none identified as bisexual. Boys indicated that they first became aware of their sexual orientation at the average age of 10 years old, one youngster indicated that he always knew. Girls reported that they developed a sense of awareness at a later age, the average age being 13 years old. The sample was preponderantly African-American (n=15) and Hispanic (n=7), five subjects were white.

TABLE 1

YOUNG PEOPLE BY RACE & GENDER

	MALE	FEMALE	PERCENTAGES
<u>RACE</u>			
Afr-Amer	12	03	56%
Hispanic	07	00	26%
White	04	01	18%
TOTALS	23	04	100%
PERCENTAGES	85%	15%	100%
GRAND TOTAL	N = 27		

This sample group was middle to lower class socio-economically, reflecting the general demographics of adolescents in out-of-home child welfare placements in New York. Of this group, 23 (85%) indicated that they had multiple placements, four youngsters indicated that their current placement was their first. 26 (96%) young people indicated that there were in group home placements, one youngster was placed in a foster boarding home, but had been in several group home placements prior to her current placement. The average length of stay for males was 9 years, the average length of stay for females was 3 years.

While struggling with issues of representativeness of this sample group, the investigator originally intended to interview every gay or lesbian adolescent in foster homes or group homes whom he could

identify, but he later opted for utilizing the strategy of saturation (Glaser and Strauss, 1967, pp. 61-62, 111-112). Theoretical saturation occurs in three ways: first, when no new or relevant data seems to emerge regarding a category; second, when the category development is dense, and all of the paradigm elements are accounted for, and finally, that the relationship between the categories are well established and validated. Strauss and Corbin, (1990, p. 188), point out that theoretical saturation is of great importance for those utilizing the grounded theory approach because unless one obtains this saturation, the theory will be conceptually inadequate. With this mind, once the investigator began to repeatedly hear a version of the same story from a number of different adolescents in different agencies, he knew that he had captured the experience and saturated the sample. Additionally, during the course of the investigation, the investigator began to meet the characters from other people's stories and began to hear the other individual's version of the same story, which confirmed the validity of the interviews and verified the information gathered from them.

Non-Traditional Advocacy Agencies

Locating subjects from the non-traditional, advocacy-oriented child welfare agencies was a relatively simple process. The investigator sent each of the programs directors in each of the three agencies: The Hetrick-Martin Institute, Streetwork Project and Safespace, a

copy of the dissertation proposal and requested an interview. Interviews were conducted either with the program director or their representative whom they identified. In all three cases, the agencies waived their right to anonymity and in fact gave permission to the investigator for their agency's name to be used. Seven subjects were interviewed in this category; three from Hetrick-Martin, two from Streetwork, and two from Safespace.

Traditional Voluntary Child Welfare Agencies

Subjects from the mainstreamed, traditional child welfare agencies, whose cooperation the investigator originally thought would be difficult to obtain, were located via telephone calls. Since the investigator is very familiar with Child Welfare community in New York, he called each of the agency's executive directors or in some cases, their associate executive director to inform them about the study and to request their participation in the form of an anonymous interview. Since the study was investigating the experience of gay and lesbian adolescents currently in care, the executive director, given their distance from the children and from the day-to-day activities of their lives, were not the first choice for the investigator to interview. In several instances, the executive director wanted to be interviewed and in these cases interviews were scheduled (n=7). Most executives, however selected other staff to represent them, feeling that they could better describe the experience. Child welfare professionals in the

middle management areas were the most desirable because in most cases, rather than working directly with young people, they supervise the direct line staff who are involved in the day-to-day care of young people. Their supervisory position permits them to maintain a level of professional distance and objectivity, but at the same time permits them to have access to the day-to-day issues which confront direct care child care and casework staff. Middle managers interviewed for this investigation consisted of 13 Associate Executive Directors; 15 Directors of Group Homes; 10 Directors of Foster Boarding Homes and 20 Independent Living Directors. In several cases these individuals insisted that the investigator talk to another colleague within their agency whom they felt had an even greater insight, or some special expertise in working with this population. In such instances, interviews were scheduled with these individuals.

Of the 69 agencies which contract with the City, subjects from 58 of these agencies were interviewed. However, due to the fact that some participants insisted on having an additional staff member interviewed, a total of 65 interviews were conducted with this sample. Only one agency, which has had a long history of serious programming problems, refused to participate in the study, ten others were eliminated because they did not meet the criteria for participation namely: they did not serve an adolescent population or they specialized in adoption. Twenty-two of the agencies that participated in the study are catholic agencies; three are jewish

agencies; 25 are non-sectarian agencies; and 8 are minority run, community based agencies. Fourteen provide foster boarding home programs only, 14 provide congregate care programs only, and 30 provide both foster board home and congregate care programs. Sixteen of these agencies can be described as small with populations of 100 children or less, 22 can be described as medium sized with populations of 100 to 500 children in care; and 20 can be described as large with populations over 500.

Child Welfare Administration

Officials from key departments within the Child Welfare Administration were very willing to be interviewed. Representatives from the offices of: Policy & Planning; Field Services; Placement Services; Direct Child Care Services; and Case Management all participated. Each departmental director was contacted by mail describing the study and requesting an interview. The letter was followed up with a telephone call to the individual who either agreed to be interviewed themselves or selected a representative from their department who could speak on their behalf. Six individuals from the five departments were interviewed.

In total 105 interviews were conducted with four different sample sets.

The following chart represents a breakdown of the demographics, with regards to the gender and race of the three child welfare professional's sample groups,

TABLE 2
PROFESSIONAL STAFF BY RACE & GENDER

	MALE	FEMALE	PERCENTAGE
<u>RACE</u>			
Afr-Amer	10	13	30%
Hispanic	04	04	10%
White	23	24	60%
TOTALS	37	41	100%
PERCENTAGES	47%	53%	100%
GRAND TOTAL	N = 78		

The sexual orientation of professionals was not formally discussed during the interview process but many professionals self disclosed their orientation to the investigator. In most cases, however, without prompting from the interviewer, both heterosexual and homosexual staff self-disclosed their respective sexual orientations. Since staff were not formally asked about their sexual orientation and since assumptions could not be made based on observations alone, the investigator did not include these figures in Table 2 nor were assumptions made in the analysis about staff's sexual orientation.

INSTRUMENTATION

Research Tools

All subjects participated in a semi-structured, tape recorded interview of approximately one hour in length. All interview data were obtained, recorded, entered into the computer and coded by the investigator using The Ethnograph (Seidel, 1988) software. Interviews were conducted from late January through June of 1993.

Two interview protocols were employed: one for adolescents and the other for professional staff. In an effort to assess the clarity of the questions and their quality for evoking responses to the experience of the gay or lesbian adolescent in out-of-home care settings, both protocols were pre-tested with five adolescents known to the researcher and with two staff representatives. The interviewees were asked for their reactions to the questions, in the order which they were asked, and for their suggestions for improvement and for any other questions which they feel might assist the researcher at getting at the material desired. These interviews were also used to assess the value of taping. Since this research is exploratory and the emphasis on using descriptive material for conceptual development, the explicit content of these interviews are used in the final report.

The interview guide for adolescents (Appendix B) focused on eight

major areas of inquiry for adolescents, namely: descriptions of first awareness of "difference;" relationship with family; relationship with peers; initial reason for placement; description of the young person's current placement; adolescent's experience with staff, both positive and negative; experience with other residents, both positive and negative; and recommendations for changes in the system.

For each of these areas, preliminary questions were identified and probes were utilized to assist in following up with questions. The questions were designed to elicit examples, critical incidents, descriptive details and to capture the positive and negative experiences of gay and lesbian adolescents in this setting.

The professional staff's interview guide (Appendix A) followed a similar format, but focused on issues of service delivery, namely: general knowledge about and ability to identify the population; knowledge of resources; knowledge of the needs of the population; general impressions about the gay or lesbian adolescent from various child welfare professionals; general impressions about this population from heterosexually oriented adolescents; racial, cultural or religious issues with respect to this population; issues regarding training; identification of best placement situations for this population; and recommendations for changes. The open-ended questions were designed to elicit examples, critical incidents, descriptive details and to capture the positive and

negative experiences of gay and lesbian adolescents in this setting.

Measures were taken to safeguard the confidentiality and safety of all subjects. Participation in the study was voluntary and anonymous. A code number was assigned to each subject, and no additional identifying information is documented. All participants signed and were provided with a copy of a consent form.

Adolescent subjects arranged an appointment for an interview by calling a designated phone number, or by being notified via posters that interviews would be taking place at a particular location, giving the date and time, should they decide to participate.

Interviews with adolescents were conducted in offices provided by cooperating agencies or in the office of the investigator. Before each interview, the general intent of the project was verbally explained. Young people were informed that the study was interested in the quality of life of those gay and lesbian adolescents living in care, that questions were to focus on their current life experiences and about their feelings concerning a variety of things, including their foster home or group home placement. Participants were also told that the study wished to know their ideas about what could help other gay and lesbian adolescents growing up away from their families. They were guaranteed anonymity and total confidentiality and similar

information was printed on the consent form which they were given a copy of and which they were asked to sign at the time of the face-to-face interview. The protocol for assuring such confidentiality was reviewed and approved by the Institutional Review Board of the Hunter College Committee for the Protection of Human Subjects From Research Risks. In addition, the agencies which assisted the investigator in identifying subjects, also reviewed and approved this protocol. At the conclusion of the interview, adolescent participants received a small financial reimbursement for their participation.

Professional staff were contacted via telephone to schedule an interview date and time which was convenient for them.

Interviews with professionals were conducted either in their office at their agency or in the office of the investigator, whichever was most convenient for the respondent. In a few cases ($n=2$), when it was inconvenient to schedule a face-to-face interview, or when respondents claimed that they had nothing to share in an interview due to their lack of knowledge and experience ($n=10$), interviews were conducted via telephone.

The themes and patterns developed from the interviews, both those which are indigenous typologies and those which are generated by the analyst are used as a framework for the presentation of study findings.

CONCLUSION

In the process, the investigator attempted to abandon the role of "expert" and instead to enter into a collaborative search for meaning with subjects, thereby creating an openness to local knowledge, to listen to their voices, their narratives, and their constructions of reality. In doing so the investigator hopes to present a study which is grounded in the subject's experience which can speak in the voices of the oppressed people and promote the insurrection of subjugated knowledge. This study, utilizing the grounded theory approach to qualitative research attempts to allow the young people and those who care for them, to become collaborators in the discovery process. In doing so, the investigator brings us their own perspectives, their own experiences, and their own words which will present a very different kind of scenario than the large-scale epidemiological studies. Epidemiological studies are important and useful, but direct practice needs to be built on local knowledge, on the particular, on attention to difference and most vital, on multiple voices. The questions to be asked and the interpretations of the data must be developed in collaboration between the investigator and the gay and lesbian adolescent in care who is, after all the expert. When subjects are collaborators in the discovery process, the result is empowerment (Hartman, 1993).

In the final analysis, the qualitative analyst's efforts at

uncovering themes, patterns, and categories is a creative process that required the researcher to make careful considered judgements about what is truly significant and meaningful data. Since the qualitative analysts operates in the absence of statistical tests to inform them when an observation of pattern is significant, the investigator has been required to rely on his own intelligence, experience, and judgement. As this occurs, he was aware of difference, of particularity, of that which is contradictory, and that which is paradoxical. In doing so, that which is discovered may be quantitatively insignificant but its presence may question a more conventional interpretation and expand understanding (Opie, 1992).

CHAPTER FOUR

PROFESSIONAL AND AGENCY RESPONSE

TO GAY AND LESBIAN ADOLESCENTS

Introduction

Gay and lesbian adolescents have always been present in out-of-home child welfare placements but, it has often been difficult for professionals to discern their existence. Frequently, they have been an invisible population. While some gay and lesbian young people are self-identified, not all are open or even sure about their orientation. For the most part, young people who were homosexually oriented or perceived to be, were silent and in many cases, so were the professionals who worked with them. Recent public debates about homosexuality, however, have made it possible for child welfare professionals to discuss these issues more candidly. In light of this greater openness, child welfare providers have increasingly become more aware that their clients included both gay and lesbian adolescents. Nonetheless, many professionals, still maintain that there are no gay or lesbian young people in their agencies.

Although these adolescents are not in care because they are gay or lesbian, many child welfare professionals feel compelled to respond in some way to their sexuality, but are unsure of the appropriate

way to do so. Professionals want to know if these youngsters made

a choice to be gay or lesbian. They wonder if they should encourage their gay and lesbian clients to "go straight," or if in assisting them to obtain special services if they could be perceived as "encouraging" their homosexuality or seen as "pushing them over the edge." With respect to residential or foster home placements, practitioners wonder where should they sleep? Should they be placed with the same sex or opposite sex? Should they be placed by themselves or mainstreamed with other young people? Others wondered what if they made advances toward other residents? How would other residents react?. Behind these questions, lay a general feeling of discomfort with homosexuality.

When viewed collectively, these concerns reflect a lack of familiarity and a lack of comfort with issues of sexuality in general and homosexuality in particular. Few child welfare professionals have exposure to these areas either in academic curriculum or in staff development in their agencies.

The fact is that most people, even well trained professionals, have a great deal of difficulty discussing issues related to sexuality. When the prefix "homo" is added to that, then the topic becomes even more taboo. The very mention of the words "lesbian," "gay" or "homosexual" are enough to make many professionals quite

uncomfortable. Homosexuality evokes strong, emotionally charged, personal responses from people. Moreover, the idea of a self-identified, homosexual youth directly violates the deeply felt societal myth that children are sexually oblivious.

The quality of care provided for gay and lesbian adolescents in out-of-home care child welfare settings in New York City is affected by a multiplicity of variables. This chapter attempts to identify the core variables which affect the care which gay and lesbian young people receive and examines how child welfare professionals view them and how agency policies treat them.

I. Existence and Reality

Gay and Lesbian Adolescents Do Exist

In order to understand adolescent homosexuality one must first acknowledge that it exists (Remafedi, 1987c). The existence of gay and lesbian adolescents in general, and specifically within the child welfare system is of primary importance in beginning to examine the professional perspective and agency's responses to this population.

Within the various professional communities there has been a great deal of discussion about whether or not there is such a person as a "homosexual adolescent." Despite self-reports and other forms of documentation which support the existence of this population (CWLA,

1991; Mallon, 1992a; Maylon, 1981; Sullivan & Schneider, 1987), some professionals seek to allay insecure young people's fears by telling them that their homosexual fantasies or behaviors are simply a normal part of development and that they are simply "going through a phase." Others either avoid addressing gay and lesbian adolescent sexual orientation for fear that they would be seen as encouraging adolescents toward a homosexual orientation or treat it as a anti-social behavioral pattern to be rectified immediately before it becomes too serious (Whitlock, 1988). While it is true that some youths may be "going through a phase," as it is true that some allegedly heterosexually oriented adolescents will become gay or lesbian adults, there are some adolescents who are clear about their homosexual identity.

Nonetheless, the issue of whether a young person is "old enough" to self-identity as gay or lesbian engenders a great deal of debate. Reflecting on the existence or non-existence of adolescent homosexuality, Remafedi (1987c) notes:

Theoretically, the issue of adolescent homosexuality brings into direct conflict two fundamental sociocultural beliefs. One upholds the innate innocence and goodness of children, and the other decries homosexuals as "assertive, destructive, and deviant." The two perspectives are difficult to reconcile in the case of the adolescent who claims to be gay or lesbian (p. 224).

Further, as to its extent, Blumenfeld & Raymond (1993) make the following observation:

No matter how many surveys are carried out concluding that a significant percentage of the population is lesbian, gay, or bisexual, and no matter how often these studies are confirmed, there still seems to be a general failure to acknowledge just how many gays or lesbians there really are. Though gays and lesbians are of all colors, come from all class backgrounds, and exist in every culture, many people assume heterosexuality as a matter of course (p. 259).

There Have Always Been Gay and Lesbian Kids in Care

Despite the recent "discovery" of adolescent homosexuality, 26 (45%) of the agency representatives interviewed reported that they had some experience working with gay or lesbian adolescents in their agencies.

There have always been gay and lesbian kids in care! When I first started as a child care worker 18 years ago, there were gay kids in my cottage and today, there are gay kids in my group home. . . . but there was one element that made it different - it was all ok as long as you didn't talk about it. And, we didn't talk about it, even at treatment team. Then I came to this group home that I work in now and kids were openly saying to me, 'Yes, in case you are wondering, I am gay!' I couldn't believe it! It was the first time I ever worked in a place where kids felt comfortable enough to openly state that they were gay. I mean that doesn't usually happen in other groups homes, not that I know of (104).

Such openness, however, even within the group of respondents that acknowledged the existence of this population was not the norm. Of this group only 3 (5%) of the agency representatives acknowledged that they had worked at becoming a gay and lesbian affirming environments.

While it is increasingly evident that agency representatives

recognize the existence of this population of young people, many respondents felt, that their colleagues remained unsure about their perceptions of this population.

Most, while acknowledging their existence, viewed gay and lesbian youngsters with trepidation. A recurrent and consistent theme was that staff never talked about the reality of gay or lesbian youngsters in their care:

They were present, but we never talked about it. It was like we saw it, but no one ever said anything (033).

This silence effected many professionals who felt they could not provide the services that these young people needed:

Oh, thank God somebody is finally addressing this issue, yes, we have gay kids and none of us ever knows how to work with them because nobody ever talks about it (050).

The inability to talk about it, led some professionals to view these young people as a problem:

I don't know what they relate it to or push it off to, but they seem to treat these kids like they are a big problem (078).

Others viewed them as difficult:

I think they are the most difficult group to work with (088).

Some spoke about the need to control them:

We have this one kid here, but we keep him in his place. He's

not stepping out of line and things are fine - he's happy (050).

Many professionals made reference the parallel situation that was occurring with gays in the military:

It's kind of like what's happening with the military. Do they really think that they don't have any gays or lesbians in the military? It's crazy to think that, of course there are gays and lesbian in the military, just like there are gay and lesbian kids in group homes (038).

Others reported existence, but only when it related to gender non-conforming behavior:

Oh, we had one, he was very out there - you know flamboyant and all over the place (101).

Tolerance, but not acceptance, was also a consistent theme:

The agency's attitude is one of tolerance, as long as they didn't bother anybody else, we had no problem with it (043).

When openness was evident, professionals responses suggested that gay and lesbian youngsters were more accepted:

We really don't have problems between gay, straight, bisexual youth, crossdressing, lesbian, because the staff model an atmosphere of openness and acceptance and we don't tolerate it when somebody starts talking about faggots, they are spoken to about that immediately. They are told that it is not acceptable here. And at this point it's no big deal among our kids . . . if you model a certain kind of respect you can acquired it and then not allow that kind of abuse to go on (094).

The reality of this population was best summarized by this professional, when she said:

I mean there has to be gay and lesbian kids in care, there has to be. I'm not saying that we have hundreds or thousands of kids who are gay or lesbian, but there are some and we don't know about them, except for some at _____, but they are elsewhere also. I think the main thing is that they exist, that there needs to be a recognition that there are children in care who are gay and lesbian. If you have an acceptance of the fact that there are gay and lesbian children in care and then you can move from there. So first is to recognize the fact that it exists that there are children in care who may be gay or lesbian, they may not be talking about it, they may not feel safe to talk about it, but a recognition of their existence is primary (089).

There Must Be Some . . .

Twelve (20%) agencies were sure that they must have had some gay and lesbian young people but they had difficulty identifying them within their populations. Several practitioners admitted that they were unable to identify gay or lesbian adolescents in their settings, but were sure that if they did have any, that they would be the professional who would have known. One practitioner put it this way:

We have none that I am aware of. If anyone would know, I would, but we haven't had any. In our human sexuality curriculum we cover it, but as far as homosexuality among our kids, we have not had that experience (059).

Every significant psycho-social event in a child's life is

supposedly documented in child welfare settings. Professional's responses indicate that if they did not have a method to document the homosexual orientations of young people, then they don't exist. As one social worker put it:

I don't know of any that we have documented. If we had any, maybe one or two, but nothing comes to mind now, if there was, I would know about it (039).

Most staff, reported that they lacked experience working with the population, and also remarked that there were few opportunities for gay or lesbian young people to openly identify.

Actually, there has been very little experience, I'm sure that we have gay, lesbian, and bisexual young people that we work with, but we haven't identified them and there hasn't been any forum for them to come out (034).

Most professional respondents indicated that there were a few young people whom they perceived to be gay or lesbian, but again, most had never had a youngster who had actually come out.

In foster care, my experience has been that I can identify characteristics of individuals that I can assume are gay or lesbian or bisexual . . . I have never encountered a child that is out or that has come to me and said I am gay or lesbian, but I know that they are there (091).

Girls Are More Invisible

Perplexing as it was for some professionals to identify boys who

were gay, most practitioners agreed that girls were much more difficult to identify. Society accepts more intimate relationships between women and as such, lesbian girls in care are particularly difficult to identify.

I have not had a single girl in my regular population in the entire six years that I have been working here. I mean statistically we know this is impossible. So obviously it's much harder for girls to come out and we are much worse at probing and finding them, we are not seeing it. Part of it may be that society views affection between women as more socially acceptable, I also believe that the research indicates that lesbians come out in their 20's as opposed to boys who come out in their teens. So there is a reality there that can explain the statistics, but it still doesn't make sense that we don't have any (097).

Other practitioners concurred . . .

I can honesty say that we have had boys who have come out and said that they were gay, but we have never had a girl say that she was a lesbian. Does that mean we have never had a lesbian, no, I'm sure that we have had girls who were lesbians, we just could never identify them (078).

There Are No Gay or Lesbian Kids in This Agency

Twenty (35%) agency representatives claimed that they did not have any gay and lesbian adolescents within their program population. Agencies that cannot readily identify a population of gay or lesbian adolescents in their care, often surmise that they do not have any and, consequently feel that there is no need to address the issue. Many of the respondents in this category 079 used words such as: "admitting", "suspected", "encountered", "come forward" or

"discovered" with respect to issues of disclosure suggesting an unfamiliarity and discomfort with the topic of homosexuality. Others made simple categorical statements denying the presence of gay or lesbian youngsters in their agencies.

None of our kids have ever been identified or self-identified as gay or lesbian, we don't have any (038).

We have never had a kid who has admitted that they are gay (084).

Not in my agency! I know the adolescents, there are about 60 of them and they are in kinship foster placements and none of them are gay (030).

Three respondent's "validated" the non-existence of gay and/or lesbian young people at their agency by noting that they had checked with their staff to make sure that they were correct.

We don't have any residents who are gay or lesbian. We have over 100 adolescents in our programs and I know all of them and none of them are gay or lesbian! We have never encountered any gay or lesbian adolescents in our programs and I have had calls inquiring about this population before and when I asked my social workers in the agency they said that they had never encountered any youngsters who were gay or lesbian. In some cases they had a few kids that they suspected might have been, but after they talked to them, they found out that they weren't (069).

We don't have any gay or lesbian children, I asked my staff. There was only one who we thought might have made a definite identification, but she was bisexual - I mean she has a baby too! So we don't have a lot of children like that (064).

Well, you know a few months ago CWA called us to ask us about this population and at the time I asked my social workers and they said that they had not had any adolescents come forward to say that they were

gay or lesbian - so they saw no need to participate in the study. We really don't have any gay or lesbian kids (061).

Two agency representatives defensively denied the existence of this population in their agency by using indirect references to people "like that," adding that they "have nothing against them." These comments suggest that at least some respondents viewed homosexuality in pejorative terms.

I don't have any experience working with kids like that! We don't have any kids like that in this agency! (062)

We don't have no gay or lesbian kids in our group homes! They may be bad as hell, but they certainly aren't gay or lesbian! I know gay when I see it - I went to the High School of Fashion and Design, so . . . do I need to say more? I know a lot of them. I don't have nothing against them! I have friends who are gay, but none of our kids are gay. No there are no gay or lesbian kids in this group home program (049).

Child welfare professionals, not wishing to discuss the details of a difficult case, often claim the privilege of confidentiality. In one case, a respondent used the norm of confidentiality to justify not discussing this issue.

We do not have any gay or lesbian adolescents, but even if we did I could not speak to you about them due to the confidential nature of these cases, there are issues of confidentiality (070).

Paradoxically, agencies attempted to identify gay and lesbian adolescents by searching for behaviors and cues, had a more

difficult time recognizing the population. Those agencies that focussed on created a safe environment for all young people regardless of their sexual orientation were more successful. The following section examines the various contributing factors to professionals's development of perceptions toward gay and lesbian adolescents.

II. CONTRIBUTING FACTORS TO PROFESSIONAL PERCEPTIONS

While data gathered from this investigation suggests that child welfare professionals are beginning to more openly address the issue of gay and lesbian adolescents, historically, child welfare agencies have denied the existence of gay and lesbian youngsters in their programs.

There are an array of reasons why professionals have a difficult time acknowledging the existence of this population. Discomfort discussing sexuality, but homosexuality in particular seemed to be one of the primary factors. However, in addition to discomfort with the topic, the lack of familiarity with facts about homosexual orientation; the taboo nature of discussions focusing on homosexuality, and professional's inability to identify cues all contribute to these factors. In lieu of accurate information, professionals often choose to rely on myths and stereotypes, which perpetuate misinformation, as a guide to their practice. Fear and ignorance were also identified as elements which were instrumental

in the development of professional perceptions.

Of the 78 child welfare professionals interviewed, 100% of the respondents agreed that most child welfare professionals did not have adequate or accurate information about the population. Most indicated that the topic made workers, like themselves uncomfortable and that it a topic that is still not openly addressed.

DISCOMFORT

Discomfort Discussing Sexuality in General

Most professionals indicated that it was not just homosexuality that was difficult to talk about, but that all forms of sexuality made many workers uncomfortable.

I think that it is their inability to deal with the whole topic of sexuality. It's personal, it's a very difficult topic for people to deal with, so they would rather not speak about it. We tried to talk about homosexuality years ago, but we were met with a wall of silence from agencies, very few agencies wanted to speak about the subject. I think the philosophy is that if you don't talk about it, it's not going to happen. It's like if you don't talk about sex, then no one will have sex, and we know that is not true (089).

Another professional concurred:

Sex is just not discussed in child welfare settings. It's odd because it is very apparent in all of these settings, but it is just not talked about because it makes people very

uncomfortable (098).

Some mentioned that with respect to discussions on sexuality, the profession's eyes as well as their mouths were closed:

I am sometimes surprised that people in this field are so sheltered, they are not open about sex or anything. Overlook it, close your eyes and it will go away, that's their idea of dealing with it (073).

Both child care and social workers experienced discomfort discussing sexuality.

It was disturbing to say the least that so much of the staff whether they be child care or caseworkers were completely unable to deal with the whole concept of talking about sexuality. And if it's that difficult to talk about heterosexuality, it's even far worse to talk about homosexuality (079).

Discomfort Discussing Homosexuality

Discomfort with homosexuality is an even more common feeling for many professionals. Noting the level of extreme discomfort experienced by social work students in relation to the topic of homosexuality, Gochros (1985) said:

I find no other sex related topic (except perhaps incest and adult masturbation) which still provokes as much interest and at the same time confusion and discomfort as homosexuality (pp. 138-139)

Many child welfare professionals readily admitted to feeling uncomfortable discussing issues pertaining to homosexuality. One practitioner said:

You know, it's hard for me to talk about sexuality. . . this is really hard for me to talk about, and then you go an introduce HOMO sexuality to the discussion, I mean, this is really hard to talk about! (050).

There is an unspoken principle which states that you're not suppose to discuss this. One professional claimed:

No, it's not talked about unless it's sensationalized, like on talk shows. Someone recently said that talk shows have become the side-shows of American culture. It's kind of like telling a dirty joke, you know that you're not suppose to but . . . It's like, we can talk about this, but isn't this shocking? So then it becomes, even while you're talking about it, there's still the impression that you're really not suppose to be talking about this. When you talk about gay and lesbian youth, then, you're really talking about a risque subject (033).

Silence frequently surrounds discussions about gays or lesbians ...

I think the number one thing that I have run into more than anything else with this issue is that it is the one topic that they get the most quiet about or seem to have the least to say about. I think the only thing that has really brought this up as an issue was to talk about the HIV/AIDS issue. But most people don't want to think about it, talk about it, or deal with this as an issue. (029).

One professional recounted this personal insight:

I know from my own personal background, that this issue was never attended to. I mean I didn't even ever hear the word "lesbian," I didn't grow up in the city by the way, until after I was 20 years old. I think the word alone makes people react and when it does come up, even now as I am talking to you, I am very conscious about the words I am choosing: gay, lesbian, homosexual, and I think that even when people struggle to deal with the issues there is so much political content to the words. No one knows if they are saying the right thing, even when they want to, and that's not even relating to the underlying attitudes. I think we in child care have to figure out how do you attend to this issue in an environment that would really prefer not to attend to it. Not necessarily because of discrimination, just because life is hard enough, I mean if this means staying in the closet, then let's just leave it there (087).

Discomfort, in some cases was connected to fear.

In general staff have been uncomfortable. It's been kind of ignoring that it exists more than anything. I think people are afraid to face the issue first of all, I think they are afraid to find out that the clients that they are working with are gay and lesbian. I think that there is a certain amount of homophobia and it's really not knowing how to deal with it, I think that's more of it (034).

Discussions about homosexuality raise anxiety levels in people.

A lot of the agencies have not wanted to identify the population and so they don't ask the questions. Even now with all of our training and sophistication, I think that it is rare that we will ever ask the question: Have you ever wondered about homosexuality? I think we don't raise it because it raises a sense of anxiety in us as adults . . . as professionals and I think it raises a fear of like - if I ask that question is someone going to think that I am that way? It just raised huge anxieties, so it's not dealt with (087).

One respondent compared the discomfort in discussing gay and

lesbian issues to the discomfort one might experience in a discussion between two individuals from different races.

No, no, it is not openly discussed at all. They'd rather pretend that it doesn't exist. This is a topic that makes them feel very uncomfortable. Just like the way that they are uncomfortable around others who are different, anyone too far off the norm makes them uncomfortable anyway. They are uncomfortable to say - I don't know - they are uncomfortable to ask questions because it's private, they don't want to ask somebody who is different, it's like asking somebody about their race or their culture, you don't want to offend them, you don't want to show your ignorance or to show them that you are a bigot. I mean, if I was black and you were black and we were talking about our race, we wouldn't worry about offending each other, but, if you were white and I was black and we were talking race, then, there is a level of uncomfortablity that, no matter how hard we try, is going to exist in that discussion. I think it's the same thing with discussions around gays and lesbians, there is a level of discomfort, made all the more hard because you cannot always tell, just by looking at them, who is gay or lesbian, but even when you know, it can be difficult. You always have to appear to be very liberal, very objective, very whatever . . . that's what you are taught as a child care worker, as a social worker, as a child welfare administrator, and so when you ask the questions you may somehow offend that person, or look stupid or you may look whatever . . . so you just pretend it doesn't exists and you say, -- Oh, I'm real liberal and you see the prejudice in other people, but you're not going to see it in yourself. It's real hard, even talking to you, and I feel comfortable talking to you, and I have tried to be as open as I can, but there is a part of me that is concerned about offending you. There's a piece of me that is worried that I am saying all the wrong things or that I will sound really stupid or really ignorant (077).

This phenomenon is treated by many traditional child welfare agencies as a closed topic, never openly addressed.

No one talks about it, it's just there, it's never going to show up in the statistics. I mean CWA doesn't have down that a girl is a lesbian in a group home, but she's there. Of course it's not documented, the message that they get is - hide it! It's like, as long as we don't have to know, it's all right. There's a certain tolerance if you don't really have to face what's happening, but somehow if you have to face what gay people really are, then all hell breaks loose. They just don't even want to hear those words - gay or lesbian. It's almost like they are saying - please don't make me go through that - don't come near me with that. But they have gay kids and they don't even know it (094).

A direct service worker suggests that the topic can't even be discussed with a supervisor.

Oh, no that's a taboo issue! That was not an issue that we discussed, even with your supervisor. And if you did go to your supervisor with it, I'm quite sure that he or she would not know how to deal with it either (096)

As a result, some professionals resort to metaphors to describe the difficulty of discussions of these issues. The metaphors chosen are revealing in themselves and suggest negative associations that respondents have with homosexuality.

I don't think they even acknowledge that there are gay and lesbian kids. I think that they just sweep it under the carpet and it's always swept under the carpet (092).

I think we are afraid of opening up this discussion and thinking that this is going to open up some pandora's box that we can't deal with (087).

They think it would open up huge problems and it would open up a huge can of worms (029).

Words Alone Can Create Discomfort

Some workers experienced such discomfort that they could not even say some of the words associated with homosexuality. Several workers made these comments:

No it's not discussed at all in fact, we have one staff member who cannot even say the words gay or lesbian, she spells them (100).

This agency has a hard time with these issues, one of the supervisors is a pastor of a church it's not dealt with at all. A foster parent reported an incident to a supervisor which involved a discussion of oral sex, my supervisor couldn't even say the words (098).

MYTHS AND STEREOTYPES

In the absence of accurate and relevant information about homosexuality, many child welfare professionals, reported that they and their colleagues tend to rely on stereotypes and myths about homosexual orientation to guide their practice. In response to the question: "Do you think that child welfare professionals have accurate and relevant information about homosexual orientation?" many professionals identified the use of stereotypes and myths by their colleagues:

No, not at all. They have information based on stereotypical images and myths about gay and lesbian people. Any kind of discussion makes them extremely uncomfortable. I mean why does homosexuality make people so uptight? Maybe in some ways, it makes people question their own sexuality and that's an area that most people do not want to pry into (078).

No, absolutely not. I don't know if I do. I think they are all steeped in the stereotypes. I think that the stereotypes are there, I think that they are steeped in them and it's hard to make a separation. I think that initially it makes the staff very, very uncomfortable and I think that it has a lot to do with their preconceived ideas of what it means to be homosexual (046).

In addition to providing a forum for the discussion of homosexuality, the media was also recognized as playing a role in the perpetuation of stereotypes . . .

They say that they would recognize a gay person a mile away because they only operate out of the stereotype images that they have seen on T.V. I have had gay kids live with foster parents who did not know. They think they would recognize based on these stereotypes, but they don't. They have problems identifying gay kids because they only look for stereotypical behavior. I think that is part of the problem, they don't have their eyes open. They all buy into the stereotypes (028).

The myth that homosexuals prey on others sexually was noted . .

They see gays stereotypically as preying on them and as being the aggressors and as being a potential threat and that they are going to be propositioned by somebody of the same sex, they see it as a threat. What they don't understand is that it is a difference and no threat, and we have to learn to tolerate one another's differences. But what I have found with this staff is that I can talk, and talk, and talk, and I have spend hours explaining and role playing and trying to explain how you do this and how you do that and guess what? They don't get it, or they don't want to get it. I just don't know (066).

The myth that gay kids were sexual predators was noted. . .

It also depends on the kid, if the kid is um, not, well first of all we will not accept a kid who is overtly aggressive against other kids anymore than we will accept kids that are heterosexually aggressive against other kids. You have to

respect everybody in the house for what they are and not take advantage of them. . . (037).

Misinformation

"Encouraging", "Steering", "Pushing" Homosexuality

Akin to myths and stereotypes is the perpetuation of misinformation. Due to a belief in these myths and stereotypes, several professionals held many of these erroneous assumptions as truth. Some practitioners still believed that if a staff member openly discussed homosexuality with a young person that they might be perceived as "encouraging" homosexuality or "pushing influences." Several professionals made this erroneous assumption.

But then you have the um, pushing of influences and do you want to influence kids one way or the other way. I mean, that's, um, a question that people would ask. And, um, so I don't know. And I haven't done any collateral reading to see what anyone has thought of that. I guess um probably, the fear is that the lesbian would influence the heterosexual, that's probably the fear. Um, but there could be the counter influence as well of the um, heterosexual with the lesbian (041).

"Steering" a child in a direction and "putting thoughts in their heads" were two other misconceptions expressed by professionals.

I think we don't ask it because it raising a sense of anxiety in us as adults, as professionals and I think it raises a fear of like if I ask that question is someone going to think am I that way, or if I raise the questions is somebody going to think that I am steering the kid into something, putting thoughts in their heads that they didn't have, am I in a sense instructing them towards a certain way of thinking or a lifestyle, so I think that it just raises huge anxiety. I think the other area is lack of education. (087

Some were concerned that if they referred a youngster to a gay and lesbian youth agency that they would point a youngster in that direction.

I mean I wouldn't want to steer a kid into being gay. I mean I wouldn't want to send a kid to Hetrick-Martin and then have the kid say, oh, I guess this is who I am (050).

Other professionals thought that they might push gay or lesbian kids "over the edge" by referring them to a gay or lesbian youth serving agency. One practitioner recounted this story . . .

Sometimes we used to get a referral from a social worker and they would say - 'I'm working with this kid and he thinks he might be gay, I'm trying to figure out what I can do for him, because I don't want to send him there because maybe he's not gay.' The implication of course is that if I send him there he may be pushed over the edge and he may be influenced to become gay if he's not. They need to know that either he's gay or he's not gay and all that he is going to get here is more information to help him come to realize whether he is or he is not. So if he is not gay coming here and finding out what gay is might make him more clear that he's not gay. Sometimes people are afraid to make those referrals. They think that sending them might push them over the edge. That phrase: pushing them over the edge comes up all the time (033).

Allowing young people to explore their sexuality caused many professionals to feel anxiety and to question existence of homosexual orientation.

It makes people very uncomfortable to allow a kid to go back and forth and to explore their opinions about homosexuality. They are afraid of encouraging them or pushing them over the

edge. We have one youngster, I mean it is very clear that he is gay and he is having sex with about half of the boys in the cottage and they are still saying he is too young to decide. I said - Hello! I mean he has arrived. And even if he hasn't, there is so much in his favor for saying - No, I'm not gay, that Hetrick-Martin is not going to change him, it works the other way around (097).

Fear of Contagion

One of the most common myths surrounding homosexuality is the fear of contagion. Some staff expressed fear that openly gay or lesbian young people would inflict their sexuality onto others, as if it were a contagious disease.

One practitioner mentioned the idea of group composition as a factor in this process:

People were really concerned about admitting him because of what he might do to group composition. Not because they were prejudice or because they couldn't deal with the issue, but because they were concerned about the group composition issues and how he would fit, I guess it's sort of like the military issue today. They thought he might divide the group, it might be that the boys himself would be put in a scapegoat role; it might bring out insecurities; it might bring out acting out behavior; experimental behavior and I think the unspoken piece is that it might force everyone to think about the issue and it's easier if we don't have to think about it (087).

Another concurred, saying:

I remember when I was in charge of a long-term residence in _____, we had an agency in _____, refer to us a girl who was openly lesbian, she was 14 or 15, maybe and I remember the struggle of our staff in terms of what will this do to our group? What issues will it raise for the other girls, will it raise the instability kind of factor and I'm trying to remember, I think the program did not accept her. It's a situation I guess I feel like I've always questioned did we do her a disservice? And I don't know what ever happened to her (089).

A Matter of Choice?

Some professional perceptions are based on the erroneous assumption that homosexuality is something that one chooses. One respondent made this comment:

You cannot have professionals help a gay kid if they still believe that homosexuality is something that you choose or that you can change. Even well meaning people, as long as they still believe that homosexuality is something which can be changed, then you are not going to make good professional choices with their clients. Once they believe that it's a choice rather than an orientation, then this causes problems (033).

Some practitioners reported that heterosexual staff attempt to change gay and lesbian young people to be more like them.

The message to gay kids is we're going to change you to be like us. And if you don't fit the model, you're not worth saving, because we'll let you leave here. If you can't do it our way, good-bye. Many of these group homes send kids off to get "changed" to do something about their homosexuality. They bring the kid to the psychiatrist and they think we are going to help this kid see the light of day, through therapy he's going to become heterosexual. (095).

This perception was observed from many perspectives.

From child care workers. . .

With child care it's - we have to change their minds. If the goal is we need to help them to socialize as gays, then they'll be gay and that's that. We need to work on changing them (086).

From social workers . . .

Social workers are a little bit more sophisticated. They usually say it's ok, we can work with it, we just have to help them figure it out and then help them in the healthiest way to grow up (086).

From foster parents . . .

I had a foster mother who was trying to prove that this child was not gay, she did everything to try to convince her, I don't know who she was trying to convince herself or the child, because the child was really struggling. But the foster mother was trying to prove to the youngster that she was not gay and told her, you should wear dresses and you should do this to your hair and you should do that and that was going to make her ok. You should go to church on Sunday and make sure you stay and hear the preacher preach and all that was supposed to convert her. And this foster mother finally came out and used those words and said to us that she had succeeded in converting her. At first I thought she was talking about a religious experience, but she said, no, she's not gay anymore. I said, I was not too sure that she was gay to begin with, I think she was just struggling. So she is cured now and she's pregnant too! I still think this was a confused child and it made it even more difficult to make her decision with her foster mother wanting to convert her and all (084).

Some foster parents felt if they took immediate action that they could nip it in the bud.

I remember after this boy told his foster parents that he was gay, that the foster mother went out and bought him a Playboy Bunny pendant to wear on his chain, like that fucking Playboy Bunny charm was going to change him and make him straight. I think a lot of people think that if they take immediate action, that they can nip this in the bud before it goes too far (074).

Attempts to change gay and lesbian young people occurred with both boys and girls . . .

With girls, they feel that all she needs is a good man to set her straight, but with the boys it's always, aw, I'm not getting into that with him. With boys it's always the opposite, it's that they have to change, but the way that they

will change is through confrontation and learning how to be a real man (056).

Some noted that male staff had a more difficult time with this issue . . .

Males staff focus on changing them and if they can't change them, then they go about castrating them (086).

Others noted that their colleagues maintain that homosexuality is deviant.

One of the problems is that homosexuality is still seen as a choice. I mean that is the way that it is seen. When people say I don't want lesbian teachers, teaching my child because they will turn my child gay, people don't accept that it is a normal variation of behavior, that it is not deviant behavior. It is not the same thing as my kids will turn bad if they hang out with the wrong crowd. It all relates to deviance which is an erroneous assumption to make about sexual orientation (091).

FEAR AND IGNORANCE

Homophobia

Fear also played a significant role in relation to staff's lack of knowledge about homosexuality. Most people are fearful of what they do not know and as such, professionals expressed these feelings in the following statements . . .

I think that a lot of it is just plain fear. That you can educate them, you can give them lost of book knowledge and they can say, "Wow I'm really enlightened and my eyes are opened up!" but it's another thing if you put the person who is gay in front of them, then that's when you see all of the fears click in. And they need staff who are really trained in what they are going through, there are a lot of questions that

these young people have, sometimes they are all over the place with their sexuality, sometimes they wonder if they are heterosexual, homosexual, bisexual and they wonder what's going on with me and it's just like they need somebody to talk to, not necessarily to give them advice back, but just to listen to where they are coming from. And a lot of times kids don't feel like they get that from their staff because they have their own fears and issues (052).

The term homophobia was used by several professionals to describe this fear:

Most people have no idea! I mean it's because of the homophobia! I mean homophobia is rampant in these places and there is a heterosexual assumption. A kid walks in and there is a heterosexual assumption for this kid. And they are going to be there for that kid, and that's all that a gay kid needs too, somebody to be there for them. Someone who has accurate information about them though. Not somebody who is going to get all bent out of shape when Billy says he has these feelings for Johnny or Mary saying she got it for Jane. They need people who won't get all bent out of shape, they need people who know how to deal with gay kids (095).

I know that they didn't teach about gays and lesbians when I was in social work school. I think we need to do a whole lot more around this issue I mean, you know there is this whole thing about cultural sensitivity, but I don't hear anyone talking about being sensitive culturally to the gay and lesbian population. It's not a talked about population because child welfare is homophobic. If you don't talk about it, then you don't deal with it. I don't think that there is representation of the gay and lesbian population we serve. Is the child welfare administration population representative of the gay and lesbian community? No, I think that the child welfare field is by and large homophobic. Sometimes even people I know have no knowledge - I mean this is New York City! (074).

Discussions of homosexuality were frightening for some because they caused staff to examine their own sexual orientation. One worker said:

I think that despite this being 1993, and despite all of the available literature, I think that heterosexuals, both male and female, are extremely frightened about delving into homosexuality and a lot of it is based on their fear, that they are afraid that they are going to uncover aspects of themselves that will make them question whether or not they are. They may think: maybe secretly I am a homosexual. I really think that for the most part, part of the problem of when we ask people to start discovering other aspects of themselves is that they are afraid, so rather than dealing with it, we don't bother to find out what the information is, we kind of lock it away and put it on a shelf. It was really eye opening for me to see how uncomfortable the staff was when we had a training on human sexuality. And if it's that difficult to talk about heterosexuality, it's even far worse to talk about homosexuality. If the staff come across a kid who is gay, they just don't know how to approach it, there is no response, they ignore it as if it's going to go away, but it doesn't. It doesn't for the kid and it doesn't for the others in the cottages (079).

One staff member referred to the interplay of agency auspice and personal fear for individuals working in a Catholic agency:

In almost every agency that I have ever worked in that has been the case, they are terribly frightened. In dealing with staff I think that they are just as frightened about sexuality questions. I think that is especially true in a Catholic agency because they are not sure what it is that they are suppose to tell them, do I tell them what I think is the truth or do I tell them what I am suppose to because this is a Catholic agency. They never quite know (079).

Another professional de-emphasized the significance of auspice:

I think that society in general is very afraid of gay people and treat them as second class citizens, why in God's name would the society try to encourage a child to identify with an activity that society doesn't like or approve of, and then to further complicate it with placement, being removed from your home and surroundings and there is nothing in the system that enables a child to do that and I don't think that it has anything to do with Catholic agency verses Protestant, verses Jewish, verses whatever, I think it's just sort of across the board (090).

Homo-Ignorance

Some respondents felt that their colleagues were more "homo-ignorant" than homophobic, meaning that most professionals did not have accurate or adequate knowledge of homosexual orientation. They connected ignorance to fear saying:

I think they are ignorant and like anything where you are ignorant, you're going to get phobic about it. They are definitely homo-ignorant, but they are a lot ignorant, there are a lot of categories where they are ignorant (029).

It's been kind of ignoring that it exists more than anything. I think that people are afraid to face the issue first of all. I think that there is a certain amount of homophobia and homo-ignorance and just really not knowing how to deal with it (034).

LACK OF KNOWLEDGE

Picking Up the Cues/"Gaydar"

Issues of identifying gay or lesbian young people were closely connected to the issue of existence and reality for professionals and agencies. Gay and lesbian young people were not always identifiable to professionals. Most professionals, indicated that gay or lesbian people who were described as "flamboyant" were easier to identify than others who were less "obvious". However, since not all gay and lesbian young people adopt gender non-conforming behaviors or styles of dress, many practitioners seemed frustrated that they could not identify those gay and lesbian youth who dressed or acted in gender conforming ways. These young people transmitted more subtle cues, some of which could only be detected

by, what is known in the gay and lesbian community as "gaydar" (the unique ability for gay and lesbian people to identify other gays and lesbians). Noting this phenomena one staff member said:

Most staff are not be able to identify a gay or lesbian child even in their own care, unless they are either gay or lesbian themselves or have some sort of special awareness about the population, like they have a family member who is gay or they have close gay or lesbian friends. Most heterosexual staff just don't pick up the subtle cues (104).

Picking up on cues was seen as one important aspect in identifying gay or lesbian youth. A heterosexual worker expressed frustration with this.

Since staff are not trained in how to work with gay or lesbian kids, they can't even pick up the cues. How can we be sensitive, if we can't even pick up the cues, especially with the girls. I mean, I sometimes get annoyed that gay or lesbian staff people can pick out a gay or lesbian kid and I just never saw it
(078)

A gay practitioner had this to say . . .

I can identify them being that I am gay myself, but they are not identified in any way that I'm aware of in the group homes or on the campus unless you count someone who is particularly effeminate or someone who tends to stand out (029)

Another worker also spoke about the frustration the comes with trying to properly interpret cues, especially since gender conforming styles of dressing have changed so dramatically in the

past 15 years . . .

I don't mean to sound stereotypical, but it used to be easier to tell in the way that they dressed, lesbian kids I worked with, well, you knew it. I mean one time this girl came for an interview and she had on a three piece men's suit, I mean there was no denying what that girl was all about. I mean this girl walked in, and I knew what she was doing, she was saying - I am Mary Jones, Lesbian. But now kids dress so uni-sex, it's not usual that boys have two earrings, there is no more questions about whether it means you are gay if you pierce the right ear lobe or the left, or the right or left bandanna in the back pocket, or the red bandanna or the yellow bandanna, or the blue bandanna, I mean have stopped trying to figure it out that way, the old cues are now obsolete. Maybe though people are just not trained to see (074).

III. PERCEPTIONS REGARDING THE PLACEMENT OF GAY AND LESBIAN ADOLESCENTS

Discrimination

New York City has legislation which prohibits discrimination based on one's sexual orientation. Some agency representatives did not seem to know that such a law existed. In several cases practitioners pointed out that there was blatant discrimination involved. One professional compared it to racial discrimination which confronts African-Americans, pointing out the insidious nature of discrimination, saying:

For a lot of those children, when you say that they are gay, all of a sudden the vacancy becomes closed. In some ways it is like an African-American person going to rent an apartment, and as soon as the owner see them, they are very apologetic, but they say the apartment has been rented, sorry. The voice

on the phone and the name don't sound black, but when the person arrives and the face is black, then all of a sudden the apartment has been rented. It's like that with placing these kids, many agencies will not come right out and say that they will reject a child because of their orientation, but it's done in lots of other subtle ways that you cannot say, ok, I know that is that, but you know. They don't say it, but it's there. . . .it's never overt, that they reject the child because of homosexuality, but other reasons always present themselves. It's phrased as - we don't think that this child will fit in with the rest of the population or we think this child's behavior might be a little too aggressive for our population or this child is too close to the upper age for our facility, so there are various ways that they reject them.

Another professional did not seem to even realize that what he was called psychological comfort, was really discrimination when he said:

We don't accept children who are out of the closet, but over the years we have discovered that there are boys who we had no idea of their sexual orientation when they arrived, but they came out of the closet while they were here. We have never gotten rid of a kid who was homosexual, but we wouldn't take a child in who is out of the closet, it also has to do with the community and with the psychological comfort level of the staff (045).

Disposing of Gay or Lesbian Adolescents

In many cases, however, the discrimination was not as blatant but was equally damaging to young people. In several cases, staff members who did not approve of a gay or lesbian admission planned to get "rid" of the gay or lesbian child in their care.

Group home staff will say - we don't have that here, we won't tolerate that in my house, why do we have to have her? Can't you get rid of her? (072).

Many professional staff commented on child care worker's reactions to a new admission who was gay or lesbian.

I had a call from one of my group home supervisors and he told me -I can't have this shit in my house. I kept saying calm down, just tell me what happened and he kept saying - I'm not gonna have this shit in my house, you're gonna get up here and you're gonna talk to these two kids. They have been together and I'm not gonna have that crap in my house, they gonna be men and I'm not gonna have this faggot shit in my house. That's when I said - now, just hold on! (030).

Many child care staff asked to have a gay or lesbian youngster replaced, not because they were a behavior problem or because the placement was inappropriate, but because they were gay or lesbian.

The child care staff said - why can't you replace this kid? I mean he obviously doesn't belong here. Let's get rid of him. The only real issue here was this boy's homosexuality. In every other respect he was just like all of the other kids we had in that group home (086).

One advocate for children made the point that foster care has traditionally tried to make children fit into their programs, not tailored programs to meet the needs of the child.

In the foster care system when a kid is causing problems, they try to age them out, get them into independent living and then they disappear.

Gay and lesbian kids in the foster care system are not even noticed. If they are noticed, they try to get rid of them. It's the same as in a regular family, if the kid doesn't fit in to the neat little mold they have for them, they get rid of them.

We see the most troubled kids in the system. In some cases

agencies, know that they can't get rid of them, so they set them up, they get arrested, and they come into the court system. Then they are brought into detention and you never see a social worker from that agency again. They get rid of them. The idea is, "let's get rid of them, like we get rid of all of our trouble-makers. Rather than educating the other kids to their experience, they get rid of the ones who stand out. That's the problem with separating the gay and lesbian kids, some people would just see that as getting rid of the problems that gay kids cause them (033).

Multiple Placements and Replacements

Because acceptance of their orientation is so difficult, and not necessarily because they are difficult, many gay and lesbian youngster have been "gotten rid of" by an agency and have had multiple placements or replacements by agencies in all levels of care.

They are thrown out of foster homes . . .

I'm sure that there are a lot of kids who are thrown out of foster homes because their foster parent finds out or feels that they are gay (034).

I had a boy in a foster home for years, his foster mother found calls on her phone bill to a gay organization in California, she called us and asked us to remove him immediately, he got kicked out so fast he didn't see the light (088).

There was a young boy who he and his sister had lived with their foster family for years and they were going to adopt them. The boy wanted the foster parents to know that he was gay before the adoption, he told them and they called the agency and said they still wanted to adopt the sister, but he had to be removed immediately (095).

They are thrown out of congregate care settings . . .

It was a youngster who was at a campus upstate, he was gay and

he was being scapegoated by the kids on campus and we had to replace him on an emergency basis not because the agency felt that they couldn't work with him, but they felt that the situation on campus was becoming too dangerous for him and we had a very hard time accessing appropriate replacement because he was openly gay. Agencies can't, well they'll deal with the child who doesn't openly declare his sexuality, but they find it very hard when you call and say this is a child who is gay. They find that very difficult (089).

We got a call one day via emergency placement saying that they had a 17 year old boy who was openly gay and pretty effeminate. We met with staff who decided we would try the kid and work with him, in addition, our census was real low. I guess for the most part he was kind of appropriate, he was kind of flamboyant, he wanted everyone to know about himself and his boyfriends and their relationship and he would sometimes talk about what they did sexually. Most of the kids ignored him, two of the boys were very hostile toward him, they were not physically hostile to him, but they really ostracized him and made a lot of cracks about him. I mean they really kept it up with him and wouldn't give in until they drove him out. After about a month, the kid requested to leave. It got to a point where we were concerned with this child's well being, we didn't have any fears that he would be physically hurt, but it was just kind of living in that environment. As the director of the program I didn't know what the hell to do. I didn't know what was bets for this kid and what was bets for the other kids. The kid eventually left, he said he wanted to be with other kids that would accept him more. he was replaced to another agency to their group home program (051).

They are thrown out and discharged without a plan . . .

What I have seen in this program is kids have been found with other kids of the same sex and they were just discharged from the placement because the staff felt we don't know how to deal with this, we don't know where to send you, so you're discharged. Completely discharged without a plan. Or in some cases they are sent to someplace and it is so horrendous that the kid decides I have to get out of here. They're set up, they're labeled, so no place will accept them. There 's a big dilemma because if it's written in the paperwork, the receiving agency knows this is a gay kid and most places can't deal with that, but if it's not in the paperwork, then the kid cannot usually be appropriately placed. Most times, it's not in the paperwork, I guess they figure that they have a better chance then (031).

Some were thrown out of their homes and then moved from agency to agency . . .

We have one young man who was in one of our group homes and he was thrown out of his home, he came from a Caribbean nation, when he declared himself to be gay. He was about 17 and his mother said, you have to go. He was bouncing around from agency to agency and finally found his way to Hetrick-Martin and they referred him to us here (056).

The kids we wind up seeing are the kids who have run away because it hasn't worked out well for them. They usually have had a series of placements. In fact I think that it is one thing that happens with gay kids is that they are the ones who wind up going from home to home and group to group to group. We have one client in particular who had 19 different placements by the time he was 17. That's not uncommon (094).

We also find is that the more youngsters that we get with multiple placements, and a lot of gay and lesbian kids have had multiple placements, coming from the streets, the harder it is for them to follow the rules. It's hard for them to conform to the rules and sometimes they just awol and then they are replaced (078).

Some were even placed in drug treatment facilities because they were safer . . .

Over the years I have even seen kids placed in drug treatment facilities not because they had such a severe drug problem, but because it was safe there. In some cases agencies, know that they can't get rid of them, so they set them up, they get arrested and they come into the court system. Then they are brought into detention and you never see the social worker from that agency again. The idea is - let's get rid of them, like we get rid of all of our trouble makers. CWA doesn't even know what to do with these kids, so there is no point in asking for their help (032).

Finding an appropriate planned placement for a gay or lesbian child in another agency, especially children referred from diagnostic centers or psychiatric hospitals has never been easy:

This boy had been rejected from agency after agency, and this was a white kid and a bright kid and you know they weren't easily rejected and he was not into anti-social acting out, it was because he was gay. When he was finished with the diagnostic work-up, he couldn't get accepted into any agency where we had tried to refer him. My co-worker and I called every gay organization in the world at the time looking for resources. He was rejected by I would guess about ten places and the agency that finally took him were very cautious. At first they also said no and it was only through our calling back and saying - hey, this kid is making here in the diagnostic, could we come up for a visit at least? He was finally accepted in that agency (087).

Accepting Gay Youngsters Stigmatizes the Agency

One professional mentioned how most agencies didn't want to admit more than one gay kid at a time for fear that they would be identified by the other child care agencies as "The Gay Group Home."

One of the situations that would come up frequently and this was so frustrating, when you'd find a group home where one kid did really well, then you'd find another kid in a similar situation and you'd try to call them and say that you had another kid and they'd say, well, one is all right, but if you have two of them, there's going to be sex in the house and they automatically assume that they are going to become lovers because they are both gay. In addition, they don't want to be identified as the gay group home by outsiders. For most places, even one kid is not fine. Some places will take one kid, but two is too much (033).

Another practitioner suggested that some agencies bought into the myth that one gay kid admitted into a group home might encourage others to be gay.

I think that in many cases staff are afraid that one gay boy or one lesbian girl in a group home will encourage others to be gay. That was the case with _____, staff said when he arrived, "oh how many dresses will we be having at the table now?" What happens sometimes though, is if an openly gay or lesbian kid comes into a group home, other kids who may be struggling with their own issues around orientation, may come out because they feel that at least they now have someone else who is like them (089).

The Gay Group Home

There were two agencies that did reach out to gay youngsters. They became so identified with accepting gay and lesbian youngsters that they received calls from an overwhelming number of agencies trying to place a gay youngster in their care. One said:

The quality of the referrals was always with an aspect of apology or trepidation on the part of the referents, particularly with CWA. Moreover, once the referring community got the sense that we would take homosexual youth, then we got a barrage of calls, as if this were a highly unusual thing to do. There seemed to be on the part of the referents a sense that these kids would be automatically scapegoated and that they were difficult and that in addition to all of the other problems that we entertained, these kids were above and beyond that and that we would be doing the Lord's work if we even considered these kids. And so, that was a set up right from the beginning, they almost became self-fulfilling, that they were not peer scapegoated, but professionally scapegoated (042)

Another professional concurred:

We just decided that we had gay kids and that we did good work with them and we would continue to provide care for them. We made a conscious decision not to discriminate. Initially, we were referred and accepted a number of self-identified gay kids; their orientation was not the issue, their needs fit the mission of the program and they were accepted. But then we began to earn a reputation for being an agency which would take gay kids and then we started to get calls for every gay kid that came through the system whether they were appropriate for the program or not. We ran into a real ethical dilemma,

if we took the youngster who was not appropriate for the service we offered, it would not be in that child's best interest; but if we didn't take the child he went from over-night to over-night and was harassed, bullied, and quite possibly beaten. In most cases, we'd opt to take the gay child to offer protection and to provide them with a safe home. We often got calls for girls, even though we only have a male population. CWA field workers, placement workers, and then court social workers, children's rights advocates and a whole array of agencies, including Hetrick-Martin, would even call us for placements. Our openness to accepting gay kids was unfortunately not the norm (104).

If You Thought Boys Were Hard To Place . . . Girls are Impossible

Several professionals noted that young lesbians were even more difficult to place than boys:

It's very interesting, I know that gay boys are hard to place, but I was always able to get a boy placed, with girls I had terrible troubles (095).

Girls are much more difficult to place, the boys, they are easy (088).

I think that we have to watch how we treat young people who live in the facility when we think or suspect that they are gay or lesbian a lot of times they are kind of isolated. We need to look at how staff can either protect them or either act out some type of fear or ignorance on their part or set them up for failure in the group home so that they have to be transferred, those kinds of things have to change. I'm pretty sure that there aren't a lot of opportunities for lesbian, especially lesbian who are out (101).

One professional pointed out that placing a transgender child was close to impossible.

Transgender kids are another whole issue. No one wants to deal with them. They are living in the streets, hustling, sometimes not even for money, and young! Some of them are so into being the victim that they say - use me and do nothing

for me, and that's the type of child who is almost impossible to place. (073).

Gay and Lesbian Kids Were Viewed As A Big Problem

Some professionals were convinced that the problems faced by youth who are attracted to others of the same sex would be resolved if the adolescent would simply learn to fit into the heterosexual community. However, the emphasis on fitting in is often the cause of - not the solution to - the problems of these youngsters. Often, the emotional difficulties and acting out behaviors of sexual minority youth are causally attributed to their sexual orientation. Those working with youth may treat them as young people who are the problem, not as young people who have problems (Whitlock, 1988).

Several practitioners mentioned that gay and lesbian youth are viewed as the problem, not as young people who have problems:

They see these kids a big problem. If they have this gay kid here he will cause a lot of problems, not because his behavior is inappropriate, but because they view his orientation as being inappropriate. He is seen, before he even arrives, as a disruptive force (095).

Staff closely monitor their behavior.

I think that they are primarily viewed as a problem. If staff feels that a kid is gay they are watched. They are watched when they shower, they are watched when they are walking

around in shorts, staff are on-guard all the time (030).

Staff do not want a problem child.

You know that once a kid is _____listed, I'm not gonna say the first part of that word, he is not going to get placed. When an agency identifies a kid as a problem and gay and lesbian kids are viewed as problems, they do not want that child in their agency (073).

One professional noted that most child welfare professionals just didn't want to deal with these kids.

They just don't deal with gay and lesbian kids. Most staff will tell you they don't want to deal with it. They say these kids are messed up in the head emotionally, they need psychiatric help, they just don't want to deal with it. They act really disgusted about this kid and say, ugh, how could you deal with that kid. I think a lot of heterosexual staff do not see the relationship piece, the first thing that they see is sex, how they do it, that's what I think first pops into every heterosexual's mind (092).

IV. Perceptions of Other Professional's Attitudes Toward Gay and Lesbian Young People

Both heterosexual and homosexual professionals have grown up hearing and believing many of the myths, stereotypes, and negative traits associated with homosexuality. This study suggests that there are differences in attitudes toward homosexuality within the various child welfare professional communities: administration, social work, and child care. Additionally, the study data clearly indicates that religious, cultural and social attitudes, as well as, sexual orientation, age and gender of the workers; also had a strong bearing on professional's perceptions of gay and lesbian

adolescents. As a result, several themes emerged from the differential analysis of responses, taking into account positions in the agency hierarchy.

Perceptions of Administrative Attitudes

While agency Executive Directors and their Boards were not viewed as having day to day contact with gay and lesbian young people, they were seen as important actors in the scheme of things in that they set the individual agency policies. Most direct service practitioners noted that service provision to gay and lesbian adolescents was an issue which had to be addressed at the top levels of administration. The majority of respondents noted a lack of responsiveness on the part of administrators in addressing issues of service delivery to this population of young people. Most noted that if there was support at the top of the hierarchy, then the provision of services to gay and lesbian youngsters would be more forthcoming. Noting this lack of administrative and programmatic commitment, one professional said:

When it comes right down to it, it's the top. In my past experience, my supervisor just couldn't deal with it. I always wanted to ask - why aren't we serving these gay and lesbian kids? Maybe they are afraid of putting it down on paper for funding purposes, maybe they're afraid that if it gets out that they have this percentage of gay and lesbian young people that they will be closed down (096).

Acceptance, as well as policy formation, was perceived as starting at the top.

Um, it's pretty rough, it's pretty hard for them to be accepted, um, I think it starts from the top down. If the top gives the word, including some assistance, then things will be all right and things will go all right and we are really here to work with all kinds of kids and it goes better (037).

Everybody is friendly on the issue, but it comes to a complete halt at the Executive Director's level. The person who has to sanction it, will not, therefore, a discussion of it is out of the question (078)

One worker felt that administrators did not understand, she recounted this story:

I have often heard staff make very derogatory remarks, I mean there was a statement once made that if you don't behave, I'll make you bend over and grease you with WD40. I complained and an administrator came up to me and said what's the problem with saying that? Isn't that just boy's locker room talk? I have been dealing with these issues since I set foot on this campus and when the people at the top don't even understand these issues how can they educate the people in the rank and file (101).

That same worker expressed regret that it was she who was interviewed.

I just feel bad that the issues are not being addressed and an interview like this would have made most administrators on this campus very uncomfortable. In some ways, I am sorry that you spoke to me, it may have been more beneficial for you to talk to others. In my experience though, I have found that if you keep saying it, eventually, they will hear it (102).

Finally, one worker indicated that this was a calculated means to deny an entire population of young people:

I think most agencies feel that they just don't exist anyway and so it makes sense that if they don't exist, then why do we have to waste time talking about their needs? It's a

denial of an entire group of young people, sanctioned by staff and most administrations. Gay and lesbian kids in group homes know to hide their sexuality . . . But the gay kids especially know that . . . That's why at a CWA conference all of the executives could say, "well I don't see that coming up at my group home." The kids don't bring it to them. They're not stating "I'm depressed because I'm a lesbian." They're not coming out at age 13 or 14 in a group home because they know it's going to be a hostile response. So that's why people can say, we don't see this. Just like people can't see gays in the military. They're not going to come out considering what's going to happen to them. Unless you create an atmosphere which is very gay positive where the kids are very encouraged and reassured that being gay is O.K. and you actually have gay staff who can show that, then kids are not going to feel safe coming out or feel that it's OK to be gay. Because they have already felt rejected for being gay as little kids, they see that society rejects being gay, so they know that they should hide (095).

Perceptions of Child Care Worker's Attitudes

The majority of responses indicated that child care staff had a more negative response to gay and lesbian youth in child welfare settings than did social workers.

While child care staff are generally nurturing people who, in most cases, make positive role models for children, they are not therapists and often lack sufficient professional training to address difficult counseling issues. Since child care workers are the staff that work most directly with the gay or lesbian adolescent their attitudes have the greatest impact on the treatment of the young person. Often, child care workers have mixed reactions to homosexuality. While some may be willing to accept intellectually that homosexuality is simply variation of sexual development, on some level, they wonder whether homosexuals

aren't really sinful or sick. Regarding the child care worker's perspective, three levels of perceptions were uncovered: those who were accepting; those who had mixed reactions; and those who were non-accepting.

Child Care Workers Who Were Accepting

Three respondents identified positive staff attitudes which seemed to be closely linked to talking about homosexuality from an open and honest perspective.

Several practitioners noted how they had integrated acceptance into their overall programming. Addressing the issue of homosexuality up front was viewed as a key factor . . .

We let new staff know from the get go that we have residents in our program who are gay. We also let them know that we do not tolerate slurs or discrimination of any type and we also provide on-going training around those issues. In fact, during intake interviews we also discuss the fact that we have gay residents with all potential new admissions regardless of their sexual orientation. So, because we address the issue right up front with both staff and residents, we don't seem to have a lot of difficulties (104).

Talking about homosexuality openly and honestly minimizes the tensions . . .

We try to deal with this as we would deal with any other behavior, we talk about it. Once you begin to talk about these things, even if you don't handle it right, the issues is that you tried and that will make you better in terms of dealing with kids in the future. The opening up of these things minimizes the tensions. We like to get them to see that this is a natural phenomena. It's not peculiar to an

environment like this (045).

One child care practitioner described an unusual environment where acceptance of homosexuality is a part of the culture . . .

We work with staff around issues of homosexual orientation from the time of their first interview for a position. We want staff to know that we have and that we acknowledge the gay youngsters in our programs. Most staff, once they realize that level of acceptance is a part of the culture of the program, have not problems. Even if there is a little apprehension, our gay residents will usually go directly up to a new staff member and discuss their apprehension, teenagers are very direct (100).

Child Care Workers With Mixed Reactions

Some direct service practitioners described a mixed reaction and a range of expressed attitudes:

I think to a large extent the child care staff have been out on their own in terms of thinking about it, if those who think it is sinful, remorseful and dangerous to those who just accept it and have some acceptance of it. I can't recall anyone either at the child care or social work levels or someone who has championed the cause for gay or lesbian youth in the program (036).

Child care responses range from a sort of Neanderthal attitude towards it to a non-issue, we have a lot of gay staff, to a pretty sophisticated acceptance and a willingness to play a lead role around these issues. We also have the element of sort of the Christian right which has a hard time accepting gays into the civil rights agenda. It doesn't play out in their work with the kids in a direct way, attitudinally it might play out. What we won't have here and the administration takes a pretty hard direct approach to it, we will not have any open demeaning of gay kids or we will not accept the mental illness model, nor will we accept the deviance model to the extent that staff might have those notions we would like to think that some of them are educated out of it, others might sort of go underground with it (054).

Child care ranges from benign neglect, no, let me give them more credit. Child care ranges from those who really take a strong good stand with kids, who are really very non-judgmental about it and who are very supportive about who you are, and they work well with the kids. I'm not sure that they are the majority though. The majority go into benign neglect, they are not going to do anything overtly homophobic, they will say at treatment teams that they don't like it, they will express their homophobia there, and they think that's ok, and it could be a religious thing, it could be any number of things. But they have fairly good checks on how they treat the kids and they usually end up liking the kids and so they tend to forget it. And then we have, I think a small group, but an ever present group home people who are terrible (097).

Child Care Workers Who Were Non-Accepting

The majority of respondents noted that most child care workers in their agencies exhibited negative attitudes toward gay and lesbian adolescents in their care.

They noted homophobia . . .

Staff have such a hard time with this issue, especially child care staff in the group homes. Most of them are very homophobic. I always tell them - talk to me; tell me what you're afraid of; what are your fears; if you can just tell us them we can work with you to address things, but with this issue, it's a little different (078).

They noted a lack of sophistication . . .

The staff here, the child care staff are very primitive and very unsophisticated and they would deny to the Nth having any feelings or problems with it and put it all on the girls. But clearly with the more ignorant staff and I am talking about child care, not social workers, there is clearly less favored treatment for lesbians. In general, I would say that social workers are more sensitive about it. I would say that child care staff gets so threatened (066).

They noted differing perceptions based on class distinctions . .

I think on the child care worker level, I have heard a lot of comments over the years . . . you know child care workers come from a more working class background where the attitudes toward sexuality and homosexuality have been formed differently from say the social workers who have been educated in graduate schools and all of this. So I think that in the child care workers themselves there have been some very cautious notions about homosexuality. I have heard them be referred to as: those kids; faggots; or in a situation where there is nothing in the situation to do with gay people and some kid gets into trouble and I have heard staff call him a faggot, as though it was the lowest thing that one could be (087).

They noted ignorance . . .

Child care workers I would say have a lot of negative reactions based more on what they don't know and really don't want to deal with I don't think (053).

Some attitudes were based on individual perceptions . . .

It's prejudicial, it's snickering, making fun of, making comments and um, rather than not accepting the kid in and of themselves, the comments they make have other implications and that makes it more difficult to accept the kid. I think a lot of it is that person's own, individual feelings" (037).

Some respondents indicated that staff allowed their own personal issues to cloud their perceptions . . .

Very judgmental, very judgmental, I feel that gay children are alienated to a degree, particularly when they are "the only one" the staff tend to bring a lot of their own personal issues into play even when they have factual information. It seems that they continue to have difficulty you know in separating what it is they should feel personally and what they know educationally. I feel that they are very judgmental to the gay residents (086).

A lack of sensitivity combined with name calling was a frequently

observed phenomena.

The staff has no sensitivity. I mean I have heard them, in front of me, calling a kid a faggot and saying to kids - get your faggot ass over here. I mean how much sensitivity is that? We have another worker who is really homophobic and he is always saying that he is a real man and watch out for that - don't get me confused. I have heard kids comment that he will call somebody a faggot in a minute (056).

The use of slurs and anti-homosexual epithets were evident.

Staff who do talk about it, though, generally respond with the standard slurs: a kid is leaning that way and they say with some kind of disdain that they are a faggot, they say something like we think he is a little funny, we're not used to people like that, we think he's that way, you know (030).

Perceptions of Social Worker Attitudes in General

The majority of respondents felt that social workers, due to their educational background and professional training had more positive perceptions about gay and lesbian adolescents.

Regarding the social worker's perspective, one professional said:

I think what I have experienced on the social work level is a sense of acceptance of the individual. Social workers are more tolerant, less threatened, but I see that with other behaviors too. Some of it is training, education, background, and social workers are not there all day with that child and when they deal with them it's one on one and not in a group which can be more difficult (072).

Another respondent concurred, saying:

I would say in general the social workers do a good job and are more sensitive about it as opposed to child care staff who

just get so threatened, their own identity gets threatened and everything gets confused and they are not really sensitive (000).

Another professional, however, disagreed.

I think a lot of it is dismissed . . . I think it is dismissed by the caseworkers, I don't get the sense that they know how to handle it and so therefore, the likelihood of a youngster opening up and saying this is hard for me, is very little (047).

One professional felt that many social workers tended to view homosexuality in terms of pathology.

A lot of the social workers that they deal with see pathology everywhere. I don't think that our social workers in general are trained to be able to help the child to feel comfortable about themselves, feel comfortable about telling other people about what they are and dealing with it. It's always a pathological issue and that I think has caused more damage (077).

Two agencies noted that their prior work with sexual abuse issues, had prepared social work staff to work more effectively with gay and lesbian young people.

We were lucky because of agency's history of working with sexual abuse issues, we are able to talk openly with staff about difficult topics. Talking about homosexuality openly seems to alleviate the fears and apprehension that some staff might have been present (082).

Perceptions of Changes in Staff

When confronted with the reality of a gay or lesbian young person, professionals are challenged to examine their attitudes and beliefs. Such examination may reveal a confusing and bewildering mixture of feelings and thoughts, regarding not only homosexuality per se, but also sexuality in general. One said:

This is the first time that I have ever dealt with a gay kid and a lot of times I have had to question myself and my attitudes and how I was raised and my training and what I had read about it. It's different though when someone actually steps on your doorstep and says I am a bisexual or gay, that's when everything becomes real. I have found that challenging, I have had to examine myself, asking myself- are you homophobic or not? Do you really accept someone who is homosexual or do you not? I have found myself asking myself those questions a lot and then have had to come to terms with how I should deal with a client (052).

Two child welfare practitioners recounted personal epiphanies which helped them to alter their feelings for themselves as professionals:

My first experience in working with a gay kid really opened up my eyes. He's a goofy, 18 year old kid who thinks he is real sophisticated and he's not. He is very much like all of the other 18 years old's that I have worked with all of my life. The biggest difference is that he talks about his boyfriend instead of his girlfriend and it's really weird that their arguments are the same type of arguments that heterosexual teenage couples have. I was almost kind of shocked at how not different thing were. But having a relationship with this kid helped me to see that (051)

My first experience in working with a gay kid helped to change my way of working with gay kids. When he told me he was gay, I felt my chest tighten and I said, no, you're not. I'll take you to see a few John Wayne movies and we're gonna work it out. After a while, I realized that it wasn't something that I was going to be able to help him "work out" (046).

Staff With Regrets

As previously mentioned, even though it was difficult for some professionals to identify gay or lesbian youngster within their population, others found that they were able to identify them more readily once they left care. One said:

Too many adults, child welfare professionals, they don't see it, they close their eyes to it. They say a person isn't gay until they are 21. When they meet a former kid who is 21, 22, they say in shock - He's gay! Oh, when did he turn gay, when he left us? (028).

Other professionals expressed regret at not being able to be more helpful to the youngster while they were in their care. One worker recounted this story:

I had this one girl, I really worked closely with her and thinking back, I am sure that she had "the tendencies", but I didn't really see them. After she left care she called me and wanted to meet with me. When we met, we hugged and greeted one another and she said, you know I am a lesbian, right? I had to admit that inside I did know, but she said she wanted to come back and tell me herself. It really made me think - if I had known when she was here, could I have done something to work more effectively with her, I mean sometimes I think maybe we really didn't help those poor kids. We never knew, we never talked about it, it was all left unsaid, I only wish we could have done more (085).

Still another professional told a similar story:

I have been surprised that we have not been able to identify more. I mean it's interesting, looking back I can probably identify some adolescent girls I worked with who I know as adults are living as

outward, identified, lesbians, but at the point in adolescence they didn't, at least publicly, and again I don't think they got much help in sorting through their experiences and in coming to terms with their identification. In looking back, I think there was a lot more that we could have done. I would have tried to help them much more, but that's easy to say looking back. But I don't think that they got it from us in the field at the time (087).

No One Knew What To Do With These Kids

In many cases, even the agencies which worked specifically with gay and lesbian adolescents were not able to identify appropriate placements.

We receive several phone calls a week from CWA, from other voluntary child caring agencies and even from Hetrick-Martin asking if we could recommend a group home or foster home for a lesbian or gay youngster. Sometimes they are appropriate for our program and certainly we would interview them, but many times they are not appropriate for this level of care, or they are too young, or they are girls. The service agencies which serve gay and lesbian kids do a great job, but they do not provide residential services and they are not child welfare providers. They have very little knowledge about the CWA system and in many cases they don't know who to turn to. There are so few agencies which are identified as gay friendly that it is really hard to find a placement for a gay kid and it is close to impossible to find one for an out lesbian. Something really needs to be done in this regard. No one, not even CWA knows how to deal with these kids . . . (104).

V. THE PERCEIVED IMPACT OF RELIGION, RACE, AND CULTURE ON RESPONDENT'S ATTITUDES

The Perceived Role of Religion

Religion is a powerful force in society. Different sets of beliefs frequently engender explicit or implicit moral codes to guide human

conduct (Blumenfeld & Raymond, 1993). Religious orientation of the individual staff members played a major role in staff's attitudes toward working with gay and lesbian youngsters. Herek (1984) found that homophobia is more likely to be found in those who espoused conservative religious ideologies. Staff generally agreed that the more religious one was, the more difficult it was for staff to be open to young people's homosexual orientation.

It was difficult for some professionals to separate their religious views, particularly when they allege that homosexuality is a sin and morally offensive, from their professional views.

The more fundamentalist the person, the more difficulty they are going to have. It takes a lot of work on oneself to come to grips with deciding that you are not the judge of that person's relationship with God or whatever, it's a lot of work. Some people are better at it than others. You'll get some people that will say, if he does that, it's a sin and he's going to die. They cannot separate their teachings from the service that they have to provide for that kid. At least one must be able to think it out and separate, even if you don't get it right all of the time. Those people who can't figure it out, who can't be more open to homosexuality can't work for us. I think that religion plays a big part in people's upbringings, some people who come from very strict backgrounds, they carry a lot of baggage themselves (044).

In some cases religious staff allow their religious beliefs to interfere with their ability to care for children. Few agencies have written policies about homophobia, but in one respondent in an agency which did, made this comment:

Any staff that is strongly religiously affiliated, that is the staff that usually gets on a soapbox. We had an incident recently, a team asked me to come because they had found five boys having sex in this cottage, all but one of them were not

believed to be gay, but were experimenting. But the staff was flipping out. This one staff member was saying, it's wrong, you know it's wrong morally, the Bible says it's wrong morally, why can't I go in and tell them it is wrong. I said, because we do not believe that it is wrong and we are not in the morality business. I mean we actually have a written policy that states that you cannot be homophobic. He could not accept this and after two or three supervisory sessions with him we really had to think about whether or not he could work in the unit or not. So, yes, we have our religious zealots (097).

Catholic agencies were perceived to be the most punitive in regards to their attitudes about homosexuality. This was frequently mentioned by staff in such agencies.

We are a catholic agency so I guess the official stance would be tantamount to our stance on abortion, we are against it. However, I think it is softening into we don't agreed with homosexuality, but at the same time we have care and concerns about homosexuals. The catholic church seems to want to be seen in a better light and not be seen as such hard-nosed people (028).

While generally being perceived as punitive by most, most catholic agencies seemed to have an official and an unofficial stance on this issue. One practitioner summed it up best when they said:

I mean, I have to be careful what I say. . . you know we are a catholic agency, but let me just say, the staff here make sure that the kids - all of them - get what they need. You know what I mean? (047).

However, Catholic agencies and Catholics were not perceived to be alone in their denunciation of homosexuality. Those of the Muslim, Baptist, and Pentecostal faiths were also cited.

If they are strictly a religious person then forget it, it is an abomination and there is no discussion, no talk about it. We have a lot of people from the Muslim faith or Pentecostal or Baptist, a few Catholics in our agencies and depending on if they are Southern born, American born or from the Islands, usually from the Islands they are more Catholic. A lot of it depends on how you were reared. . . religion plays a strong part, if you come from a religious background the it's morals, morals, morals (081).

The Perceived Role of Religion and Culture

Many professionals noted the role of culture and religion as factors which influenced staff's attitudes. African-American professionals, particularly those reared in the south, noted that they had strong connections to their Churches. Several professionals noted that their churches taught them to view homosexuality as sinful, morally offensive, and unforgivable.

One African-American professional made this personal observation:

I think that the cultural issues are very, very prevalent particularly as they relate to staff. I mean my staff is 99.9% minority staff and I often hear a lot of religious and cultural beliefs. I think that a part of it really does come from the cultural beliefs and religious beliefs. You know most people have come from homes where you were raised to believe in God and certain other religious beliefs and homosexuality was looked at as one of the great sins, so I don't think you could say that many people are very open to it. As a matter of fact, I was taught that homosexuality was one of the ways that you absolutely cannot get into heaven. You absolutely cannot get into heaven, so you know, being raised to and taught that kind of belief, even if there are people who are having these feelings, these are going to be denied because it's just like another stigma just something else that you just don't do. I can even say for myself, earlier in my personal life I really can't recall dealing with anyone male or female who was indeed homosexual. So a lot of it goes back to what you have been taught religiously (086).

Another African-American professional, reflected back on her upbringing and on her views about homosexuality.

You have some people who are very, very religious, but they try not to let that interfere with their role as a professional and I am probably the most religious person in here, but in working with families, I don't let that interfere with my work with the families. I mean as a young girl coming up down south, that was not an issue in black families, but in this city, it is everywhere. I find it in churches, I find it at my job, I find it in my community, in my building, everywhere, so it's not just a white thing, so I don't think it's a black-white problem. Years ago in black families, I will admit that they used to say that, but nowadays, I think it is more open and more out there. I don't really remember meeting any gay people in the south, but then I came up north and people started pointing them out to me saying there's one, there's another one, it's different now. It cuts across both black and white (084).

The Irish-American Catholic culture's attitude toward gays and lesbians was also noted as being negative towards gays and lesbians.

I mean just in the culture I come from - Irish-American, they might say it's not only wrong, it's sinful, it's unacceptable, etc. I'm sure that exists in other systems. (047).

The Perceived Role of Race and Culture

Other practitioners felt that there were racial and cultural factors which affected attitudes toward gay and lesbian adolescents. Two workers made reference to the fact that the Caribbean community's response to gay and lesbian issues was particularly negative . . .

We have found some staff from Caribbean backgrounds have a hard time dealing with kid who are gay. We have a lot of people who usually end up working the group home circuit that have backgrounds from caribbean nations or who come from that strict Baptist teaching and they only see the stereotypes (056).

This is the last of the major hang-ups that people have. Staff shrink back from this, it's like Oh, No! It comes out. We deal with a disproportionate number of them because so many of their families are willing to put them out, especially the ones from the Caribbean backgrounds, because that's just how it is down there (056).

Several professionals made comments about the African-American community's attitudes toward homosexual orientation. One respondent commented on this influence in a minority-run agency.

Being that this is a minority run agency, there is a definite bias against homosexuality. The folks I work with are not at all open to even discussing homosexuality. Everyday I listen to somebody telling me that white people with their attitudes and behaviors are destroying black men. I mean black direct care workers and social workers, at least in this agency, they don't look at the issue. Culturally it's a thing we don't talk about, it's something that white people do (030).

Another professional, speaking about the African-American community, in general, noted that they had seen both extremes.

I have heard both extremes in the African American community. One extreme - we don't have that - to yes it's present. Personally, I make up my own mind. I believe that there are gay people in everybody's family. I believe that being in the closet really hurts things rather than making them better because - hey, this is who you are, so I have always said, you can't be around me and not be yourself. You have to be yourself (073).

Another respondent perceived the African-American community as

accepting of the experience because of their own experiences with discrimination. . .

There is a lot of acceptance in the black community when they are together as a group. I think because they have been minority people and because they have been forced to live removed from the mainstream of society very often that their culture very much is kept isolated from mainstreamed white society. they are much more tolerant of bring in those who do not fit, they say, ok, you be with us (029).

Still another staff member discussed the difficulties that a range of minority groups had in dealing with the issue of homosexuality . . .

I think that the staff who are most similar to the clients have the most difficulty dealing with homosexuality. I have also found that certain ethnic groups like West Indians, some Hispanics, they might have been brought up with the fact that this is a real stigma and they might be outright uncomfortable dealing with it (046)

Two respondents referred to the "macho" mentality as it pertained to the Latino community's attitudes about homosexuality

I think that the Latino community has a big problem dealing with homosexually oriented kids. I mean we have that whole "macho" thing going and being gay or lesbian is just viewed as a real negative. I mean, in our community, it's just not If you are gay or lesbian, you just don't talk about it. It's viewed as a disgrace to the family, like being a drug addict (077).

One respondent saw an even stronger "macho" orientation expressed among African-American male staff . . .

I think more often than not, a probably somewhat typical reaction in a cultural vein is that they are looked down upon and that is probably reflected in a pervasive attitude. I don't know if it would be fair to say that working in a setting with predominantly African-American males staff that there seems to be a certain extra-macho component, expectations of boys may be at times it seems to contribute to a negative view of gay teenagers, but I am not sure that it is a cultural thing or much different from the culture at large a typical reaction to gay and lesbians (036).

While this data suggests that there are perceived connections between anti-homosexual sentiment and various cultural groups, Annin (1990) cautions that child welfare professionals must be careful about depicting homophobia as cultural (as contrasted with societal) in black and latino communities.

While child welfare admits to racism, sexism and now, homophobia, discussions surrounding such issues must be sensitive to demographic imbalances. Annin further notes that: "the issues need to become more real than the statistics or the "isms" will persist insidiously. To ascribe homophobia to black and hispanic men without including white men is racist. White men are also homophobic" (p. 182-183).

Line workers, both child care and caseworkers in the child welfare system in New York City are dominated in numbers by people of color; child welfare administrators are generally white men. If white male decision makers in child welfare or anywhere else are excused because they are not perceived as homophobic, not perceived as part of the problem, the field will not have their full support

in addressing the issues, or in advocating for resources or to shape responsible policies for gay and lesbian adolescents in their agencies.

In this light, these findings should be viewed in a particular societal context and not be fully ascribed to culturally rooted phenomenon. While the cultures and races represented in this study undoubtedly have some negative feelings about homosexuality, they are not alone, as many cultures from European and Asian cultures also espouse anti-homosexual sentiment. These finding might erroneously be misinterpreted by some readers to suggest that people of color are more prone to homophobic viewpoints. This misinterpretation is not the intention of this investigator, nor have any studies ever shown that people of color are more prone to homophobic sentiment than are their white or Asian counterparts. Issues of social class and race as their pertain to homosexuality were not fully explored during interviews and exploration of this area may have further added to the understanding of perceptions as they related to culture and race.

The Perceived Impact of Gender and Sexual Orientation on

Attitudes

Male Verses Female Workers

Reiter's (1981) research indicates that males tend to have a more

difficult time accepting homosexuality than females. Similarly, many staff drew distinctions about the development of professional perceptions based on gender of the workers.

The majority of professionals' responses indicated that female staff had an easier time dealing with gay and lesbian young people. Control issues and macho attitudes were viewed as impairing male child care staff's ability to care for gay and lesbian young people.

So, for example, male child care staff and control issues were identified as negative attitudes by several professionals.

I find men, and men in child care in particular, trying to control a group of acting out teenagers that they often use their macho repertoire of behaviors to control a group, which in the programs I have worked in has always been an issue to try to get them to expand that repertoire for men. But the repertoire they often come with is this macho thing and for them to deal with gay kids seems to be the hardest. For women there might be some anxiety around it, some lack of knowledge, but I think once the individual kid is in front of them, they feel well this is a kid. With the men who come in with this macho framework, it's more distancing, it keeps the kid separate from me and so, you do what you need to do and I'll do what I need to do, but don't think we're going to get close and they keep a distance from the kind of nurturing that the women I think easily respond to (087).

We tend to hire macho men to work in child care because we expect them to control kids so that's why they find this particular piece to be so bothersome and I think that it kind of passes the message along. Some staff are more enlightened and they'll talk to kids about their sexuality, but there is always the underlying current that is to try to convince them that it's not the best thing and that the traditional lifestyle is best for them and that their experiences have made them the way they are (077).

Many respondents viewed male staff members as punitive and threatened . . .

I've seen more male staff get extremely threatened by the gay guys and get punitive and rough. And I've seen them harassed, I've seen them called names, I think it's like the whole movement that's against abortion, and anybody who is pro-abortion is subject to intimidation and mistreatment. Women are definitely not as threatened by it. I think that men are so much more caught up in being macho and with their big pricks, that's a sexist thing for me to say, but I don't think that men tolerate differences as well as women do (066).

Others suggested that male staff were scared to deal with gay young people.

The male staff are so intrinsically homophobic, it's not even a mindset, they are still stuck on what feels like it should be an adolescent level of scared. Get them away, that's not me, very quick to shudder and move away. I think that male staff struggle with it a lot more with the male kids, we have female staff that deal with it. They work much better with the gay boys, they do not nearly have as much baggage that they bring to it (097).

Male staff had problems with the lesbians in their care as well as the gay youth . . .

The male staff in general, they have trouble with the gay boys, they have trouble with the lesbian girls also. I must say, that for staff in general, the female staff handle it a little bit better, they can address it better, they can handle it better because they are not really as offended by it (077).

The majority of professional respondents agreed that women were better in dealing with the issue of gay and lesbian youth . . .

Female staff deal with this issue better than male workers,

but I also have some lesbian staff members who are very sensitive to these issues. It frightens the hell out of the men. There is a real fear, a fear of the unknown (090).

In my experience and certainly this is a generalization, I always thought that women dealt better with it (051).

One professional recounted this story comparing a male and female staff's attitudes toward a gay child in their care.

I had a situation where a female staff member went out of her way to help this gay youngster and he kind of dismissed her help. When she conveyed this story to the male staff co-worker, he said - I wouldn't go out on limb for any fag. Males are the most difficult to work with male homosexuals, girls have an easier time than the males. But males who say that they are gay have a particularly difficult time with male staff (086).

Perceptions of Gay and Lesbian Staff

Many practitioners agreed that gay and lesbian staff members, whether they were open about their orientation or not, had unique insights and special abilities in working with gay and lesbian adolescents in care. In order for young people to develop a positive homosexual identity, it is essential that they are exposed to positive gay and lesbian adult role models. Adolescents need to see people whose lifestyles demonstrate that being gay or lesbian is not a barrier to being happy, productive, and respected.

Openly gay staff, as opposed to closeted gay staff, were seen by many professional respondents as a valuable asset rather than as a liability or a threat.

Having gay staff is also important, not closeted gay people, people who are out. It's necessary that the staff be out otherwise you give terrible mixed messages (033).

We have openly gay staff and it makes a difference, because they know what gay or lesbian kids go through (076).

Certainly people who are out of the closet and have had the experience are better equipped to deal with this population (034).

Openly gay staff can effect programmatic changes in attitudes toward homosexually oriented young people. One professional recounted a positive experience associated with hiring an openly gay staff member.

Things changed very radically when we hired our first openly gay social worker. He was a black male who was not at pains to conceal his orientation. He allowed staff to come to terms with all of their views about homosexuality. Once we hired him things radically changed. Because he was open about his orientation, it was now possible for kids to regularly come out and other staff also began to talk about it (042).

Openly gay staff send the message that it was all right to be gay.

Having gay staff who are out also has a lot of impact and then expressing that it's ok to be gay, talking about gay issues, bringing in speakers on gay issues, all of that is important for kids and staff (094).

Openly gay and lesbian staff are able to act as visible positive role models for gay and lesbian young people.

It makes an enormous difference having gay and lesbian staff in terms of effecting staff and organizational culture and giving other staff opportunities to explore these issues and also giving young people role models to look at (101)

Making it safe for gay and lesbian staff to reveal their orientation was seen as important step by one professional respondent.

We need to provide an environment where gay and lesbian staff people could be out, so that they could be role models, I think that is important. I'm not telling you to go out and hire them, but if you do happen to have them on your staff, and I am sure that you do, whether you know it or not is another story, I think that they can be a great resource not only to the gay and lesbian kid, but to other staff as well (095).

Another viewed professionals with gay or lesbian family members as helpful in sensitizing heterosexual staff to the experience. . .

I think that staff who have had homosexual experiences themselves or who are homosexual, or who have had homosexual experiences as an adolescent, or who have a family member who is gay or lesbian or who in some way is exposed in some way in social circles to people who are gay, have a much easier time dealing with gay or lesbian kids in care (093).

At the same time, heterosexual workers are also seen as valuable in working with gay and lesbian young people.

I've also seen heterosexual adults work effectively with gay and lesbian youth and sometimes gay and lesbian youth will tell us or ask us if we have a straight counselor because they are not ready to meet and to work with gay and lesbian adults and that is very effective because it gives a message that there are straight people who can be accepting and they need to see that too" (101).

On this point another professional disagreed . . .

I get in trouble for saying this sometimes, but the jury is still out on whether straight people can really work with gay people. I mean there are so many obstacles that

heterosexually oriented people need to overcome in order to work effectively with gay people. I mean if a lesbian says butch to me in a session, she knows that I know what that means, so I don't know if heterosexuals are really the best people to work with the gay and lesbian community" (097).

In general, respondents saw the need to have more heterosexual staff address the issue. As one put it:

We don't talk about it and we need to talk about it . . . we need to make it comfortable for people to talk about it. I think that it is one thing for gay and lesbian people to talk about it, they see it as our issue, and it is, but, what I think is important is that heterosexual directors really start talking about it too, because when people other than gays and lesbians start talking about it, then those who are under them will begin falling into line (031).

In most cases, gay and lesbian staff were seen as valuable assets in bringing the issues out in the open, one professional however, indicated that gay and lesbian staff in their agency were in hiding.

One thing that I think is very interesting about the staff here is that a lot of the supervisors of the group homes are gay or lesbian, and it's kind of interesting cause you think that should enable kids to have even more access to someone who is a role model or someone just talking about it, but it makes it even more closed. I mean the last thing that they want to do is to let on that that's what they are. I don't know if that's because this is a catholic agency or whatever, but it's an amazingly high majority, at least here in this agency, especially women. So even though there are staff members who are openly identified as gay or lesbian, it still doesn't get openly discussed, sometimes even between staff members (099).

One staff member warned about staff being perceived as "the gay expert"

I mean I think it's great if staff are out and open, but I think that you have to be careful of having one open staff member who is viewed as the expert on gay kids- because then all of the gay kids - or those who are perceived to be gay - are sent to him or her. I think what that also does is to relieve all of the other staff from becoming accountable for learning more about gay and lesbian kids (078).

The Perceived Impact of Age on Attitudes
Maturity of the Worker

Some practitioners made distinctions based on age and maturity level of the workers. Some felt younger workers were better . . .

I think the younger the better they are, male or female staff they are all a little more tolerant. Also someone who is truly professional and has been in the field a long time, I'm talking 10 or 15 years. I think they are able just because of their professionalism and their understanding of diversity (029).

The staff who work better are staff who accept this, maybe younger staff who do not have old fashioned ways, so I suggest that maybe younger staff or staff who have gone through training and understand. Most foster parents do not have this experience (076).

You have all types of ages in this field, it's going to be easier for the younger staff to adapt to it as opposed to the older, when I say older, I don't know what age, but those who are set in their ways. For them being gay, lesbian, bisexual for them means something is wrong, you're crazy or bad or a phase that they are going through (096).

Some felt that it was more a matter of psychological maturity rather than of age itself.

I have found that it has to be someone that is mature enough and settled enough that doesn't pass any value judgement, if you find people that are very, very young, don't, and people that are very, very old, no. Usually it's the people that are middle-aged that are more accepting and you have to find where they are in their own values, like the workers that I have that handle these kids they seem to have a very open view about sexuality (088).

Some staff are very, very comfortable, part of that has to do

with their own maturity and their own network of friends, it's very hard for someone in our generation to say that they have never been friends with, never known, never experienced anyone who has had a different sexual orientation (074).

One worker made this assessment of staff:

I think those who deal better are those who are into working with adolescents and who like kids. Those who are really into bureaucracy, really can't deal with it. Those who are "hands on" workers do very well in working with gay and lesbian adolescents (028).

Another respondent said this:

The thing is that most of them are kids themselves or they have been in the field for 30 years and their thinking is so skewed that they are still working in the old guard system, you know girls must be girls, and boys must be boys. They don't accept gay and lesbian kids and they are so unaware of the issues around sexuality, they are so uneducated about that, it becomes a problem (031).

VI. Conclusions

This chapter discussed the perceptions that professionals have of gay and lesbian adolescents in New York City's child welfare system. In addition it considers their perceptions of their agencies as well as their staff responses to this issue. While there has been an increasing awareness of the fact that gay and lesbian clients exist in child welfare settings, the majority of the agencies maintain that these young people either are not present or are too difficult to identify in their settings. There are several perceived factors which effect the ability of practitioners to identify gay and lesbian young people. Discomfort discussing sexuality in general and homosexuality in

particular; the taboo nature of discussions focusing on homosexuality; and an inability to identify cues all contribute to these factors. In addition to discomfort with the topic, the lack of familiarity with facts about homosexual orientation are perceived as causing professionals to rely on misinformation including myths and stereotypes to guide their practice. Perceptions regarding the placement process for gay and lesbian adolescents as well as attitudes and perceptions of child care staff, social work staff and administrators with regards to gender, age, and sexual orientation were further examined. The chapter also discusses the perceived effects of culture, society, religion, and race and their impact on the development of staff's attitudes toward homosexuality were explored.

The following chapter will explore the foster home and group home experiences from the young gay and lesbian adolescent's perspective.

CHAPTER FIVE

THE RESPONSE OF YOUNG PEOPLE

Introduction

As the previous chapter revealed, gay and lesbian young people are present in every child welfare program, but they are frequently invisible to staff. In part, this is because of staff attitudes. In addition, it is because they have been socialized to hide their orientation. While it is true that there are some self-identified, openly gay and lesbian young people in foster care, the majority of these young people, are invested in hiding. Those who self-identify and who are "out" have a different experience from those who are hiding or who try to "pass." While this study focused on young people who self-identified as gay or lesbian, the experience of hiding, which begins with the development of a sense of "differentness," is also examined. Because all gay and lesbian young people are socialized to hide, hiding, is central to understanding the experience of gay and lesbian adolescents in out-of-home care child welfare settings. The need to hide is also a primary reason that many professionals cannot identify these young people within their own settings.

In examining the experience of gay and lesbian adolescents in foster care, the investigator was interested in knowing about both their positive and the negative experiences with regards to

investigator was interested in how they perceived their experience as a gay or lesbian adolescent growing up in foster care.

This chapter will explore their experiences in out-of-home child welfare settings primarily from their perspective with additional insights drawn from interviews with professional staff.

I. THE NEED TO HIDE

Most young people do not come into care openly disclosing their sexual orientation at intake, but a small portion do. Still others, self-identify as gay, lesbian, or bisexual once they are in placement. Regardless of whether they are "out" at intake or once they are in care, all gay and lesbian young people, at one time or another, hide their orientation. They hide their sexual identities for many reasons, but two reasons are prominent for the young gay or lesbian adolescent in placement: first, because they are afraid that staff and peer's attitudes toward them will be negatively effected if they disclose their orientation; and second, because they fear mistreatment, including verbal harassment and violence from both staff and peers due to their homosexual orientation. The first reason will be explored with in this chapter, the second will be examined in the following chapter.

To fully understand the phenomena of hiding for the gay and lesbian

adolescent in foster care, one must first examine the experience of "feeling different."

Sensing Differentness

Approximately one in ten children realizes that he or she feels different about his or her sexuality than most of his or her friends. To discover your innate difference at a developmental stage when acceptance is paramount is very overwhelming. But the cause of the fear is not just the simple fact of difference; the fear comes from the identification with a group which society rejects, despises and hates. It is a fear that if I am one of "them", then I too will be hated. If I am one of "them" then I too will be rejected by my family and friends.

As young children, most gays and lesbians sense that they are "different." As one young man put it:

I remember feeling different at a young age, about four or five actually. I don't mean that I knew I was different sexually, I just knew I was different. But I saw how my family acted, they let me know that my difference was not acceptable (003).

At first, such children do not even have a name for this difference, but they know that they are. One young lesbian commented as follows:

I knew that I was different, no one ever told me, but I just knew. To be honest, I didn't know what I was, but I felt different. I was bisexual first and then I came out as gay or as I prefer to be called, a dyke (026).

Responding to this "difference," young gay and lesbian children and adolescents are sent the subtle or flagrant messages from their families and from society that this "difference" is wrong, and will not be tolerated. In most cases, the young person succumbs to familial and societal pressures and this sense of difference is suppressed. It resurfaces, for many, however, during adolescence.

I'd say I was probably ten or twelve when I first knew, but I never had any experiences until I was about 13, but I have known for a while, I knew I was different (015).

Initiating the Hiding Process

Fearing the consequences of societal stigmatization, fearing rejection, verbal harassment or physical violence from family, peers, and staff, many enter adolescence by trying to hide their orientation.

Yeah, at first I tried to hide and I didn't talk because I was scared of how they would take it (001).

Hiding is the natural response to this feeling of difference.

I started to work at hiding my difference. I was real good at hiding. I wanted to make sure that no one knew my secret (003).

Seventy percent (n=27) of the young people interviewed reported that they needed to hide their orientation. They hid from friends, from family, and from the professionals who work with them.

Staff didn't know I was gay because at the time I tried to keep it to myself because I didn't know how people would react toward me being gay, so that was like a dark side of me, I would just keep it to myself, I wouldn't let nobody know, I would pretend I likeded (sic) guys and I would go out with them, but deep in my heart, I knew I wanted to be with a female (024).

Hiding is not a healthy process and as such, it is difficult for many young people.

I tried to hide that I was gay so it was very hard to be in that group home. At the time when I be around a lot of boys, the impression I gave was that I was not gay. When I am around people, they can't pick up at first that I am gay when they see me, but after a while, they catch on (009).

Hiding is least problematic however, if no one knows you're gay.

I didn't really have any problem there, they didn't know I was gay. I kept it in, it was hard but I was used to keeping it in (021).

Differences of any type, are generally not tolerated by adolescents. In group care settings, gay and lesbian young people become experts at hiding their orientation. As indicated in the previous chapter, because gay and lesbian adolescents in their care are invisible, and vested in hiding, most child welfare professionals are unable to identify them. Seen from the eyes of

a gay youth in care:

They have a lot of gay residents in these group homes, a lot of them try to hide, but I am able to tell who they are. I have seen a lot of gay kids in there, they is just scared that the staff or the residents in there will act differently if they know (009).

To hide a basic component of human nature is an extraordinarily painful task. Nothing is harder than not being yourself.

Isolation

Feeling different lead to hiding, which leads to feeling isolated. Feeling that there is no one else like them; putting all of their energy into hiding an integral part of their personhood; and not being able to find support from many of the traditional sources; many gay and lesbian young people feel an incredible sense of isolation. According to Hetrick & Martin (1987), gay and lesbian young people experience isolation on three levels. Social isolation (having no one to talk to), emotional isolation (feeling distanced from family and peers because of their sexual identity), and cognitive isolation (lack of access to good information about their homosexual orientation).

In an earlier work, Martin (1982) noted that the socialization of the gay adolescent becomes a process of deception at all levels

including the ever present need to self monitor. On this point, one woman commented:

I just kept it inside, I thought that there was something wrong with me, I knew when I was 15, but I still felt that there was something wrong. My foster mother doesn't know I'm gay, when I go out she doesn't know where I am going. I might try to cover it up by talking to guys and stuff like that, I don't know, I just get a feeling, you know every time I see a girl I like, I just, you know! If I see a guy, I'll talk to him, but, if I see a girl, it's different. It's hard though only one of my friends knows that I am gay and that's the one who is gay. In my foster care agency we meet in groups once a month and the guy running the group was talking about prejudice and all that and he talked about prejudice against gay people and he asked a lot of questions about gays and I really wanted to answer, but I didn't want to seem too eager, so that people could say - how do you know all the answers, you know? (023).

Dismissal of Feelings

In addition to feeling isolated, many homosexually-oriented young people are told by adults that they are too young to be gay or lesbian and that their same-sex attraction is "just a stage or a phase." Trivialization of their most intimate feelings also contributes to their sense of isolation and feelings of confusion. Adults generally have no concept of how deeply they can hurt youngsters with words.

Well there was this one girl who used to sit at my table and all and I told her - I think I might be gay and she said - oh, you're just going through a phase. I started to have these dreams, I don't know, I told the house mother about it, and she said - you're not gay, you're just going through a stage. I said ok and left it at that. And I just kept it inside because when I was telling people they thought I was joking,

so I said fine, and I just kept it to myself (023).

Even loving mothers and fathers don't understand that the hatred they show to the gay and lesbian community may cause their children to leave their homes and drive their own children to acts of desperation.

One young man was initially told that he was going through a phase and then decided otherwise.

Well, I was in junior high when I first knew, but I just always seemed different. You don't even know how to explain it, you don't know if it's a phase or whatever. But I knew. I mean how do you come up to you parent and tell 'em you're gay, so when I did, Mama looked at me and said that's just a stage you're going through. She tried to send me to a psychiatrist and tried to find out what was wrong, but it didn't help, I eventually just accepted that I was gay (003).

Those who feel confident about their sexual orientation, are understandably angered when told that they are simply going through a phase.

If you're gay you are told that we are not gay that we're going through a stage because we are teenagers. Or that we are mixed up and once we come out of this stage, then we will not be gay. That's their attitude. If we know, that we know, that we know, that we know, that we know, that we know, that we are gay, they still tell us that we're not, it's just a stage. I think that they don't want to believe that young people can be gay (027).

Despite such dismissive adult responses however, many young people felt confident about their sexual orientation from an early age.

I knew when I was five years old. Sometimes staff refused to

accept it, they tell you that you don't know what you want yet. Any time you tell them that you are gay they say - well, you don't know that cause you're going through a stage right now. There are supposed to be these stages that you go through when you are gay and living in a group home. I don't believe that. I don't care how young you are, if you are attracted to guys at 12, then you know your hormones are attracted and I don't think you mixed up. I think you know what you are and what you gonna be (012).

Conflictual Feelings

Nonetheless, due to societal stigmatization, isolation, and lack of support, many homosexually-oriented youth go through a period of not wanting to be gay or lesbian. The fear of rejection and stigmatization is the basis for denying, rejecting and fighting against homosexual feelings. Schneider (1988) notes the conflict between feelings and fears results in confusion. Societal stigmatization often compels these young people to feel that they are wrong about their same-sex attraction.

Society doesn't accept it, they are really against it. You don't know who you can talk to and you keep things bottled up inside and sometimes I thought I was going crazy. You think something is wrong with you. I mean it seems like every time they find out about me that it's a big deal and they can't deal with it. I just don't know, sometimes its so hard to be gay. I try to hide it, but sometimes I can't (023).

Many young people deny their orientation because they fear losing friends.

A lot of people try to deny that they is gay, but half of the people here is in the life. I just don't understand why it is that people can't accept it. It's hard though, they are afraid if they tell someone that they are in the life that they are gonna lose their friendship. In a group home it's hard to tell someone, it's even hard to tell a friend, you

don't want to lose a friend (025).

Gay and lesbian young people deal with many internal conflicts in their struggle to come to terms with their stigmatized role in society. These struggles often occur within the context of the young person's family.

By the time I was 11, I already knew that I was gay and I hated myself for it. I hated myself so much that I wanted to kill myself. I wanted to be "normal." Why me? I'd ask myself over and over again. I even prayed to God that he or she would give me the strength to change myself. All that I ever knew about gay men at the time were the lies and stereotypes that my parents taught me: That they were all child molesters and wanted to be women. My father was always telling me, "walk like a man, stop sitting like a woman." My parents taught me that gay people were not people at all. They taught me that they didn't deserve any respect at all. So how was I supposed to feel when I thought that I might be gay? How is someone supposed to feel when you know that your own family would never even accept you? (005).

They Could Change If They Wanted To

Contributing to this conflict is the erroneous belief that homosexuality is a choice. Despite evidence to the contrary, and because most child welfare professionals are generally not familiar with homosexuality, some maintained that homosexuality is a choice; something which needed to be changed; a sign of emotional or psychological weakness a deviant behavior.

Young people spoke about "changing," but their idea of change was in response to pressure from societal stigmatization, not because they were uncomfortable with their orientation.

I have heard some people say that people choose to be gay, to be honest, if I had a choice I would not have chosen to be gay. Who in the world would choose to go through all of the name calling, all of the bashings, and all of the other crap that gay people have to go through everyday? (005)

Another young person reported that once she stopped trying to change, she accepted her orientation.

Yeah, I was eleven years old and we was upstate in an all female group home and I knew I was never attracted to guys, I used to beat the guys up, I was attracted to the females and they used to always say - why do you beat up the guys and hang out with the females? That was then, and I knew it then, but I tried to change it, and when I see I couldn't change it and that was my lifestyle, I accepted it (023).

Self - Perceptions

For most people, adolescence is a difficult and tumultuous period of development. Within limits and without much consequence or penalty, social and sexual experimentation is expected at this stage of life. A range of adolescent behavior is tolerated in the belief that young people can benefit from the opportunity to make their own decisions and live with their consequences, especially in light of the fact that they are at a time in their lives when they are not required to make life-long commitments. In this period of general confusion and experimentation, some young people will be locked in struggle with questions of sexual orientation and some will come to accept their homosexuality as a given.

Most adolescents, including young gay and lesbian people have a range of sexual experiences before they solidify their identity.

One gay youngster commented:

It's just part of who I am. Don't get me wrong I had girlfriends left and right, but . . . there was no chemistry, but with a guy there was chemistry. Well usually at first it usually is a physical thing, but once you get into the person, you get to know the person and it starts to move to a mental and emotional plane. My family always had their suspicions, but they thought it was just a phase. Straight people tend to think that people become gay because they are pressured into it. That's not true. People act like they can be forced to be gay, but if a person is gay it is because they are. People need to stop blaming other people, they need to just start accepting and stop saying it's wrong. Just accept it. We need self-assurance that it's not wrong, I mean people need to stop telling us we're wrong! I mean who are they to judge us (002).

Another indicated that he had worked to overcome negative influences to feel better about who he was . . .

I have always known that I was gay, but I needed time to grow. The group home system was always pointed out my sexuality in an indirect way saying -'he's going to have problems until he faces things in his life.' I thought - who the fuck do they think they are judging me for being gay? They very much saw it as a negative thing. I saw it as a negative thing too at the time - I looked for a way out. I tried to date girls, I tried to sleep with a few, it just wasn't me. Now I'm more comfortable, but I still need time - it's like buying a new pair of shoes that are at first too big, you need time to grow into them (021).

II. PERCEPTIONS OF PLACEMENT

Young people reported a variety of experiences, both positive and negative about their life as a gay or lesbian adolescent in care. By and large they expressed dissatisfaction with their care.

Difficulties for some began at intake.

"We Don't Exactly Get the Welcome Wagon"

New admissions are frequently fraught with anxiety and fear as they enter their new living situation. One of the most basic principals of group care for children states that it is important to make a new admission feel welcome. Gay and lesbian young people are often made to not feel welcomed into group home, congregate care, or foster home settings. In fact, most are told, either subtly or blatantly, that they are not wanted. Several young people mentioned how they were not welcomed in their group homes.

I mean we don't exactly get the "Welcome Wagon" when we come to a group home, gay and lesbian people are looked down upon. A lot of people just look at us like that we have another strike against us (002).

One professional respondent corroborated this perception of the "welcome" received by gay and lesbian adolescents into care:

In some cases, CWA has told us before the kid arrives that he is gay and then we tell the group home staff. We tell them to make sure that this child is welcomed. We also remind them that this is confidential and not to be shared with the residents, but when the kid arrives, all the kids already know. It's the staff, they start saying - wait until you meet our new resident, wait till you see who's coming. Then, there's the big welcome, my guess is that they are brought into the child care office by the worker who is on duty and told - we've heard a little bit about your behavior and we don't allow that kind of behavior and if you try it, you'll get hurt, and if you try it, I can't guarantee your safety here. That's a hell of a welcome, wouldn't you say? (073)

Young people are frequently greeted by staff as if they are deviant

and warned that they will be closely monitored.

When I arrived at _____ the people at really freaked out and accused me of being a rapist and some other shit and the people at _____ didn't like it either. I mean in one placement, as soon as I walked in the door, I mean I wasn't even shown to my room, I was brought into the staff office and told by staff - 'You know we don't go for any of that mess around here - so you better watch yourself and don't be bringing none of that lesbian shit around here. In this other place, I mean every time I walked by the staff office I was told, keep your business to yourself, every time I walked by (026).

One youngster prayed for a different placement, one where he would be welcomed.

They don't always treat you equally. I mean in other places when you first arrive everyone looks at you and makes you feel funny. I mean the first day in my group home I was so scared. I really hated it there, I hoped my time there would go faster. I even prayed to God at night to make my time go faster. When they told me I was going to _____, I was so happy, because I heard it was a place where they treated gay kids well, I heard from a boy in my school that it was ok to be gay there, I was so happy, I packed so fast I couldn't wait to get out of there. When I arrived at _____, everybody was friendly and nice and I felt welcomed, it makes a big difference when they make you feel welcomed (017).

Multiple Placements and Replacements

Because acceptance of their orientation is so difficult, and not necessarily because they are difficult, many gay and lesbian youngster have been "gotten rid of" by an agency and have had multiple placements or replacements by agencies in all levels of care.

One young person summed it up best when asked how many placements he had been in he replied:

I have had so many, I can't even remember (023).

Replacement and Feelings of Rejection

Feeling that they were not welcome in care and feeling isolated in many of the placements that reluctantly accepted them, caused the majority of young people to have strong negative reactions to their placement.

Most said they would not return . . .

How was I treated? You mean the way we were treated? It sucks, it sucks. I mean I wouldn't want to go back to one. It's hard enough being in a situation when you are away from your family and then having somebody else put you down . . . I mean, it's just not fair (007).

Some young people reported that they left their placement when they determined that they are not welcomed.

As soon as I get discriminated against, I leave. I mean when I was on a psychiatric ward they were trying to give me aversion therapy and I mean they were supposed to help me with my depression, not by telling me that I'm wrong. Where I am now, they are fine, but in other places definitely there were problems. I mean when I was in _____, they were giving me my own room because I was gay to keep the other kids away from me. It's the kids and the staff that treat you differently (026).

Most young people reported that they left their homes because they were not supportive of their identity and then found similar lack of support in their group home, congregate care setting or foster home.

There was no support, I mean obviously they are not getting it from their parents, I mean usually the reason that a gay, lesbian or bisexual is in a group home is because of their sexuality and because of non-acceptance by their parents, I think that is at least 90% of the cases. I mean if you go someplace else, I mean you don't need the same treatment that you got from your parents, I mean you need to be supported (026).

Most young people described their experience like this:

I would say that right now, gay and lesbian kids in foster care are treated really, really fucked up, that's all I can think of, they are treated really bad, they are treated as "less than" (010).

Experiencing Acceptance

Very few young people found acceptance in group homes or foster homes, but there were two agencies where young people reported that the message was that it was ok to be gay there . . .

Many at first did not believe that such places existed.

Honey, when I first arrived they said it was ok to be gay here and I thought, oh sure. But I found out that it really was, I couldn't believe it. I have had my problems with staff about a lot of things, but never about being gay. They are fine in that regard, they might be bitches in other things, but in that are they are fine (027).

It was easier when there are other people like you here.

The good thing about _____ is that some of them

would tell me it's ok to be gay and that you don't have to feel bad because there are other people like you here (014).

III. PERCEPTIONS OF TREATMENT BY STAFF

Young people had a great deal to say with respect to their treatment by staff. In general, the respondents noted both positive and negative experiences that they had with staff. Young people made connections between attitudes and race, religion, culture, age, maturity, gender, and sexual orientation of the staff. In many cases these observations made by young people were collaborated in the comments made by professionals interviewed for the study.

NEGATIVE EXPERIENCES

Denial of Existence

As mentioned in the previous chapter, most child welfare professionals were unable to identify gay and lesbian young people in their own programs. The denial of existence is closely connected with the young person's hiding process. Several young people mentioned staff's denial of their existence.

It's not true that there are no gay kids in care. There are. Some gay kids though are not like us, we're out, we're openly gay, other kids are in the closet and the staff don't notice, these kids are running around and they don't notice. There are a lot of gay kids in group homes (010).

One young person provided this reason for denying their existence.

I think that when agencies say that they don't have any gay

kids in their group homes that they must be in denial. I don't know, maybe they feel that they might be hurting someone or hurting the program if they admit that they have gay kids in their group homes. I don't know if staff can tell, sometimes it can be hard to tell who is gay and who is not, but people who know gay people or people who are gay, can tell. But you would think that people who are working with children or young adults on a regular basis could tell who's into what and for a person to say that they don't have gay kids in their agency - there's something wrong there (012).

On occasions some sensitized staff, however did know, even when the young person tried to hide.

When I was in _____, yeah, my social worker definitely knew even though I tried to hide it, yeah, a few people knew. My social worker would try to get me to open up on it, she would throw me a few indirects. . . but I would always deny it so hard that it would then pass their minds. I mean, it kinda scares you to think that if you admit it, that then you are gonna be subject to all the name-calling and treat me the way they treated the other gay kids who were very out, I wasn't gonna take that risk. Yeah, the staff knew, but I was never really able to talk about it with staff (012)

Perceptions of Staff's Lack of Knowledge

In addition to a denial of their existence, the majority of child welfare professionals admitted to having an inadequate grounding in the basics of homosexuality. Their lack of information led them to draw erroneous conclusions about those young people who are gay and lesbian. Young people reported that this paucity of accurate information impeded professional staff from delivering adequate child welfare services to them.

Young people noted that many of the professionals who provided

cared for them, did not know them. They attributed this to staff's fear of homosexuality.

Yeah, I think that was the whole problem, I mean they didn't didn't know me and it was like they were afraid, cause they didn't really know me (003).

For some, this changed after staff got to know them.

At first they were afraid because I was gay, but once they get to know you, they hang out with you, and it's all right (023).

In general, gay and lesbian adolescents interviewed agreed that most staff did not have accurate or adequate information. Most staff focused on the physical, sexual elements of homosexuality, and since many young gay and lesbian people themselves often do not have access to accurate information about their emerging identity formation (cognitive isolation) many had trouble defining their own sexual orientation.

I don't think they always understand, they say things like: Why do you want to be gay? Why do you want to sleep with another man? What makes you so happy to be with another man? And you tell them that is the way you was born and they say that's bullshit, you can't be born gay. And I say, yes you can! And they say how can you be born gay and there's no way for me to prove it to them, so sometimes that can be difficult (001).

Noting professional staff's lack of knowledge about homosexual orientation, one professional made this important corroborating point:

If all a gay kid knows about gay people is what he hears from straight people, then he's probably never going to figure out

what he is. He will probably only know about the myths of homosexuality (033)

Perceptions of Staff Stereotypes and Myths

In the absence of accurate information, many professionals relied on misinformation, including myths and stereotypes to describe homosexual orientation. In response to the question: "Do you think that staff have adequate and accurate information about homosexual orientation?" several young people indicated that staff rely on stereotypical images to identify gay and lesbian young people. Staff's lack of knowledge about homosexuality was a recurring theme in the data.

I think that more staff members should learn a bit more about homosexuality, they should be a bit more open to it cause it's not like it's just a matter of who you had sex with, it's sort of a lifestyle and they need to realize that. It's not so much that people don't like homosexuals, but a lot of people have the wrong perceptions . . . like they think that all homosexuals are going to try to turn them out . . . like all they want to do is have sex with you or they snap their fingers and say "Miss Thing" or they think . . . I mean they have the wrong perceptions (002).

Some heterosexual professionals, even those who are perceived as sensitive by gay and lesbian young people, continued to look for stereotypical images of gay and lesbian people.

No, not at all. I mean even the director of the program where I live now, he's great and he's straight, but I don't think he can always tell if a kid is gay or not. They just can't tell who is gay and who isn't, unless they are real flamboyant and you know - stereotypical, loud, and wild (016).

Perceptions of Staff Hostility to Homosexuality

In most agencies, young people reported that their orientation was never a topic for open discussion, or when it was discussed the young people received only negative messages about homosexuality.

In other places I have been they haven't been so open about it. Actually they have been very cruel. I mean if I was ever to say anything I would say this I would think more staff members should learn a bit more about homosexuality they should be a bit more open to it cause it's not like it's just a matter of who you had sex with it's sort of a lifestyle and they need to realize that cause that seems to be the problem. (002).

Many young people reported that they were told by staff that being gay was wrong.

They never talked to me openly about it, they said, it's not right . . . that I shouldn't do it but . . . they say you're good looking and all, you can have anybody you want to, but I mean I don't feel comfortable being with girls, I mean girls as best friends, but not girls intimately. I mean it would be nice if they made an all gay and lesbian group home, that would be good, I mean then there would be no problems, there could be open interaction and no one would have to hide anything, that would be nice, but I don't know of any good places right now, I mean you're going to have trouble no matter where you go (022).

No one ever came right out and talked to me about being gay, maybe a couple, well in one place upstate, one lady upstate told me that being gay was wrong and that you shouldn't be gay and . . . other than that no one talked to me about it (010).

It's difficult to be told that you can't talk about what's is important to you in your life.

If I ever tried to talk about my boyfriend or what I did when

I went out, I was told by staff - don't be bringing that faggot shit out around here, you know we don't go for that. I couldn't even talk about what was important in my life (022).

Staff made it clear to young people that they were not open to talking about this aspect of their lives.

In one group home, I was told, that I would go to hell and that what I was doing was wrong. The staff let me know that I was NOT suppose to talk to them about being gay. I don't think they knew much anyway, but I was told, in more ways than one, not to discuss this area of my life (011).

The inability to openly discuss their orientation, causes many young people to feel left out . . .

There are so many gay people who feel left out because they feel that the counselors don't like them because they are gay and they felt like they are not loved and I hear a lot of people tell me that, they need a lot of help. I am gay and sometimes I don't feel loved, I sometimes feel that the straight people get more love than we do, I felt that in the group home, I felt that I was sometimes used by people (006).

Perceptions of Inequality

Gay and lesbian young people in foster care reported that they wanted to be treated like others. The majority of the young people however, 63%, reported that they were treated differently once staff knew of their sexual orientation.

If a gay or lesbian kid lives in a group home the staff has an

attitude toward that person. They all should be treated the same because they are all human beings, but gay and lesbian kids are not treated that way (004).

They spoke of numerous situations that served as reminders of how they differed. Some reported a distancing from staff.

Yeah, for some reason, I mean I feel distance now. I mean I don't really hang around the house very much and people think I am being distant from them. They think that for the simple fact that I am not straight like they are, that I cannot hang out with them and that I can't understand (015).

In some cases young people related this differential experience to clothing shopping . . .

A person that is not gay, you just sit back and watch and say why should she have more than me? Why should she go clothes shopping and get more than me? I feel that they should not knock somebody just because they are gay (025).

They treat you like, well, they don't care about you at all, they are prejudice. They call you white trash, they say you are garbage, all kinds of names. OK, for one, you know how in group homes you go shopping and stuff, they spend more money on the straight kids than on the gay kids and they buy you cheap, cheap, clothes and the other kids, they buy them real expensive clothes and when it's time to go shopping they just keep putting you off, and off, and off. They let you wear filthy clothes and all. Attitude wise they treat you differently, you didn't feel safe there either. They are treated different, they are not respected, they don't pay attention to what they are saying . . . it's different (011).

One young person introduced the concepts of "throwing shade" and "reading" someone who treats you differently . . .

They do treat you differently cause you are gay. They have a lot of activities like going to the gym and stuff, and if they feel it's too manly, then they are gonna throw some shade at you (give you attitude), but then you have to read them (tell

them off) and then wait until we get to where we are going to show them that just because I am gay, I can play basketball, lift weights, they think because you are gay that you are not supposed to do all that (009).

Some felt that straight kids were treated one way, gay and lesbian kids another way.

I thought I was treated differently. I don't think that they are treated equally. I mean they made it so obvious, they just treated us differently. The straight kids were treated one way and the gay kids another way. I wish that there were gay and lesbian staff, they would have been more understanding (013).

Some felt that straight young people got staff's attention more quickly.

The girls that was gay were treated kinda differently, yeah, I did see a little change when they knew. Let's say that a gay girl was having a problem or something, or needed something and then a straight girl went to a counselor and said she needed this, they would give it to her faster than a gay girl. If you ask me, I don't know why is that, is it discrimination because of what a person want to be. I don't know, but that's just how it was, I did see that (024).

Some reported that gay and lesbian kids get dumped on a lot . . .

Gay kids were treated there like they were treated in every other place, like they were foreign. They get respected by a few people, those people who are color blind, race blind, all of that, but there are very few of those people, a lot of people tend to do it just because of peer pressure you know, and that happens a lot in those kind of places because everybody's young you know. Gay kids get dumped on a lot I think if staff really knew gay kids, they would see that they are not afraid to get into things, I think they would categorize gay kids as generally being good. So they definitely spread more sunshine. But like I said, a lot of people are ignorant and don't know gay people, all they see is different and then they treat them differently (012).

Perceptions of the Impact of Religion

Religion is a powerful force in society, in general organized religions have condemned homosexuality and maintain that it is a morally unacceptable "lifestyle." Many young people mentioned the impact of religion on staff's attitudes.

Staff in the group homes don't talk with the kids about being gay because they think it's wrong. A lot of people who work in these foster care agencies are Christian, you know - high, high Christians - Baptists and all, they don't believe in gay. They say it's a shame, it's against God and they don't want to talk about it (011).

It seems that the more "religious" a staff member was, the more unlikely it was for them to deal positively with young people who were homosexually-oriented.

The only negative was this one guy, who was this religious guy, he was like a priest and like at first he was talking to me in conference about God and stuff and I told the Director and he got in trouble because he wasn't supposed to do that. At times he would leave Bibles on my bed and readings about homosexuality and stuff, he got in trouble for that (014).

Perceptions of the Impact of Race and Culture

Race and culture has a significant impact on the development of attitudes. Racial and cultural biases also play a role in the development of negative attitudes toward gay and lesbian young people.

A white young person made this comment . . .

I have been in about six different agencies. They treat you like, well the majority of them are black, so they are just there for the money, they don't care about the kids, so if you're white and gay or black and gay, they don't care about you at all, they are all prejudice. They call you white trash, you white homo, they say you are garbage call you all kinds of names (011).

People from Caribbean countries were singled out as being very hard on gays and lesbians.

The Jamaicans, the West Indians, they is the worst! I mean they just hate gay and lesbian people. I don't know what it is about them, I guess it's just part of their culture. I know that this is true, because I have friends who are Jamaican and West Indian and they told me that people from their countries are real hard on homosexuals (025).

Latinos were also identified as a group which has trouble dealing with homosexuality.

I think the Puerto Ricans, Dominicans, and all Latino groups have a big problem with homosexuals. I mean, there's a big problem in our culture if you are gay or lesbian. I mean if you're homosexual, you're a disgrace to your family, it's like being the lowest of the low, it's like being a drug addict (006).

Staff Threats to Confidentiality

Two young people mentioned that staff had such a negative attitude toward gay and lesbian people that they threatened, or did inform their families about their sexual orientation . . .

Sometimes they would threaten to call my father and tell him I was gay. I told them that it was none of his business and they left it like that (006).

One young woman told this sad story . . .

You know some staff member in the group home went and told my mother that I was gay and all that. From that day on since I was like 12, my mother and I never had contact and that was why. And not this year, but last year when my birthday came around, I saw my uncle and I saw my mother and she said you know all these years I had been thinking that you was a bad person and all that, but I see gay people who are bad and all. I told her that was not me, but that with your help or without your help, I went to school by myself, I worked, I went to college, that's me, nobody helped, I did it on my own, I made my own decisions. I told her that because someone is gay don't mean they are bad people (025).

Staff Use of Verbal Slurs

Although, this area is covered in more detail in the following chapter, many young people reported that staff used anti-gay slurs

I had this female staff who kept referring to me as a faggot and a queer and I finally told the director and she just played it off and changed it around saying she even called her son a faggot, but I know she didn't mean it in a fun way. (005).

Some staff were openly hostile, others were more covert.

Some were all right, some were really bad, they would call me faggot, not usually to my face, but other kids would tell me that they called me that behind my back. They were really homophobic (016).

Perceptions of Staff Gender Differences in Response to Homosexuality

Gender differences were also pointed out by young people. Most young people agreed with the professionals that female

professionals were more suited to working with gay and lesbian young people than were male workers. One young person said:

The men staff they are prejudice, they are not capable of understanding I think. My social worker was pretty cool he works for me instead of against me, the house staff though brings me down. The house supervisor before he didn't know I was gay, he treated me different (008).

Several young people made reference to the gender of the workers.

The staff usually just ask you stupid questions, but some are more understanding, more down to earth, some are have been in the system and some have been through something that is not too good and they try to act like they can help. The female staff they sometimes are nice, sometimes they not, it depends on their mood. I mean they can have a big attitude and try to give everybody their shit and then when you try to say something back to them, they say you are disrespectful and no wonder why you are in a group home because you don't have no respect. But I never give no body respect that is cursing me out (009).

Most young people agreed that the female staff were better . . .

Staff do not have adequate or accurate knowledge of gay or lesbian people. I mean maybe they have worked with some gay people in the past, but I mean I would never feel comfortable opening up and saying that I met this guy or whatever. I think the women staff are better in dealing with gay kids than the men. There are a lot of women staff in our house and they have raised gay kids before, so, it's not new to them, so I guess they do have a little bit of knowledge (015).

POSITIVE PERCEPTIONS

Gay and Lesbian Staff

Gay and lesbian staff were identified as having special benefits in working with gay and lesbian young people. Gay and lesbian young people need positive role models, as such, gay staff were viewed as

a positive influence.

There were gay staff like crazy in the agencies I lived in. It helps to have a positive influence, it's like I'm gay and I can help you. Having a straight person work with a gay counselor is also good because they can then see that it's ok that there is nothing strange or wrong with them, they help (012).

Some young people perceived staff to be gay or lesbian, but were not sure . . .

In some of the later years I could identify staff that were gay (010).

I always thought that _____ was gay, she never told me or anything, I guess she couldn't because if the other kids found it would be gossip and all that, but, I always thought she was gay and she was really great, she talked to me and showed me that she understood (016).

One lady did talk to be about being gay. She said it's ok, you are who you are. I assumed that she was gay herself, you know? But other than that, there was no group or nothing like that (007).

The only person who talked to me was one counselor, who I figured out later was gay himself. He was the only one I talked to about being gay and once in a while one of the other workers would because their supervisors were there (011).

Perceptions of Staff Openness

Other young people felt that openness of the worker, rather than sexual orientation made for a positive experience.

Well, I mean to me, it really doesn't matter if they are gay or lesbian or straight, as long as they are open, you know. I probably would feel more comfortable with a gay or lesbian staff, but I've also dealt with the straight staff who are

real open people and they are willing to learn about this so that they don't have the wrong perceptions. I am just open with people that are just open, they have no barriers within them (024).

Most young people noted that they needed more open people . . .

For one you either get those who are really open people or get those who are very much gay or lesbian, or get a mix, have a mixed staff. Cause we have to deal and open up and it would be good to be able to open up to someone who we could relate to, and just educate the people, educate the straight people (002).

Perceptions of Staff Understanding

Staff who were understanding, regardless of their orientation, were the staff who most helped the young person in placement.

The staff at _____ was good because one of them was gay and I got along with her real good and the staff at _____ is good, they don't care, they accept me for who I am, who I am is who I am as far as they are concerned (026). (026).

Some young people commented that the best staff are those who respected them.

In some places they couldn't deal with it, but where I am now, they have no problem with me being gay. I mean at first they asked me if I felt comfortable being gay and asked if I practiced safe sex, but basically they said it was ok to be gay here. Sometimes I used to think that some staff are against gay people in their own little way, there's this one staff member who is always trying to catch us in drag. The best staff are those that respect you for who you are, rather than judge you for what you do. They don't have to be gay, they don't have to be straight, they just have to listen without judging. people who are nasty and have nasty attitudes make me feel uncomfortable, you know the people who just work for the money, not to help kids (001).

Others noted that the best staff are those who listened to them.

In most places they didn't want to deal with the fact that I was a homosexual. Where I am now, my sexuality was never an issue, we may goof around and stuff which I can deal with, but it has never been as issue, but this place is known for being a place that gay kids can live. The staff here sit and listen, try to understand you, you know if you do something wrong they are going say -hey, that was wrong. they don't tell you exactly what to do, they just make suggestions, they are very suggestive. I can talk to people her and sometimes I don't even have to tell them they'll know, like I'll come in smiling and they'll say - who's the new guy? It's like they know and it feels good. Like last night I was coming upstairs and staff supervisor who is female said - Hi! I was smiling like crazy and she said are you all right? And I said - yeah, I'm all right and I went upstairs and she said - be careful now, cause love hurts you know, and I went upstairs. If I was ever to bring that to another group home, the staff would give me an ugly face and say - don't tell me about that, I don't really want to hear it! That was always the dominate response, they didn't want to hear about it. They didn't want to deal with it. I could tell that they weren't so fond of homosexuals and I don't think they wanted to get to know any homosexuals cause they looked down on them. To me it doesn't matter if staff are gay or lesbian or straight, as long as they are open. I would probably feel more comfortable with a gay or lesbian staff, but I have also dealt with the straight staff who are real open people and they are willing to learn about this so they don't have the wrong perceptions. I am just open with people that are just open, they have no barriers within them. My social worker is straight and my therapist is straight too, I never thought about that, that's weird (002).

Perceptions of Staff Caring

Some young people mentioned that they were able to be open when they found a caring staff member whom they identified.

Between the ages of 15 and 18 there was a whole lot of denial going on. I thought, not me, it couldn't be me, but it was. I started going with this male and it dawned on me that there

was only one reason I was with this male, and there was no use denying it any longer. It made me come out to a staff member whom I knew cared about me. He noticed a couple of things, like for one I spend the night at a friend's house and I came back with a neck full of hickeys, he's not stupid now, he asked me how was the weekend? And the first thing I said was nothing happened! And he knew and he told me he knew, but I denied it. But then I got so tired of denying it and I said I don't care what people think anymore - this is me! And I came out. Everyone was sort of surprised, or as we would say - they gagged, they were very surprised, mouths wide open. But what I didn't realize was that once they found out only one or two staff members gave me the same respect and liked me just the same, the others just treated me like an invisible kid. They were actually very cruel, cruel in the sense that I just become that invisible boy again, just like I was in my family (002).

It's easier to accept your orientation when you live in an environment that lets you know that it's ok to be gay.

In the group home that I am in now, it's ok to be gay, so the staff and the other guys who are not gay, are not at all uptight about gay people. I can talk to the staff there, because I know they care about me, they don't care if I'm gay or not, that's really not a big deal because like I said, being gay there is ok (027).

Perceptions of Staff Acceptance

Some young people encountered some staff who told them that it was ok to just be themselves . . .

There was one or two staff members there though that I could talk to and they made it all right. _____ was one of them, I loved her, I think I am going to invite her to my graduation. I always thought she was gay, she never told me or anything, I guess she couldn't because if the other kids found out, they would be gossiping and all that, but I always thought she was gay and she was just great, she talked to me and she showed me that she understood. She would always say just be who you want to be, don't worry about what other people think (016).

All young people want to hear a caring adult tell them "You are a beautiful person."

I had one lady who said I think you are a beautiful person and don't let nobody tell you that you have to be with a man. If you want to be with who ever you want to be with, be what you want to be and don't let nobody stop you from being whatever (025).

A few settings were gay and lesbian affirming environments where young people were made to feel comfortable. One young person noted:

My social worker and my child care staff made me feel comfortable, I spoke to both of them, we used to joke around, they met one of the guys I was seeing and they spoke to him and used to speak about him when we met all the time. It wasn't an issue, it was just regular conversation. They were comfortable and so was I (003).

I had someone there when I needed them . . .

Staff were open about me being gay and they warned me that I might have problems with the other guys, I had a counselor and when I needed to I talked to him (013).

Perceptions of Mixed Responses

Some Were Fair and Some Weren't

In some cases, young people response's were mixed . . .

The staff oh, God! Some of them was fair and some of them did their jobs, others didn't, some were just there for the paycheck. None of them talked to me about being gay. The female staff was better than the male staff. The female staff could see you as someone they could relate to or bugg out with. With the male staff you can just forget it, they

just don't want to be bothered period because you are gay, they just don't want to be bothered with you. They would never say things directly to me, but they would say little nasty things like - that new fag kid that just came in, why do they make us put up with these gay children, why do they ship them here, no wonder their parents get rid of them. The other boys said things too, but I mean, we are at an age when we say those things to each other, but when other adults say those things to you, then that's something to think about, cause kids will say anything to get you upset, but when adults say it, it's different (007).

Some cared, some didn't . . .

The group home that I am in now is great, I mean the people there really care about the kids, except for this one staff members who everybody hates, but she doesn't count, but everybody else cares, but in past experiences, I mean, they were there for the money only (026).

Some were positive and some weren't . . .

Most of the staff were positive and they treated me like any other kid, but there were some staff who didn't like me, I could tell they didn't like me cause I was gay (010).

Some of them understand and some don't . . .

Some of them understand and some of them don't, about 50-50 depending on the prejudice. There were a few staff who were gay, I didn't notice that they were any better, they had their favorite guys. But, now that I think about it, the gay ones were the best, some of the straight ones were ok (004).

IV. PERCEPTIONS OF TREATMENT BY PEERS

During adolescence, peers are more important to young people than adults. It is an accepted professional practice during this stage of development to recognize the importance of conformity to peer culture. The heightened importance of the peer culture during adolescence is an important factor in the increased motivation for

conformity to the values, customs, and fads of the peer culture. It is understandable therefore, that peer's attitudes toward homosexual orientation would be very important to the young gay or lesbian person. Young people and professional's had a great deal to say, both positively and negatively about heterosexual peer's response to homosexual orientation.

POSITIVE EXPERIENCES WITH PEERS

Sometimes The Kids Were Better Than The Staff

Professionals indicated that peers were sometimes more open to gay and lesbian peers than were the staff.

Kids are far more tolerant than we are in accepting different types of sexuality. The kids are fine, it's the staff and the agencies which put their own bias on things, kids are usually fine with it (089).

Most kids don't care if another kid is out. I don't feel that there is too much prejudice in the kids, it's more in the way staff act (092).

Unlike the staff, peers showed tolerance.

I am finding more and more that kids are a lot more tolerant now than even in my generation. The few kids that have self-identified are treated all right by the others. And even those that don't self-identify, the kids will say - oh, that's Johnny and he's that way, but he's ok, he's fine, he doesn't grab my butt or anything. I think kids who go around bashing and stuff I think many of them have problems with their own sexuality. But most kids are fine. In one case I had a kid in a foster home and the foster parents didn't know, but the other kids in the home knew, and they all got along great (028).

Perceptions of Staff Influence on Peer Responses

Children, as in other areas of their lives, look for staff cues to form their own response:

I think that the young people, adolescents are more tolerant than adults and I think that they also actively look for adult cues. So the attitudes of adolescents will always actively reflect those of the adults who are supervising them. I think that when you put gay and lesbian adolescents together with heterosexually oriented adolescents there is always a normal checking each other out kind of phase and always some conflict comes up whenever you get any adolescents together, but they can also look at the differences and talk about it as long as they have those cues that it is an ok thing to do (101).

Sometimes the young people were accepting of difference, but the staff projected their own negative feelings on to the young people.

My experience has been with kids in group homes that they tend to be so accepting of differences that it's unbelievable. I find that when they start to have some negative reactions, a lot of times it's because of the adults around them and some of those feelings from around the adults. I think adults can project their negative feelings on to these children. The kids are accepting, it's the staff that gets stuck on seeing that everything is sexual (086).

Another echoed this sentiment.

Number one, like many issues, they do pick up a lot of cues from staff, so I think staff is crucial and I think if they pick up that what you're supposed to do is to put this kid down and deride them because they are different, then I think that's what they'll do. I think the other area is education. (087).

If staff are ok, then the kids are ok.

I think a lot depends, a big part depends on how the staff

deals with the lesbian kids, if the staff are ok this is really just another resident, then the kids are fine too (072).

The Positive Impact of Numbers

In settings where there was more than one gay or lesbian young person, there was a sense that there was strength in numbers . . .

Well, some would call me faggot and all or you homo. They treat you different cause you not like them, they are straight and you're gay so they wouldn't understand where you come from. Other gay kids know where I'm coming from. When I knew that there were other gay kids here I felt that I wasn't the only one than was going to be gay in the group home and it make me feel better (004).

There is one other gay resident where I live now, when I lived in _____ there were three of us. When you're not the only one it makes you feel more comfortable. Some of the more macho guys at first have a problem, but then they see that you're one of the guys just like they are, and they don't get all uptight (016).

There are about four or five other gay kids in my group home, we had our ups and downs, it was the same. Being gay doesn't change the problems in the world, everybody wants to be top dog and there is only room for one boss, you know? But when it comes time for us to stick together, we do. We had a little group that met and we used to discuss our problems and come together once a week, that was good (003).

PERCEPTIONS OF MIXED RESPONSES FROM PEERS

Some Were Accepting, And Some Weren't

Like most of society . . .

Straight kid tended to act like society, some were accepting, and some of them weren't (010).

At First They Were Afraid . . .

Initial responses indicated some fear . . .

At first they were afraid because I was gay, but once they got to know you and hang out with you, it's all right. Some of the guys were troublemakers and you just learned to stay away from them. There were other gay kids there also, at first I was the only one, and then after a couple of months they started to come in. When I first came they had to get to know me and then they would say - oh, he's cool. When the others started to arrive they would ask me - is he cool, can we be friends with him? They would come up to me and ask me because I am gay, I should know everything about them, I'd say - I don't know, why don't you talk to him and find out? (014)

Several professional respondents corroborated, indicating that they had seen an "either or" types of responses from young people:

Either they are very, very uptight about it or they are ok about it, comfortable with it. If they are comfortable with it, then they can talk about the issue and they will tell them that they have some friends who are gay, etc. The kids that are the most uncomfortable will use the terms . . . that are usually derogatory, I find these kids are most uncomfortable with their own sexuality (046).

I've seen two things happen, it goes from absolute ostracism which eventually comes to be absolute acceptance, like he or she is no big deal. The other scenario is that initially no one knows that the young person is gay or lesbian and they get to know them, and then they find out that they are gay. By that time they already know the person and it's no big deal (047).

PERCEPTIONS OF NEGATIVE PEER RESPONSES

Dissatisfaction with Placement

Heterosexual peers have often acted in a hostile manner towards gay and lesbian youth placed in their group home or foster home. Young men perceived to be effeminate, or young women perceived to be masculine, are frequently harassed by heterosexual peers. Unlike other adolescents who encounter difficulty with peers because of race, disability, personal appearance and so on, lesbian and gay youth usually cannot turn to their families or staff for support. In most cases their families and staff are unaware of their sexual orientation and self-disclosure is often not an option.

The terms "ostracized" or "intimidated" were frequently used by professionals in describing this phenomena.

Most young people agreed that being a group home or foster home for them was not a very positive experience . . .

There noted that there were . . .

Lot's of fights, all the time (002).

There was criticism and harassment . . .

With all of the criticism about faggot this and faggot that, the ones who are saying that are the ones who are usually doing it. But there is a lot of harassment also" (005).

Well, a lot of them didn't know I was gay, but the ones that did know that I was gay, they tried to rape me too. They tried to mess with me, rob me, extort from me (011).

There were lots of problems . . .

In my group home there was no argument or nothing like that, cause they was like, they was older than me and there was no problems, but if you go out now with kids who are not in the group home, there is a lot of problems. But I have heard other kids who lived in a group home say that it was really bad, they got beat up and all of that (025).

They were horrible . . .

The kids at _____ were real bitches, I mean they were horrible, there were physical threats, mental threats, lots of verbal abuse. So I dashed out of there as soon as I could, I got my lawyer to get me out of there as soon as possible. At _____ the kids never even got a chance to know me because I was immediately isolated from all of them (024).

Some of them act abusive . . .

Some of them try to act abusive, but if you let them know you not gonna take it, then it's fine (009).

Staff corroborated with negative experiences described by young people, noting:

I guess more the adolescent boys than the girls. A lot of these kind of tough guys, in my experience, have intimidated these guys in some way either verbally or physically. In some situations kids would just ignore the gay kid, some though are really hostile, ostracized him and make cracks about him. I always felt that those kids had a lot of homosexual fears within themselves and that a gay kid just triggered a lot of those feelings within them. Some of the staff kind of very silently supported some of the hostile feelings (102).

Professional respondents further noted that even being perceived as being gay or lesbian can isolate a young person.

There have been cases where a child has been ostracized or victimized to some extent because they are accused of being gay or because they are involved with someone that there is sexual activity made public or maybe there is mannerisms that they see as being gay (036).

They noted how young people sometimes have a difficult time tolerating differences.

I think the heterosexually oriented kids give the gay kids a really tough time. I have not been able to pin-point why, but you know how adolescents are, some are little macho men, they are into scoring with girls and they cannot tolerate anyone who is different (088).

Discretion in Disclosure

With peers, young people noted, one had to be very careful about disclosure.

I told one of the boys in my house that I was gay and he took it good, he said that he didn't think that was the right decision for me, but that he would back me up. Only one kid made a big deal out of it. I mean I am proud of who I am, but I don't want to broadcast it to the world, I need to tell people myself, if you tell somebody you are putting yourself at risk, so you need to tell people whom you feel comfortable telling. Sometimes kids in the group home will use it against me, saying just because you're gay you can do that. I mean I don't expect any special attention, everybody is equal (015).

Peer's Lack of Information

Young people noted that their peers had very little accurate information about homosexual orientation.

They would ask you if I was gay and all and raise their eyebrows when I said I was, but after a while, they got over it. I had some arguments with the residents, mean this one boy told us at a meeting that gay people weren't even human. So I had to educate him for about five minutes on what gay people are really like. But that's really the problem, they aren't educated as far as gay people, gay sexuality, orientation, and AIDS. I mean AIDS is not a gay thing, it's an everybody thing. After I sat that first boy down, I got respect, but I mean I don't think I should have to earn it. I had no problems from that point on. So many people are so ignorant, I mean sometimes I get on the trains and these stupid boys will see you and say - let's go pick on that homo. I mean I'm not even doing anything to them, I think it's just terrible (017).

They have misconceptions about gay and lesbian people . . .

I mean I don't think I have so many problems with the guys because I am not so harsh, I'm more feminine and I talk with them you know. If they want to know something I tell them the truth, like if they say can you become gay by hanging out with gay people, I tell them no. I tell them you can't become gay by hanging out with gay people, you can have sex with people who are your same sex, but that's a decision that no one can make for you (001)

Questions Based on Ignorance

Sometimes, young people noted that their peers asked questions that reflected their homo-ignorance.

At _____, they didn't like it very much, they just ignored me, you see I wasn't there very long, I only

stayed four hours. When they asked me where I hung out I told them the Village and one of the girls there told me I better be careful in the Village because there are a lot of lesbians there! I mean, can you believe it? Then, there are those annoying girls who ask me those stupid questions, you know the stupid questions like: How does a woman even have sex with a woman? How do you really know that you are gay? How do you know that you just haven't met the right guy yet? We were sitting down at dinner one night and one of them started with the stupid questions and I just started to ask her the reverse of the stupid questions, like: Have you ever considered aversion therapy? I mean maybe you just haven't met the right woman yet? You know those questions that heterosexuals always ask us, but I turned them all around. She started to get pissed off, especially when I said: Maybe you just haven't let your natural homosexual side of your orientation come through. But mostly at _____ they don't care, my only problem is getting home by curfew time (026).

Sexual Relations Between Young People

While sexual relationships between residents of same sex or opposite sex are strictly forbidden, there is a strong undercurrent of sexuality which exists in all group care settings. Adolescence, for most young people is a time of sexual exploration and in some cases, experimentation. While Kinsey, et al (1948) identified sexuality as being a continuum and not a clear cut issue, it is easy to forget that group care settings stimulate adolescents to a wide range of sexual behavior. Adolescence, in particular, is also a recognized time for "trying on new behaviors." Young people interviewed from this study had a lot to say about sexual relations between residents. It was a frequent phenomena, but like homosexuality, it too is never openly discussed. Both sexes, males

and females engaged in this behavior but staff frequently denies that this occurs:

They are going to deny that at night all kinds of night-time sex goes on in group homes, they will definitely deny something like that happens. But it definitely happens (012).

One young man said it best when he said:

There is always sex, it doesn't happen, but it happens, well let's put it this way - it's not supposed to happen, but it happens. They know on several occasions that they have had sexual outbreaks with guys and guys and girls and girls, there are a lot of lesbians in the group homes also. Well at night time staff usually goes to sleep anyway, so you go for what you want. If I had a private room, they came in there, if we had a two man room we make arrangements. Guys will like talk and they will say something and you will hear it like a question, they don't actually come right out and say let's have sex, they beat round the bush, but you get the idea. If I liked them, I would, but not just to do it (009).

Young men appear to be more into the physical element of the encounter, while young women seem to be more into the relationship aspects . . .

One young man noted:

There was always sex going on, honey, there is so much sex in group homes. I know this sounds fucked up, but that was one of the good parts of being in a group home, a lot of sex going on. It went on during the night time when the staff weren't there, or anytime, but mostly the night time. I don't think that staff was aware of it. Lots of times it went on with kids who said they were straight. There's are a lot of gay and bisexual kids who say they are not because they don't look gay, but they are (010).

A young woman said:

I went with one girl in the group home, that was in

_____, but it wasn't really a relationship, she was making passes at me, but I was scared to fall for it because I was too scared that she was gonna go and tell the other girls, you know that I was gay and all. Well in _____, see, there was girls that was already gay, you know, so, probably they wasn't gonna react to it, but I didn't know (024).

One young man noted that, in his experience, the other young men were more attracted than repelled . . .

In all the group homes that I have been in, a lot of the guys were attracted to me rather than being repelled by me. Some of them wanted to experiment, but some of them were gay and just afraid to be out (005).

The so-called straight guys were also interested . . .

A lot of the so-called straight guys will come and talk to you about how it feels to be with a man and what's it like. They will ask you about how it feels to have another guy suck you dick. Yeah, I have done it with a few of them. They all want to know after it's over, if doing it with you makes them gay. I always tell them no, but I don't know. I guess they are experimenting or whatever, maybe they only like to do it with me, but I don't know if that means they are gay or not, but I tell them no, so they won't get all crazy about it, they seem to feel better then. There's a lot of sex in group homes, that's why you need to constantly talk to kids about safe sex (016).

Another young man concurred . . .

There are boys in my group home that say they are straight, but they are not and then they come knocking at your door at night, first asking for soap power or something and then it goes a little bit further, tickling you, laughing and then it becomes touching, and then . . . well you know what happens then (001).

Not all gay and lesbian young people, however were sexually active . . .

I have been in group homes with other gay kids but I never

interacted with them, I am still a virgin, I just never had any interaction with them, I just never even made out with them. First of all they were complete idiots and second of all they were just the user type, so I had no use for them (015).

V. REFUSING TO HIDE

Coming to term with one's sexual identity is a process. In addition to all of the usual developmental tasks associated with adolescence, gay and lesbian adolescents must go through the process of coming out. The coming out process is individual for each person, however basic to the social ritual of coming out is the ending of hiding and secrecy. Letting go of secrecy and refusing to hide was a recurring theme in the interviews with young people. In a moving and personal account of this process, Monette (1992) writes:

I can't conceive of the hidden life anymore, I don't think of it as a life. When you finally come out, there's a pain that stops, and you know it will never hurt like that again, no matter how much you lose or how bad you die (p. 4).

Once young people accepted their homosexual orientation, and struggled to accept their own difference, many stopped hiding.

I'm happy to be gay, you know I'm not gonna change for nobody. The way I feel is, I mean I survived the group home, so, I can really say that I've been there now. But it was hard and being in there, especially being in there and being gay, I mean at first I tried to hide it you know, but somehow, they could see through me, so I said, hey, if you can't hide it, you can't hide it, I mean it's not something you supposed to be hiding. But I mean that was me - when I was out, I was out! There was other kids there that was gay, but they just didn't show it (007).

Hiding consumes a lot of energy. Once young gay and lesbian people stopped putting so much energy into hiding their orientation, they were then able to focus on other area of their lives.

As a teenager in the system, you have to get a lot of things set up. Having to hide the fact that you are gay adds to the pressure. But because the pressure is not here at _____ you are able to function considerably better than if you had to keep it under wraps. You are able to put the effort which you would put into hiding, into more constructive things (018).

Once young people identified a setting which was affirming, one where they are told that it is ok to be themselves, they no longer have to hide.

When I came here, they told me it was ok to be gay, but I didn't believe them. At first I thought that it was gonna be like all of the other places, so I tried to hide, but it wasn't necessary, it really was ok to be gay here. I felt great, I could be who I am for the first time and not worry about people finding out my secret (027).

One professional corroborated, noting that it was easier for some gay and lesbian adolescents to be accepted once they were in a placement:

I mean kids do not usually walk through the door and say I'm gay or lesbian, so if the kid is accepted in the house and part of that house and then later he says that he is gay, he is already accepted (088).

Unwilling to Hide

Young gay and lesbian people have frequently had to defend their orientation, endure name calling, harassment, and abuse. Those who succeed in their struggle towards acceptance of their orientation, eventually get to a point where they either fight back or stand up for what they believe in. Hiding contributes to creating dysfunctional behavior and as such, many young people spoke with anger and resentment about having to hide. Gay and lesbian young people in out-of-home care settings noted that they did not have an easy time. One young person told this compelling story of how he had just about had enough:

Yeah, I had to deal with a lot of abuse, verbal, physical and emotional. But I got to a point in my life where, you know, you can take but so much and if people keep taking advantage of you, you eventually come to realize, no, no, I'm not going for this and I put my foot down. I said I want to get somewhere and I'm gonna get somewhere. I'm not gonna sit here and just tell myself, I'm not gonna make it, I not gonna amount to anything. Yes, I had to sit there and cry and search for that deep inner strength, which was men, in me, and I pulled it out! Once I pulled it out a bunch of doors opened and I got very much like this: This is me, deal with it! And if you don't and you can't respect me, then don't be around me! If you can respect me then cool respect me and I'll respect you. Cause you see that's one thing about most straight people, my experience is these days, like between us gay people there is a thing called "reading" which in simple terms means telling someone about themselves, ok? Or like telling someone off. Straight people always try to throw some wise cracks or slurs at the gay people. But let one of us starting "reading" them and those straight people will want to jump us. But when they start "reading" us, we are expected to be quiet and just listen and I got to a point where I thought - I don't think so! I get much respect where I go and it's not so much for the fact cause I say - I'm going to beat you

up if you don't respect me - it's the way I carry myself. I carry myself like a person who is very confident and that will not take much (002).

The End of Hiding

Those who endure, are those who make a firm stand . . .

Most of the guys are all right. In the beginning there are the names and all, but once you get to know them, or once you let them know that you're not gonna go for their mess, then, it's ok. A lot of straight boys make a mistake by thinking that gay guys are weak - well, I can tell you I have personally kicked a lot of butts. I'm not into fighting, but if I have to, honey, I have no problem throwing down and taking care of business! (027)

VI. Conclusions

This chapter examined the experience of the gay and lesbian adolescent from the perspective of the young people themselves. The chapter began by examining the phenomena of hiding and the personal journey of the young person from sensing a difference to acceptance.

The experience of placement examined the phenomenon surrounding intake, replacement and multiple placements of young gay and lesbian people in care. The treatment of staff and the treatment of peers was examined from the positive and negative perspectives as described by both young people and corroborated by professional staff.

Coming to terms with one's homosexual orientation was the end

result of refusing to hide which was explored in the final section.

The following chapter will explore the serious issues of safety for the gay and lesbian young person in care.

CHAPTER SIX
ISSUES OF SAFETY
HARASSMENT AND VIOLENCE
TOWARD GAY AND LESBIAN YOUNG PEOPLE

Introduction

Many young people specifically come into foster care because it offers protection from abusive family relationships and violence. Gay and lesbian youth interviewed in this study however, reported that for them, the violence did not stop when they entered care.

In addition to the victimization for which all Americans are at risk, lesbian and gay young people are targeted for attack specifically because of their sexual orientation (Garnets, et al, 1992). American culture is pervaded by a heterosexist ideological system that denies, denigrates, and stigmatizes gays and lesbians. Such an ideology simultaneously makes lesbians and gay men invisible and legitimizes hostility, discrimination, and even violence against them.

Safety has always been an issue for gays and lesbians. Harassment, for the gay and lesbian adolescent frequently begins at home, with their own families. At times, other relatives and even neighbors join in the process. Because they are often harassed, treated with disdain, physically abused and in some cases thrown out, many gay

and lesbian adolescents are placed in out-of-home care settings. However, young people have also experience verbal harassment and physical violence in foster care placements, by their peers in and in some cases even by professionals who were charged with caring for them. Moreover, the stigma attached to being gay or lesbian often prevents them from reporting their victimization. Until recently, child welfare professionals, remained ignorant of and/or indifferent to the problem. When it is recognized, as is too often the case, the victims themselves are blamed.

In other words, in some cases, the child welfare system, which is designed to protect and care for children, often parallels the harassment and violence which young gay and lesbian people have experienced in their own homes. Finding their situation at home to be intolerable, and then finding that they are not welcomed or treated "like garbage" by the foster care system, many gay and lesbian young people leave care when they decide that they can no longer "take it," choosing the safety of the streets over foster care. Still others, are "gotten rid of" by staff who see them as a troublesome group.

This chapter examines and explores the issues of verbal harassment and physical violence which make it unsafe for those young people who are perceived to be gay or lesbian.

I. FEAR OF DISCLOSURE

The majority of interviews with both young people and child welfare professionals indicated that it is not safe for gay and lesbian adolescents in group homes or congregate care settings to self-identify as gay or lesbian. One professional linked safety with hiding and issues of existence:

In most agencies, it's just not safe for a gay or lesbian young person to be identified. If the other kids know that they are gay or lesbian . . . they harass them, or worse. Sometimes when the staff find out they either treat the young person differently or close their eyes to some of the situations which occur after-hours. It's just not safe for them to be out and because they are not out, then the staff believe that they don't exist (104).

Another practitioner concurred and linked fear with issues of safety for the young people . . .

I think that they feel alienated, and that they fear for their lives. I think that they feel that there is no one on staff that they can turn to and that they are even tentative about talking to their social worker for fear that it will be told to the administration. I think that it is interesting to note that no one in this agency has ever come out to the medical department or the mental health department personnel. Most kids here would come out to their social worker if they came out to anyone. Most gay kids quickly access that there is really no one to tell. (078).

Young people concurred, saying:

A lot of them don't even know that there are gay kids in their group home because kids are scared to come out. Because they are afraid that they will get raped, beat up, jumped, killed

even. I knew two or three of them that we used to hang out, but we didn't say anything about that back at the group home, but the staff didn't know that they were gay (022).

People are afraid to tell people that they are gay. I mean I used to hang out in the Village with boys from my group home, but we never talked about being gay. The staff didn't know that we were gay. You made sure some of them didn't know because then they would make you life miserable. I tell you, sometimes the staff people were worse than the kids were (011).

Rejection

Professional staff interviewed for this investigation noted that gay or lesbian youngsters are frequently denied admission into a program or they are "gotten rid of," once their homosexual orientation is disclosed. Not surprisingly, 78% of the young people interviewed indicated that they were replaced or awoled from their initial placement because they were treated unfavorably, either by staff or peers, due to their sexual orientation.

Despite the fact that New York City has an anti-discriminatory law which prohibits discrimination based on sexual orientation, several professionals noted that their agencies did not admit self-identified gay or lesbian youngsters. Several professionals indicated that the reason they denied admission was a safety issue:

We have not accepted any openly gay or lesbian youngsters. I think our policy has been that we have decided not to accept openly gay youngsters . . . the response that we have gotten from the other kids was so negative that it was hard to assure them that they were safe . . . so we decided not to take those who made an outright declaration (041).

Others also noted that they were afraid that the other kids would "beat up" a gay kid.

The agency in the past had a policy that if a child was overtly homosexual or lesbian, that they would not take them into the agency. And the reason was that we could not guarantee their safety. It wasn't that their behavior was a problem, it's a safety issue because the other kids would gang up on them, the other kids would beat up this kid. They were concerned about that from a realistic management point of view (077).

Once again, the theme of gay and lesbian young people not being "welcomed" was noted. With respect to using the issue of safety as an exclusionary device, professionals rarely noted that it was the behavior of the perpetrators and not the gay or lesbian young person that staff needed to address.

They didn't feel welcomed, and were seen as trouble makers, in fact I had a kid for two days in one place, and I had a worker call me up and say I can't have this kid here because the other kids want to beat him up. I said: Has this person done anything inappropriate? and they said no. And I said: It sounds like your other kids are planning to do something inappropriate and are expressing it, maybe that's what you should be addressing. So the kid . . . he comes into the agency and is immediately seen as the disruptive force. That has been the major problem all these years is that the agencies are so afraid that this one kid . . . or I can't have this boy here because the other kids will want to beat him up because they don't like faggots (085).

A Pattern of Multiple Placements and Replacements

The majority (85%) of young people interviewed for this study, indicated that they had been in multiple placements. One young man summed it up best when he said:

I've been in so many places too many to remember, all of those overnights, a lot of places. I was 14 when I went to my first one, I've been to lots of them, but I kept running away. I was even running away from home because I didn't want anyone to know I was gay. I was placed by the courts. I first went to the Queens Field Office, that's when they started transporting me from group home to group home. That was until I got a case manager, I didn't have one for a long time and when I did get one, I'd usually wind up leaving the group home. I'm not too crazy about group homes, even when I was little I didn't want to stay there. I kept leaving them because there were problems there and I wasn't accepted and I thought, why bother? _____ was the worst, they had this homo floor and they put me up there (008).

The Relative Safety of the Streets

Finding life in the group home, foster home or campus setting to be intolerable, in many cases, the youth stated that they felt "safer" on the streets than in their group homes. Kids who flee to the streets, or who begin to spend more time outside of their group home or foster home, are usually the ones who are not going to "take it" any longer, whether "it" is sexual or physical abuse or severe psychological and emotional neglect. Able-Peterson & Bucy (1993) point out that their escape from dangerous and even life-threatening conditions is actually a healthy response to intolerable situations. In some cases the violence and alienation that they experience on the streets may be less than what they endured in with their families or in some out-of-home care child welfare settings. The flight of these young people from their families or group homes to the streets does not actually happen in one swift move, but is usually a gradual process that takes place over a period of time. Unfortunately the prevention and early

intervention approaches that might assist these young people are not always available and given that out-of-home care practitioners are not trained to meet the needs of gay and lesbian youth, they usually feel that they have no option but the streets.

Accordingly, fifty-six percent of those interviewed lived on the streets as an alternative to living in their group home or foster home.

As one young man put it:

I first went into foster care because I ran away from home, I was 15, I was having problems with my parents, some of it had to do with my orientation. I went to a few group homes, _____ was all right, but this other one I was in, they were all so homophobic. There was this one counselor there, I couldn't stand him, he used to say, you faggot and all that, and it was just his attitude. I could tell he didn't like me very much and it was really hard to live there because the other kids saw him doing that, then they felt that they could do that too, so they made my life there impossible. I left there, I just couldn't take it anymore. From there I lived on the streets, I would rather live on the streets than there. The people are more understanding on the streets, there's no problem. I kept running back and forth to shelters and group homes, but I always left them (010).

Another young man told this frightening story . . .

The city don't like runaways, but they never paid much attention to me and so when I had to, I just left. I was in this one agency _____, there was a guy there and he was real effeminate and they treated him like junk, he was a closet case, but everyone knew. They treated him like junk and then they started to treat me like junk too, I used to get beat up by the other residents. That's where I had the hardest time and every time I left, the city would send me back. I just kept running away and they kept sending me back and saying, work it out. One day one lady at CWA said, give it 30 days and if it still doesn't work out, I'll replace you. Thirty days later I was back and she did replace me, that

worked for a while, I was there for three years and then I had to be replaced again.

At that point I just went to live on the streets. I slept at first on the trains, but then I started to sleep at this spot in Penn Station along the Long Island Railroad, track 18 or 19, not on the track, but sometimes under the platform, where there was a little space, it was dark, but it was a place to sleep. Then I went to this place called the Underground, there were about 30 or 40 people living there, it was an abandoned trailer at 34th Street and 11th Avenue. In the winter it was cold there, we kept warm by making a fire in a large can inside the trailer, it was ok, but it got pretty smoky there. We found food to eat outside of the fancy restaurants. . . It wasn't the greatest at the trailer, but it was safe there and no one really bothered you.

I hate to admit it, but I also prostituted myself. I wasn't really one of the greatest things, it really wasn't but it was like a lot of us young people did it and I had never tried it but it's, it's money! You see some people used this money to smoke their lives away but whenever I got this money it was to eat. I did it about three times and after the third time, the girl I was telling you about, she was telling me stories about how certain hookers or male prostitutes or female prostitutes were found hung, heads decapitated, these were not just fake stories, these were true stories in the paper - it made me think.

No one ever went to _____ agency. I had been there before and they were not so nice to gay and lesbian people because it's predominantly straight people in there and people always jump you there. All those people do is either call the cops or throw both of you out which really doesn't help because then you're out on the street again (002).

Another young person told a similar story, noting that his inability to live safely with his family or in an out-of-home care setting made him feel so despondent that he thought about ending his life . . .

I left and I couldn't take it anymore. I was on the streets from June to September 1989. I always realized I shouldn't be on the streets, but I had no where else to go. I kept calling my social worker at _____ agency to see if she could get me another placement. She kept encouraging me to come back, but that was only because my lawyers were calling her to pressure her. I felt so bad: I felt like I wanted to

kill myself, but I saw other people who made it and it made me hopeful (019).

Thrown out of their own homes and then finding little or no acceptance in a group home or foster home, these young people often feel like they are nobody's children . . .

I just wasn't satisfied where I was. I didn't like it. Some of the places don't treat you right. Cause you not their child and it's like to me they think, this is not my child and I can do anything I want to him. At this one group home, the staff said - oh, he's gay and he can't be here. They told me that God didn't intend for people to be gay and that I should be ashamed of myself listening to gospel music and going to church and praising the Lord and all and then I was doing something that was against God. That made me feel bad, bad, so I just left there. I couldn't take it, I would rather be on the streets than in a place where I wasn't wanted. I didn't let them know I was going to leave, I just did (004).

They leave when they determine that they are not wanted or not welcome. As one young woman put it:

When I said I was gay, she freaked, she tried to put me in a separate room, she didn't want me near any of the other girls. When some of the girls tried to talk to me she told them to get away from me and when she told the other staff member, she started screaming. At _____, they didn't say anything, but it was damned obvious. I felt that if they couldn't deal with me, then I would just awol. I mean my feeling was, I couldn't live at home because my mother couldn't deal with it, and if the staff in the group home couldn't deal with it either, then why was I bothering sticking around? As soon as I was discriminated against, I awoled. I'd go to the streets if I had to. I mean they were supposed to be helping me with my depression, not telling me I was wrong by being who I was (026).

Clearly the streets are not free from harassment, but for some, even the streets were preferable to life in the group home . . .

I awoled from my first placement because of the harassment I got from the neighborhood, everyday on my way home from school coming from the subway stop I was taunted and yelled at by men hanging out in the streets. I was so afraid, I had to get out of that neighborhood. I asked them to get me out of there and then they couldn't find me a placement. Finally they sent me to _____. I tried to act real straight and all, but they could still pick me out. I mean this is a thing I have to work on is how I carry myself on the street. When I walked in this group home they were all having a fight and I thought, oh, no. So I took off my earrings, went up to my room and locked my door. This real big boy, real straight, told me if anybody bothers you, tell me and I will deal with them. I hated there, I used to pray that I could leave. One day I just couldn't take it anymore, and I left, I went to the streets, stayed in some shelters, lived with friends, it was better than the group home (017).

Child welfare professionals corroborated these accounts. One made this comment:

In the worst scenarios kids are kicked out of their homes, sent to a diagnostic center for a work up, then get sent to a place like _____ get beat up, then finally they give up and go to the streets. I mean it's horrible, and we are supposed to be in the business of protecting kids. What protection do we offer these kids? (033).

II. VERBAL HARASSMENT IN CHILD WELFARE PLACEMENTS

Verbal harassment was so commonplace in group homes and congregate care settings that most young people almost forgot to mention it. All of these young people interviewed, noted that they had been the victims of verbal harassment because of their sexual orientation.

Noting this, one youngster said:

We had to go through a lot with them. The name calling was just a given, I almost didn't even think to mention that because it always happened. I had fights several times, but the verbal harassment it is regular (008).

Verbal Harassment at Home

Most gay and lesbian young people know that they are different as young children. This difference separates them from their own families. In response to their difference, their families frequently join in harassing them . . .

I told my grandmother that I was gonna come out of the closet and she said - Girl, you better get right back in! (023).

Most striking was the verbal harassment experienced from members of their own immediate families. One young man commented:

I was eight when I entered foster care. It was the relationship between me and my mother that was the primary reason for me coming into foster care. We never talked about me being gay or anything, but there were certain things that my mother would say to me, that let me know, she knew. She would say things like: stop being a little girl, you know. Things like, you little sissy, I'm not raising a little girl, I'm not raising no punk. You better fight, you better go out there and start acting like a boy and stop acting like a little girl, it was just that kind of thing. I didn't understand what she was saying when she said I was acting like a little girl, I didn't see myself doing anything that was different, from what other little boys were doing, but she would criticize the way I walked, the way I talked, it was just something that irked her about me. I thought all along that I was acting normal (030).

Another remarked:

Ever since I was little, I remember being attracted to men. I think, even though we never talked about it, that my mother and father knew too. In fact, I think all parents on some level know that their child is gay, in most cases they just choose not to deal with it. I remember as a six year old my mother saying to me - stop playing with the girls, be a real boy, play with your brothers, try to be more like them, and then came the very dreaded - stop being such a sissy! Other family members joined in also, brothers, sometimes my father, who I think was just too embarrassed by it all to even say anything most time. I also had one uncle that frequently joined in, he always told me - you are a queer as a three dollar bill, I don't know about you. I used to feel so hurt . . . I mean they were my own family, I was one of them and yet, there was something about me that made me so different that they couldn't really accept me. I mean if your own family can't accept you, then, who will? (100).

Another said:

I always had this feminine thing about me, my mother used to always ask me why I was so feminine and she told me I should perk it up a bit and that I should try to act more like my brother. And I used to tell her I didn't know how to do that and she would get upset and mad when I wouldn't go outside and do boy things. So that's when she started to treat me like a girl. She made me do the dishes, do my sister's hair, you know things that boys usually don't do. Well finally I left and when I ran away everybody found out about me being gay because basically my mother got crazy and she was telling some of my friends and my family that if I didn't come back home she was gonna kill me. My mother told me she hated me and to this very day she tells me that what I am doing is against God's will. I tell her - Mommy, I know, I understand, but this is something that I am and you know, I believe that if it's not right that God will help me, but right now I don't think that this is actually bothering God, and if it's a sin I'm sorry. To this day, she still yaps at me about being gay (001).

Still another said:

My mother told me, she said - you is a little faggot. She said - you's gonna grow up to be a little faggot. I knew I always liked-ed boys, but I couldn't believe that my mother just came out like that (007).

Finally, a young lesbian told a similar story of parental rejection:

My mother couldn't deal with the fact that I was a dyke, that why I came into placement. She kept saying - why can't you act like a girl, I mean, she was always trying to get me to wear dresses and stuff, I mean, I just didn't feel comfortable. Every time I wore a dress I felt like a guy in drag. I just wished she could have let me be myself (026).

The "Garbage" Metaphor

In several cases, respondents used the "garbage" metaphor to describe their treatment by their families.

My relationship with my family was not the greatest. I guess the best way to describe my relationship with my family was, they were the dump truck and I was where they dumped all of their garbage. My sister was the bully and kept everybody in line, my cousin, um, one was the trouble-maker and the other was the tattletale and I was the invisible boy. No one ever paid any attention to me, unless they were mad and then they would scream at me and dump on me. It's wasn't that great. They had suspicions that I was gay, they told me I had effeminate ways, which I don't really think are effeminate, I'm sensitive and I have a very big heart and a lot of people look at that as effeminate (002).

Another Puerto Rican young man reflected:

I have known that I am gay all of my life, but when I came out to my mother, she was not able to accept that fact, she went wild, screaming maricon, pendejo, all of these really terrible curses, I was her only son and all. She threw all of my clothes out in a big plastic garbage bags and I was really going through a lot, I had to leave, I had no where to live (013).

The metaphor became literally true in another case:

My grandmother started to tell me to stop acting like a fucking faggot. I didn't think I was doing anything wrong, I

mean I wasn't even going out with guys at the time. She was always harping on me telling me to act like a boy and to stop acting like a little girl, and one day she just said - I am sick of putting up with your faggot-ass ways and I want you out of my house, she had all of my clothes thrown in those black plastic garbage bags and all sitting by the door (027).

The Cultural Context

Several young people identified that there were some strong anti-homosexual sentiments expressed toward them by their own cultures.

One Puerto Rican youngster noted that cultural factors that made things worse . . .

My parents, well I'm Puerto Rican so, they had a hard time, they are Christians so, they really had a hard time with it. They kept telling me that I had a demon inside me and that I was damned and that I would go to hell if I didn't change. But I knew I couldn't change (010).

A Jamaican young woman told a similar story.

In my country they are really anti-gay. They treat gay people like they are "less than." So when my family found out I was gay, they were not happy. They thought that I brought shame to the family (026).

Harassment From Foster and Adoptive Parents

Foster parents and even adopted parents were not immune from engaging in harassment and violence . . .

In group home settings, kids were cruel to the gay kids, they tortured them and tried to scare them. The staff had a hard time dealing with kids who were gay. I had one kid on my

caseload and he was always struggling with that, he was tormented by the other kids and by his adopted family. It was pretty brutal (066).

Absolutely, I'm sure that there are a lot of kids who are thrown out of foster homes because the foster parent feels they are gay. On occasion we have had foster parents say that when they found them in the room with another male, they were just scared to death and immediately asked to have that child removed and the child was tossed from foster home to foster home (034).

Verbal Harassment from Peers

Being different from your peers is hard when you are an adolescent, adolescents do not always tolerate difference, most (93%) gay and lesbian adolescents interviewed experienced a great deal of verbal harassment from peers in their group homes, congregate care settings, or foster homes:

You know they was always fuckin' with you making my life miserable. You know, they called me faggot and homo and saying things like get the fuck away from me, don't look at me, stuff like that (010).

I always got teased by the other guys, you know, the usuals, faggot, queer, homo, I hate to say it, but eventually you got used to it (005).

Kids noticed that I was not like other kids, they thought I was weird, then came all of those negative words: faggot, homosexual, you know this and that. In every group home I have been in there has been harassment, but I learned to put up a shield and ignore it. But inside I remember it (005).

One girl felt that it didn't happen as much to lesbians . . .

I know a boy in school who is gay and the other boys really bother him and tease him, I feel sorry for him. But that doesn't happen to girls, because people can't tell with girls. I think that people are afraid of real butch girls, so they don't bother them (023).

Another girl, disagreed . . .

When I was upstate, every time I walked by this one cottage, they would be yelling out - dyke - or yelling where's your motorcycle? Then they would all start making motorcycle sounds and shit like that. I couldn't take it (026).

Staff corroborated these accounts, saying:

That's why in this particular program that they don't admit being, um, gay. Because this particular population would definitely be rough on them. When we bring it up they laugh at the subject and make little cracks and things like that and you can tell the kids in the room who are kind of dealing with the subject, but they are so denigrated by the other kids that they would never come forth (084).

Another professional respondent noted the jokes; practical and verbal directed toward gay and lesbian adolescents:

There's jokes, sometimes there is intolerable jokes, both practical jokes and verbal jokes. It's really rough for gay kids, the other kids really torture them. I have had kids who come back to their rooms after a weekend home visit and have anti-gay graffiti written on their walls, condoms filled with dishwashing liquid put on their doorknob, you know, just plain harassment (103).

The "Welcoming" Process

It seemed worse when they first arrived . . .

Up at _____, there was a lot of verbal harassment, especially at first when I first came, then it dropped off, that was until they were angry with me, then it would all start up again - you fuckin' homo, suck my dick, you know, stuff like that (016).

One young person told this story:

Well at first you get the name calling, homo, faggot, all that, but after I spoke to a lot of them and I found out that first of all a lot of them just don't understand or like they hear the myths and misconceptions that they think are true, and none of them, like knew me personally and after I spoke to them they were like - Oh! Once they see where you are coming from they accept it, well, not maybe accept it, but, you know, they open up (003).

Some mentioned disease as a factor in this process. . .

Well they were like, what they would call me is faggot, or you homo, or you suck this or you suck that. The straight kids were always saying things like - just keep your faggot shit on that side of the room, don't be bring none of your faggot diseases or faggot shit in here (004).

Some mentioned religion as a factor. . .

I had to deal with a lot of verbal abuse - you faggot or kids telling me you should be ashamed of yourself or the religious fanatics saying that you are an abomination against the Lord. the breaking point came when I started working, I mean I was out all day working and then I had to come back and listen to this shit - that's when I said forget it and I left (018).

Some kids just tried to instigate trouble . . .

Sometimes they would try to start trouble and say that you were looking at them when you're not even looking at them. I would say I'm not looking at you and they would say, aw, I thought so. You know little stuff to get you started, but once they found out it wasn't bothering you, they would stop. You just have to go with the flow (014).

Too many boys was picking on me calling me a faggot and asking me to come over there and suck their dick, even after I started to cry they didn't stop (001).

Gay kids get dumped on a lot. Called Mary, a lot, called names and threatened, called fag, you know (012).

The Mitigating Effects of Physical Size

One worker noted that physical size of the youth had an impact on the amount of the harassment. If a young person was seen as someone who was big enough to take care of themselves, they were deemed as less likely to be harassed.

On the best day of their life in care, it was pretty terrible, on the best day of their life and on the worst day - it was really horrible. They had to absorb from kids never ending harassment, from the minute they woke up to the minute they went to sleep. Now depending on the kid, it depended on how bad it was. I know this sounds absurd, but size also has a lot to do with it. If they are kids who can physically take care of themselves, then, they fare better. But they still get a lot of grief (097).

The Cumulative Effects of Harassment

Young people reported that constant harassment wore them down.

One weekend when I went on a home visit my roommate found a copy of The Advocate (a gay news magazine) and he passed it all around to the other guys and they all wrote their comments on it like: come to my room and bend over and I'll give it to you. That's when I decided to leave. They had me to the point where I was crying inside, but I wouldn't let them see it. It scared me more than it bothered me. But they never let up. In such a short time they made me feel so bad, it got to me. I was only there for two or three months (021).

Some of them try to act abusive, but after you read them and show them that you're just not having it . . . then, they don't fuck with you no more! But if you act like one of them scared faggots, I don't like to use that word, but . . . then they fuck with you. They need to give you space and just respect who you are (009).

When I first came here, honey, they tried that shit with me, calling me a homo and a faggot and all that, but, then those

same boys were up knocking on my door late at night. I knew the deal. All I had to do is read them once, real good, and that was that, no more verbal harassment for me. I was just not going for it! (027).

I get really tired of the harassment, I mean if somebody calls you something it really hurts a lot, even if it's true and even if you're proud of yourself, it really hurts a lot, you don't want to be reminded time and time again, you just want to live your life, you just want to do what you want to do, you don't want people nagging you all the time or asking you a whole bunch of questions, I mean it really gets on your nerves (015).

Fear of Escalation from Verbal to Physical Abuse

In many cases, gay and lesbian young people reported that they were afraid that the verbal threats would turn physical.

Kid were always calling me fag and other hurtful things. Once I went to Hetrick-Martin and when I came back I found written on my wall the words, "Kill Fags." It was around the time that a friend of mine was killed and I thought, if they killed her and they have already been harassing me, maybe I'm next, so I left (019).

The Community Response To Verbal Harassment

The community also joined in the harassment . . .

When I was at _____, the neighborhood was all Jamaican and they don't accept gay people. Everyday coming home on the subway from school I would get harassed, they would be whispering and yelling out homo, I mean I couldn't that, I mean there's only so much that you can take, I finally said, this is not the place for me (017).

He was taunted and teased, in the community he couldn't even go outside, the kids would chase him. There was an incident where he was molested, it was just horrible, it was just very, very bad and we had a lot of difficulty in the community, eventually this child developed hallucinations and he had to be re-hospitalized. I mean this child just couldn't even live in the community in peace (082).

III. PHYSICAL ABUSE

A recent publication from the American Psychological Association (1993) Commission on Violence and Youth, identifies gay and lesbian youth as a group which is particularly vulnerable to physical abuse and violence. The Commission's report makes three important points which bear repeating:

1. "Gay male and lesbian youth are vulnerable to violence that ranges from harassment, threats, and vandalism to assault and murder. This vulnerability is a direct result of widely accepted prejudice against people of homosexual orientation.
2. Gay and lesbian youth risk falling victim to harassment and hate violence if they reveal their sexual identity, but are at increased risk of self-directed violence if they do not.
3. To reduce the risks of violence against this youth population, interventions must be developed to train teachers, school administrators, social workers, and guidance counselors to confront homophobia, counsel victims of bias-related violence, and dispel myths about homosexuality" (p. 50).

Gay and lesbian adolescents in out-of-home care child welfare settings are placed at special risk for violence not by any inherent factor related to their sexual orientation, but because of the biases, discriminatory behaviors, and inequalities of power in the agencies around them.

Accordingly, 70% of the young people interviewed indicated that they were victims of physical violence directly related to their

homosexual orientation. Violence which occurred within child welfare agencies, was in some cases, perpetrated by other young people, in other cases by staff members. For many, physical abuse was seen as the last straw before they "escaped" to the streets. At this point, many young people voluntarily left their placement.

A study, conducted by The Streetwork Project, a program of Victim's Services that exclusively works with young people living on the streets in New York City, found that 42% of their youth reported that they were lesbian, gay or bisexual. Of that number 57% reported that they had been in a foster home or group homes (Victim's Services/Traveler's Aid, 1991). Homelessness seems to be closely correlated to the receipt of physical abuse. Unfortunately, several of the young people interviewed confirmed these findings by recounting stories filled with pain, stories about rape, violence and fear.

Physical Violence By Family Members

One attorney for children indicated that families also participate in this abuse

We just keep seeing kids getting beat up and thrown out of their houses, kids getting beat up by their fathers for being gay or young lesbians getting sexually abused by male relatives trying to change them so they won't be gay. Or lesbians getting pregnant so they prove they are women. I mean gay and lesbians are different from other minority groups, if a kid is getting beat up because they are gay, who do they go to for services? They usually can't go home and tell why they are getting beat up (033).

Despite the fact that the primary goals in child welfare is to reunite children with their families whenever possible, family reunification was not seen as an option for gay and lesbian children . . .

We have had some kids who would come right out and tell you, and some who wouldn't, and then they would be discovered, and they would tell you the real reason why they left home and about how they couldn't take it anymore and that their families really gave them a hard time. What I had a chance to see is that when you measure one trauma against another, you realize that all of these kids, with all of their problems are really about the same. There are differences but it's not so much that it is insurmountable, but they have all been hurt as deeply as the next one. But the big difference is that gay and lesbian kids have no way back. So while we talk about family reunification with somebody because they couldn't take their mother's drinking anymore, or their mother's boyfriend would come in and beat the hell out of them and they couldn't take it anymore. You can refer people like that to counseling and say you can all work this out. But where there was an issue of a kid being homosexual, forget it and it was so sad, because this kid was like painted into a corner and they needed somewhere they could not only receive validation of their own humanity again, but they needed some way that they could see past the present, they had to learn that their lives were not defined by their sexuality. You cannot define people by their sexuality. Basically the only thing that is different about gay kids in foster care from other kids in foster care is that they just have one more thing hanging over their heads (056).

Two other practitioners agreed . . .

Their families are non-existent, these kids are literally thrown away. They feel totally abandoned. It's no wonder that it doesn't take much for them to want to get out of the group home when they have been harassed. Sometimes they just sit with me and cry and just say, I have to get out. They say they don't even care where they go, they just want out. They say - I'll sleep in the street before I have to go back to that group home - and if they're adamant, you can only imagine what happened to them in the group home (078).

I know kids of all ethnic backgrounds, black, white, hispanic, who leave foster care because they can't deal with the pressure and the abuse they encounter around their orientation from their families. I know one kid who has been out on the streets for about a year, he lived in a facility in _____ and he just couldn't take it anymore (028).

Young people recounted stories of abuse by family member. as one young man recalled:

Me and my mother couldn't see eye to eye on anything, we always argued and disagreed. She used to be physically abusive to me, I couldn't deal with it, I kept running away (024).

Another young man recalled this story:

At home my step-father was physically abusive to me and told my mother that I was gay. When my mother came down from Jamaica and arrived at the airport from New York, she kissed everybody but me. The first things she said to me was, we're gonna take you to the doctor; when I asked why? She said to see if you is gay! I said, forget it, I wasn't going and then the relationship even deteriorated further to the point where I just couldn't live in her house anymore. I moved in with my aunt and she accused me of having a relationship with her son, which wasn't true, that's when I left her house and went to _____ (020).

A young woman recounted this incident:

When my family found out that I was a lesbian, they just went crazy. Even my brothers saw it as a reason to hit on me. My mother watched me constantly, she wouldn't even let me out by myself. We used to get into huge fights about my being gay, real physical; hitting, punching, the works. Finally one day, I just thought, they are never gonna accept me and I left. I couldn't take it anymore, anywhere would have been better than there (026).

Physical Violence By Peers

Providing a general overview of the experience, this veteran staff member described this scenario:

Peers frequently participated in the violence. One young man said:

The first day I was there though, I got hit in the eye with a milk at breakfast, some kid threw it across the room at me, I literally never knew what hit me. I got treated and when I tried to come back, I was told that I couldn't come back in. _____ had all drug addicts and you couldn't leave your stuff there, I had to leave my things at the field office, it was safer there than in the group home. I finally got to a point where I started staying at these group homes and I would sleep there during the day and go out all night, that worked well for me (008).

Another also spoke about getting beat up by his peers in the group home:

At _____, they were all bullies there, I was getting beat up all the time, I was terrified at school and where I lived. I slept in the basement in the group home and one night this kid who had been bothering me took my pillow while I was sleeping and tried to suffocate me and then a whole bunch of other guys just started joining in, beating men, throwing stuff at me, I was crying and I was screaming - why don't you just kill me, why don't you just kill me? Because to tell you the truth, right then and there, at that point, I just wanted to die. This all started about me being gay, in fact the kid that they told to beat me up, was one that I was going out with. When I was younger it was worse, I would be sitting watching T.V. and older guys would come up to me and put their dick in my face, or they would slap my ass, or pinch it, and when I started to group up a lot of that stopped because I was determined to take control of my life and I would not allow people to do those things to me. I have taken too much abuse and too much criticism and I'm just not going to take it anymore (005).

In some cases, peers who are questioning their own orientation, or those who are very invested in hiding and who may be trying to "pass" as heterosexual are the most abusive. One young lesbian reported this:

I had three kids who used to harass me, the worst ones, and I knew they were gay too, they are all in the life, I see them in the Village, they are in the closet and they are so scared to get bashed that they join in the bashing themselves, they make it so much more violent for the Out people (026).

Another young man recalled how he too was homophobic before coming to terms with his own homosexual orientation:

It took a while . . . and now I know that I am gay, and that I can get into it, it's all right, at first, even I used to think it was sick when I was about 12 or 11, I used to say that I would hurt a homosexual if he made an approach to me, I would beat him up, you know it's funny to see how you end up, you know? It's really wild, but today I know that it's ok, we're just normal people (012).

Staff corroborated these accounts, noting there is harassment, particularly from peers who are questioning their own sexuality. One social worker said:

There is a lot of harassment, but I think it mostly comes out of fear too. It is some kind of challenge to them and I think it raises a lot of questions in them. The ones who attacked this boy the most, the ones who stabbed him in the back the most, were the ones who have questions with their own orientation and when you ask them openly they say they have a girlfriend, but the girlfriend doesn't even exist. They themselves are struggling with their own sexuality, but they are not willing to talk about it openly and they are afraid to talk about it (052).

Physical Violence By The Community

The external community also participated in the violence toward these young people . . .

The more obvious it became that I was gay, the more flack I got. I got punched in the nose one time, I got beat up all the time. People in the neighborhood where the group home was found out that I was gay because residents had big mouths and oh, boy! I got jumped by the neighborhood. When I told the staff they would look at me and say - you can hold your own ground! I would say against four people! It was like I always had to shut my mouth and if I was to stand my ground, they would try to kill me. So, I just left (002).

A social worker corroborated the high incidence of community violence which can occur in foster homes. She said:

I think that once a child who is gay goes out into the community where the foster parent lives, you're going to have problems, a lot of our foster parent live in the South Bronx and Harlem and you are going to have problems with a homosexual kid in that environment. It's the school and the community where you are going to have the most problems, that's where the problems can come in and they can also get beat up there, it's not always a problem in the home (082).

Physical Violence By Staff

One professional made the following observations about the violence seen toward gay and lesbian youth:

A lot of gay kids get thrown out of their own homes and no one ever asks them, why? Gay and lesbian kids are different from other minority groups, if a kid is getting beat up because they are gay, who do they go to for services? They usually can't go home and tell why they are getting beat up and sometimes they are getting beat up there too. I don't know, we just keep seeing kids getting beat up and thrown out of their houses. Kids getting beat up by their fathers for being

gay, young lesbians getting sexually abused by their male relatives, trying to change them so they won't be gay. Or lesbians getting pregnant so they prove that they are women or to throw people off. Then we send them to places like _____ to protect them from their families and what happens? They are beaten up there too! So in lots of ways these young people are victimized twice, first by their families and then by the child welfare system (032).

Physical abuse perpetrated by staff was not uncommon. One young man made this reflection:

This one staff member is so homophobic, he and I never got along. We were always getting into these physical confrontations that ended with him restraining me, I guess it never went like it was supposed to go because he was always calling the cops on me and then I'd have to go to the station house, fill out all of this paperwork and go through these changes. It was really more like an assault than a restraint, a personal vendetta (009).

In some cases, staff played an indirect role in the abuse.

They found out I was gay from one of the workers, I don't know maybe he was against gay people or whatever, but he told them I was gay and when they came up to me and asked me and the way I said, you know, it offended them and they kept on bothering me and picking on me. But too many boys were picking on me and calling me faggot, saying come over here and suck my dick. I started to cry, but they didn't stop. I told staff and they got them to leave me alone until later that night when no staff was around and they started again. One of them threw a pillow at me and said - you like to suck dick, right? There was about eight or nine of them and we got into this argument and one of them tried to come after me with a knife saying you're a disgrace to our race, I hate homos and then the worker came in and broke it up. They placed me in this room for two days where I was safe and everything because they knew I didn't start nothing. But I was so scared, I thought they were going to try to find some way in or whatever, so I was kind of nervous, but finally I got to sleep. Then they moved me to another agency, it was better (001).

Professional respondents corroborated the young people's accounts of physical abuse. One direct care worker said:

I remember in one of my first jobs, where we had this kid who was sleeping with other kids, it was an all male facility and there was this one kid who everybody used to fuck because he was seen as the gay kid and didn't mind taking it. Workers knew about it, they felt it was ok because if they let this go on, then we won't have to worry about this with anyone else. Until I got there they thought this kid didn't really mind. But this kid minded it completely, he was being completely abused, but he felt well if he let them do it, then they won't mind me being the only gay kid on campus. It was probably the worst situation I ever ran into (031).

In other cases while staff was not directly involved in physical abuse, their colleagues recalled that some staff sanctioned such activity. One professionals said:

What comes to mind in the harassment and the fact that they are targets for violence. We hear about how some of the other young people make plans to come into this young person's room at night when there's a night shift person on and being terrified to sleep at night because they might be beaten up or they might get caught in the bathroom or jumped by somebody that lives in the group home (101).

Another noted that gay and lesbian young people have a right to be fearful in group care settings:

Gay kids are scared and they have a right to be. In one case, we had a gay kid tell us that in the middle of the night a group of boys from the group home encircled him and put a gun to his head. they threatened him and told him if he ever told anyone that they would kill him. When we found out, we immediately conducted a room search and found nothing, but a week later when we did another search, we did find a gun. In one of our group homes one of the kids said that he was gay and the other kids said that they were going to have a "blanket party" (this is when someone rushes in throws a blanket over the head of the unsuspecting victim and everyone joins in plummeting the victim) - all of the staff knew this. The staff sanctioned the "blanket party" because a kid was gay. I mean group homes are hard places to live, even straight kids can't stand up to the teasing sometimes, so can

you imagine what it is like for the gay kids who have no support from their peers or from staff? (078)

In the worst cases of staff perpetrating violence however, young people reported that they were raped by staff members. One young woman recounted this story:

I had a man counselor and he knew about me, you know, about seeing women and all, and one day when everybody else was out on a trip he said I had an appointment with him and said that I had to stay behind. And we was talking and talking and talking, and so he asked me if I had ever been with a man and I was like, no and then he started to put his hands all over me and you know tried to molest me. When I resisted he started beating me up, but someone came in and stopped him. But he had already beat me up, I had all knots all over my head. He just kept telling me that I was not supposed to be with women, I was supposed to be with men and that this is not the life you is suppose to live. We had to take him to court and everything, he lost his job. Then when I went to another group home, they tried to do that again, and then after that I decided that I would not go to no more group homes (025).

Another girl told a very similar story:

I was abused in the group home by the male staff, you know I would get beat up, you know I got raped in the group home by a staff member, by the custodian, by men who worked there you know the ones who clean up. When I told the counselors they would say oh, we don't believe you, you probably just wanted it, you was probably hot anyway, look at the kind of girl you are, cause you in here aren't you? It was just real bad. I ran away a lot because I got tired of being raped. I want to say that I don't understand why it is that every time in a group home, I see gays get raped more than straight people, especially like gay females, but the gay guys also, they get raped more than straight people do. I don't know, maybe it's because I just don't understand why I can't even think of an answer to it all, but all that I know is that they rape the gay people more, maybe it's because of the way that they live their life, maybe it's because they feel that if they get raped that they will turn back to the other side or whatever, but, it's always the gays that get picked on and I hate that! I'm not saying that straight people don't get raped too, you know and that's the thing I hate, and I hate hearing the guys saying that they got raped in the group homes too. It's just

terrible you know, it just terrible the things that people do to you just because you want to be happy, you know, it's bad (024).

A young man recounted this story of abuse:

The first place I was sent to, I was eight, was in _____. I was raped there by this counselor. He told me that if I told anybody that they would just keep me there or put me in another group home. I was there for five months and then I ran away, I was tired of being raped, I was repeatedly raped. Then I went to a foster home and it was real strict, I left there and went to another group home and there somebody tried to set me on fire. I was sleeping and they put lighter fluid on my bed and threw a match on me, I got burned on the leg (he points to an eight inch burn mark) The staff didn't do nothing, they knew about it, they just moved my bed, but that's staff, you know? I didn't feel safe there, you kinda had to sleep with one eye open. I finally left, I was tired of that shit (011).

In an earlier interview, an advocate for gay and lesbian adolescents corroborated the same story, noting that it was a catalyst for starting an agency to "protect" gay and lesbian youth:

What I really remember is that there was a kid in an group home who was complaining about harassment and nothing was being done about it and his requests for assistance were being ignored and then the kids in the group home set his bed on fire while he was in it. He was badly scarred. They set his bed on fire with lighter fluid. That was one of the first things that brought us all together. . . we said, this is terrible, but this is not an isolated incident, this is a systematic problem and that incident was the catalyst that helped us to start the Institute (033).

Sexual Favors

Staff and residents frequently allege that gay and lesbian young people make unwanted sexual advances toward peers, however, two

young men noted how other residents tried to proposition them for sexual favors . . .

I got into lots of fights, sometimes guys would proposition you, ask you for sex and if you turned them down they would get all pissed at you and then start saying that you were trying to put the make on them, that's when a lot of the fights would start. Once I got attacked so badly in the cafeteria that I had to go to the hospital. It was a boy who was always trying to get me to have sex with him, but he turned it all around and accused me of trying to have sex with him. It was horrible, they moved me four times to different cottages, but the same thing always happened where ever I went (022).

There were a lot of fights, we used to all fight all the time. Somebody would say something to me and I'd say something back and then we would throw down. Sometimes it was they were making propositions toward me and I rejected them, then they would try to turn it all around (007).

Staff corroborated this . . .

I think that the straight kids try to set up the gay kids and sometimes even try to entice them and create situations with sexual overtones. I think that frequently gay kids are used by straight kids to experiment sexually and if the gay kid says no, it's turned around and used against them. gay kids are expected by straight kids to put out and when they say no, it can be a real problem. Undoubtedly when there is an argument or something, the first words out of a straight child's mouth are - you faggot, you cocksucker, it's a given. You faggot, you cocksucker, it never has anything to do with being gay, but those are always the words that are spewed forth. When all else fails and you're losing the argument, go for the jugular, get raw (030).

Staff Refusal to Intervene

Young people also reported that they were likely to receive help from staff when they brought verbal harassment or physical abuse issue to their attention:

When I told the staff that I just couldn't take it anymore, that all of the guys were picking on me, they said why are they picking on you? I said they're all calling me a faggot and a homo. They said - well, you shouldn't have told them that you're gay what do you expect (027).

Staff corroborated these accounts . . .

I've heard situations where a child care worker sent other kids to really beat them up. We have one kid here who was actually beat up by other kids in his group home because of his orientation. he said to us that workers knew it was happening. They said there was nothing they could do about it. It was actually that there was nothing that the would do about it, there's a big difference (031).

I remember that there was a gay kid in a group home who was complaining about harassment and nothing was being done about it and his requests for assistance were being ignored, and then the kids in the group home set his bed on fire while he was sleeping, he was badly scarred. They set his bed on fire with lighter fluid. It was a terrible thing, but unfortunately it was not just an isolated incident. With gay kids, the worst is always assumed you don't have to set them on fire all you have to do is say that a gay kid made a pass at me. The staff always believe it. I have had this scenario happen time and time again, they always wanted to discharge the gay youngster based on the accusation, usually from either the most homophobic youngster or a kid who initiated the contact with the gay kid and was rejected (033).

I heard one young man say that when he could no longer take the harassment and the threats of physical abuse from the other residents that we went and told staff. The staff asked, what are they calling you? The youngster replied, you know a homo, faggot, all that. The staff replied, well, you are, aren't you? (104).

Not all staff are insensitive to the plight of these youth. One youngster mentioned that some staff did take action . . .

It got to a point where this one resident physically assaulted me and at that point I couldn't take it anymore, but the director intervened and asked me if they were breaking on me and I said yes. He intervened and gave me a private room to separate and protect me, that helped for a while (018).

Those at Greatest Risk of Violence

Young people noted that gay or lesbian peers who were seen as too effeminate or too butch, were frequently at greatest risk of violence. One young man made this reflection:

I never really had any problem, you know being gay and being in a group home, because even now I don't really tend to you know seem feminine or to you know carry myself in a gay manner, um, but I mean, you always hear, like, you know, the residents in group homes talk about gay people like saying how they are weird or you know or how they would fuck 'em up or whatever if they were to get approached by one (012).

Another young man told a similar story:

It was so unfair there the way they treat you and there was this guy that acted more effeminate than I did and he was a closet case and I think people knew . . . they treated this guy like junk and soon they started to treat me like junk and I used to get beat up on by other residents (02).

Staff also felt that lesbians and extremely effeminate boys were at greatest risk. One professional pointed out the violence directed toward lesbians, saying:

I think that out lesbians are at greater risk for violence in the home than out boys and in some ways it depends, I mean very effeminate boys are also at very high risk for violence both at homes and in the group homes. Out girls I think run a high risk generally because there is this, I think, culturally accepted norm of violence toward women in this society (101).

Another noted how the "flamboyant" gay male was mistreated:

A lot of the gay boys we work with act effeminate or in a flamboyant manner and they stick out. Some of them have said that they couldn't tolerate the group homes because being gay

they were persecuted, sexually, physically and verbally by the other boys. Some of them even catered to that and were willing to be the sexual partner for the boys, almost compulsively sexual, they used to give blow jobs and that sort of thing, but at a certain point, they had enough of that and then hit the street life. Some of them figured if that's what they were doing them, they might as well get paid for it (094).

Still another professional noted how one young man suffered harassment from his peers:

We had one boy who was gay and he was very, very good in the group home, however the other children were making him miserable, he was very effeminate, they were chronically picking on him. He didn't do any approaching of any of the other boys in the group home, and that was not the issue, I think the issue was that he was effeminate (088).

IV. CONCLUSIONS

In summary, verbal harassment is an every day occurrence for gay and lesbian young people in foster care. Physical violence perpetrated by peers, staff, families and the community is also commonplace and leads young people to seek the perceived safety in the streets when they determine that life in these settings are intolerable. The concept of "caring" for or "protecting" young people in need, with respect to gay and lesbian adolescents in care, seems to be non-existent. Once again, discrimination, bias, and the absence of written policies allows this unacceptable behavior to go unchecked. Staff frequently use as a excuse for not accepting a gay or lesbian young person, "oh, we couldn't accept a gay kid, all of the other boys would beat him up." Excusing the perpetrators for the violence and not holding them accountable for

their negative actions, the gay youngster is victimized twice, first by the young people who are permitted to act on their hate and second by the agency who silently sanctions the activity by not working to create a more gay/lesbian affirming environment for all young people to live.

CHAPTER SEVEN

CONCLUSION
AND
IMPLICATIONS FOR PRACTICE

Introduction

This exploratory study of the experience of gay and lesbian adolescents in New York City's child welfare system is an effort to uncover clues about how both professionals and the young people themselves perceive the experience. The usefulness of such a study is to develop recommendations for professionals to address the inadequacies of the care given to this population and moreover to develop strategies for supporting a more gay/lesbian affirming child welfare environment. In addition, this study provides the young people, who are most affected, with an opportunity to tell their story in their own words.

This concluding chapter, will review the study methods, the context in which the study was undertaken, and offer an array of recommendations to assist professionals in developing more effective strategies in caring for these young people. These recommendations will encompass four areas: administrative child welfare policy issues; training and development issues; child welfare practice issues and clinical practice implications.

Review of the Study

The methods used in this study were drawn from "grounded theory," (Glaser & Strauss, 1967) and "heuristic research" (Moustakas, 1990). These methods consisted of focused interviews and observations drawn from the investigator's own experiences as both a gay man and a child welfare professional. Focused interviews were conducted with four sample sets: self-identified gay and lesbian young people currently in care; child welfare professionals from the voluntary child caring agencies that contract with the City; officials from the Child Welfare Administration of the City of New York; and professionals from non-traditional, advocacy-oriented child welfare agencies that work specifically with gay and lesbian young people. Twenty-seven young people were interviewed for the study, twenty-three young men and four young women. Seventy eight professionals were formally interviewed about their agency's experience with gay and lesbian adolescents in out-of-home care child welfare settings. In total 105 interviews were conducted with young people and child welfare professionals.

Based on an analysis of observations made during the study and interviews with the young people and the professional staff, the investigator has developed a series of recommendations to assist practitioners in more effectively addressing the needs of this underserved population of young people. Some of the

recommendations in each of the four areas may seem at first to the reader to be redundant, due to the fact that the areas tend to overlap one another in scope, that redundancy is intentional.

Administrative Child Welfare Policy Issues

The discussion about the provision of appropriate child welfare services for gay and lesbian youth has been floating around in the child welfare policy stream for many years. However, cultural taboos, fear of controversy, and attitudes based on personal bias, rather than sound professional judgement, have kept child welfare administrators, boards and policy makers blind, deaf and silent on the subject of childhood and adolescent homosexuality. Although there is no doubt that out-of-home care child welfare settings have been providing services to gay and lesbian youngsters unwittingly for years, policy and practice aspects have rarely been addressed openly.

In the past policy makers have permitted professional staff to address such matters as masturbation, homosexual acting-out and some other forms of transient same - sex adolescent experimentation which take place in every child caring agency, but they have rarely, if ever, permitted policy discussions regarding the provision of open services to self-identified gay and lesbian youngsters in their care (Mallon, 1992a). Whitlock (1988) specifically addresses other policy pitfalls pointing out that even

when conscientious youth workers attempt to respond with appropriate help or seek training that would give them the necessary knowledge and skills for working with gay and lesbian youth, they often encounter "institutional homophobic barriers". Many child welfare administrators fail to provide the necessary leadership to ensure appropriate care for gay and lesbian people because of their homophobic attitudes. This failure is often raised by political or religious groups. All too often the needs of gay and lesbian adolescents are set aside; the desire to avoid controversy, to avoid rocking the boat, or to avoid perceptions that agency practices are "too accepting" of homosexuality can in many cases, win out over the needs of children.

The lack of any policy or even dialogue about policy leaves workers in isolation (Mallon, 1992d; Schneider, 1988; Steinhorn, 1979). Professionals operating in the absence of clearly stated policies, tend to utilize their own personal experiences as a guide, which in the case of dealing with homosexually oriented youth can lead to conclusions based on cultural, religious, and societal biases. Written, formal policies help prevent discrimination, harassment and verbal abuse of gay and lesbian young people and those perceived to be gay or lesbian. By making child welfare agencies safe for gay and lesbian youth, we can prevent premature, unplanned, self-discharges that results from young people feeling threatened in their residence, group home or foster home.

The following administrative child welfare policy recommendations need to be considered:

1. New York City Child Welfare Administration and New York State Department of Social Services officials need to support and develop child welfare policies which direct child welfare agencies to openly address and serve the needs of gay and lesbian young people.
2. All child welfare agencies need to develop anti-slur policies for residents and staff in residential programs.
3. All child welfare agencies need to enact policies of non-discrimination on the basis of sexual orientation in matters of intake and admission.
4. All child welfare agencies need to have policies and procedures for dealing with homophobic violence and harassment. Clearly defined consequences for such infringements should be consistent with any sort of harassment or violence based on other forms of bias or hatred.
5. All child welfare agencies need to have policies of active outreach in hiring openly gay or lesbian staff and/or gay/lesbian-affirming staff and administrators in all segments of the agency.

6. All child welfare agencies need to eliminate those discriminatory practices which make it necessary for gay and lesbian staff to hide.

7. All child welfare agencies need to have policies which ensure that children of all sexual orientations are viewed as welcomed and valued members of the agency community.

8. All child welfare agencies need to have policies which reflect a gay/lesbian- affirming attitude toward all young people and staff, not just those who are openly gay or lesbian or perceived to be.

9. All child welfare agencies need to develop policies based on good professional, social work and child care practice, not based on cultural, social class, religious, or personal biases.

10. All child welfare agencies need to develop policies which consider that gay and lesbian youth are a hidden population and, as such, agencies must promulgate administrative policies that apply to all young people in care.

11. Existing policies should be reviewed to insure that they properly define the boundaries for permissible behaviors between staff members and young people in care, including behaviors such

as: physical expression of affection and sexual relationships.

12. Standards set by accreditation bodies such as: The Joint Commission on the Accreditation of Healthcare Organizations and the Council on the Accreditation of Services for Families and Children need to insure that their standards are supportive of all young people regardless of an adolescent's sexual orientation.

All policies should be written, clear, consistent, accessible, and made known to all staff and residents thorough-out the agency.

Training and Development Issues

In light of the fact that agencies indicated that they had inadequate knowledge about homosexuality; a difficult time identifying the population within their own structures; a lack of familiarity with the existing resources and in general have viewed this population as a problem group; it is important to note that 90% of the agencies that participated in this study had not conducted any type of training which specifically addressed the needs of gay and lesbian youth in child welfare settings.

Of the 58 agencies represented, only 6 had actually conducted any specific training in this area. All of these agencies utilized the services of a private consultant to train their staff. The City

also acknowledged that they had not conducted any type of training with their staff.

Child welfare practitioners in New York City rank homosexual adolescents high on the list of hard-to-place children. One reason for this is that many of the placement services are purchased from sectarian agencies where moral attitudes opposing homosexuality preclude program planning for homosexual adolescents. Another reason is that child welfare professionals have not been trained in how to deal with gay and lesbian matters. Even when skills training workshops focusing on working with the gay and lesbian adolescent are offered at child welfare conferences, they are poorly attended, because either professionals find the subject matter of homosexuality to be too threatened or because they feel that they do not have any gay or lesbian youngsters in their agencies. Many social service agencies are uncomfortable with, and are completely unprepared for, dealing with the issue. Many still believe that if their agency offers services to homosexual adolescents, they will be promoting or encouraging homosexuality. Other more informed and gay-affirming agencies simply need help in learning how to help a young person to deal with his or her sexual identity (Mallon, 1991).

In part, because of this investigation, but also in response to pressures from other groups advocating for greater recognition of the needs of gay and lesbian young people in care, the Council of

Family and Child Caring Agencies (COFCCA) and the Child Welfare Administration (CWA) co-sponsored an all day conference on issues of sexual orientation in September of 1993. The conference was well attended by over 250 professionals from the City's Child Welfare Administration and by representatives from the voluntary child care agencies. This conference signals a trend toward greater openness on the part of the child welfare field. Important to note however, was the absence of any significant representation from the New York State Department of Social Services who have yet to fully recognize or openly address the needs of this population.

The New York City Child Welfare Administration, in response to pressures from advocates for children, also announced the initiation of a Task Force on Gay and Lesbian Youth to examine the needs and issues of this population and to develop recommendations for the Commissioner to disseminate.

The following recommendations for training and development should be considered:

1. On the City and State levels, New York City's Child Welfare Administration and New York State's Department of Social Services together, need to play a much more active role in advocating for and developing of training opportunities and technical assistance for their staff as well as for all child welfare agency staff.

2. Child welfare agencies need to provide young people and professional staff with accurate, relevant, non-judgmental information about homosexuality.

3. Administrators in child caring agencies need to make a commitment to educate and raise the consciousness of all agency staff and board members toward an understanding of gay and lesbian sexual orientation by providing on-going training and educational opportunities to sensitize staff.

4. Child welfare agencies need to provide staff with meaningful opportunities to talk openly about homosexuality and to examine their own attitudes about homosexuality.

5. Professional staff should provide opportunities for gay and lesbian young people and heterosexually oriented young people to openly discuss their respective orientations on a peer-to-peer basis.

6. All child welfare staff should be specifically trained in how to intervene when a young person who is gay or lesbian, or perceived to be gay or lesbian, is harassed or threatened by other young people inside or outside of the setting.

7. All child welfare staff should be specifically trained on how to respond to a gay or lesbian young person who seeks help because of isolation, suicidal ideation, or emotional and physical problems.

8. All child welfare staff should be specifically trained on how to make appropriate referrals for gay or lesbian youth to counselors, including family counselors and youth-service agencies which specifically address the needs of gay and lesbian youth.

9. All child welfare agencies should develop a collection of literature, books, films, and pamphlets for young people seeking to learn more about gay and lesbian issues. In particular, a collection of gay and lesbian youth resource information should be developed.

Agency-wide professional development can be implemented by outside professional consultants or agency-based personnel specially trained in anti-homophobia workshop facilitation and with access to child welfare specific, related educational materials.

Those staff to be trained should include, but not be limited to:

Child care workers

Psychiatrists

Psychologists

Social workers

Vocational/educational counselors

Independent living staff

Therapists and mental health workers

Health care workers: physicians, nurses, aides

Custodial workers, building & grounds personnel

Dietary staff

Secretarial, clerical and technical support staff

Administrators (even those with little client contact)

Board Members

This training should include both affective and cognitive components; dealing with the emotional responses to gay and lesbian young people, and factual, accurate, and relevant information about them. These components should include:

1. Basic definitions and terminology
2. Identification of the needs of gay and lesbian youth

3. Identification of the specific health problems of gay and lesbian youth with specific emphasis on their high risk for suicide
4. Resource materials for responding to the needs of gay and lesbian young people.
5. A discussion of the ways in which homophobia affects all people regardless of sexual orientation
6. A discussion about the participants' existing attitudes toward gay and lesbian people.
7. A discussion which addresses the personal, religious, social class, and cultural factors which impact upon attitudes toward gay and lesbian young people
8. Emphasis should be given to the concept of "professionally-based" practice, as opposed to "personally-based" bias.
9. A discussion regarding the creation of a safe environment for gay and lesbian staff members, as well as young people, to be open about their sexual orientation.
10. A discussion which relates anti-gay discrimination to other forms of discrimination.

Such training should be a requirement and mandatory for all practitioners that are employed by agencies which cares for children.

This training should be included within the existing multi-cultural diversity context of training. There also must be a long-term commitment to on-going training and follow-up.

Child Welfare Practice Issues

Children who feel that they are not welcomed, not understood by the staff that are paid to care for them or find that their needs are not being addressed often leave care, joining a significant and growing population of gay and lesbian street kids. It has been documented in the professional literature that adolescents with a history of multiple placements often leave unsatisfactory settings when they conclude that the streets meet their needs better than the service system (Able-Peterson & Bucy, 1993; Athey, 1991; Holdway & Ray 1992; Zide & Cherry, 1992).

Many child welfare practitioners are ignorant about gay and lesbian issues, and yet they are expected to relate to children who are struggling to come to terms with their role as a stigmatized member of society.

Gay and lesbian youth in child welfare settings do not need to be

treated specially, they need to be provided with equal access to the same quality of care which other young people in care receive.

GENERIC SERVICES VERSES SPECIAL SERVICES

There has been some debate about the need to mainstream gay and lesbian young people into already existing child welfare programs as opposed to developing an array of specialized child welfare services for gay and lesbian young people, including group homes and foster homes.

Opponents of special services note that gay and lesbian young people need to interact within the larger heterosexual context of society and alledge that such programming promotes segregation rather than intergration. This assumption is erroneous because the child welfare system has historically grouped children according to service needs. One respondent put it best when they made this statement:

I believe that if possible all children should be mainstreamed, if possible, that's the ideal, and we don't live in an ideal situation, but if you speak of the foster care system, the foster care system segregates children from the get go, we have specialized programs, because we feel that we should offer specialized programs to serve the children better. We have put specialized programs together for all types of children and we segregate them if we know initially that they have a particular issue, we segregate them, if we know that a child is HIV positive, then we place them in a special program for HIV positive children, right away that is a segregation, that child is not being mainstreamed into a regular foster home, he's being put into a specialized foster home. Or if we are unable to locate a specialized foster home

he goes to a congregate care facility which is specialized, right there is an example of not mainstreaming and why? Because we feel that that child can be served better, by not being mainstreamed, it's not that we want to segregate them for the virtue of segregating, it's that we think he can be served better. We do it for children who we call "Hard-to-Place" we segregate them into our specialized programs, not because we want to segregate again, but because we feel that that child will be better served, it's sort of a triage that occurs. We do it for children who are physically handicapped, we send them to specialized programs, we do it for children who are emotionally disturbed, you know we do an initial triage and we send them to specialized residential facilities, if children are PINS, we do a triage and send them to special facilities, we try to mainstream the bulk of the population but we do realized that there are certain services that do require a specialty. I see the gay and lesbian group home as a specialized need for children that we think require enhanced services and can't be served elsewhere, it's just part of a spectrum of specialized programs that we have developed. I mean we do it! And to say that we don't do it, that is an argument that I had with _____ they said we don't segregate, I said, that's not true! We segregate all the time, but we don't call it segregation, we call it a service need, we do it on the basis of services because we think the kids will receive better services and I said that is the same thing with a gay and lesbian group home, for certain children, they will receive better service, because they need that better service, that's all. They need a place to feel safe and comfortable. It's based on service needs. But to say that we mainstream every child in care, is just denying what we do (089).

Proponents of specialized services note that child welfare practitioners are uncomfortable, unskilled, and untrained in working with gay and lesbian youth and moreover that out-of-home care settings are generally unsafe places for a self-identified or even perceived gay or lesbian young person to live. Moreover, they point out that these specialized services would not be necessary if mainstreamed child welfare agencies were held accountable for providing quality care to all children, including gay and lesbian children. They, therefore advocate that an array of specialized

child welfare services, including: Agency Operated Boarding Homes, Therapeutic Foster Boarding Homes, Group Homes and Foster Boarding Homes, be offered as an option for self-identified gay and lesbian young people.

This study, while recognizing that it is preferable for all young people remain at home with their own families of origin, recognizes that if children need to be placed, that they should be placed in the least restrictive, mainstreamed, existing child welfare out-of-home care settings. But, the reality is, as it has been supported by the findings in this study, that staff are untrained and unskilled in working with homosexually oriented adolescents and that, in general, it is unsafe for young gay and lesbian people to be cared for in the majority of existing group homes and foster homes. As such, an array of specialized child welfare services needs to be developed by agencies (and supported by the appropriate City and State officials) that have a history of effectively working with self-identified gay and lesbian young people. Until child welfare practitioners and their agencies become more knowledgeable and skilled in working with homosexually oriented adolescents, via training and technical assistance, and until out-of-home care settings can be made safer for these young people, this investigator strongly recommends that specialized child welfare programs, including Agency Operated Boarding Homes, Therapeutic Foster Boarding Homes, Group Homes and Foster Boarding Homes, be developed to provide an array of child welfare service

options and to be safe places for this underserved population of young people to live and to thrive.

The following practice recommendations must also be considered:

1. On the City and State levels, New York City's Child Welfare Administration and New York State's Department of Social Services together, need to play a much more active role in advocating for and developing child welfare policies that speak to providing safe care for gay and lesbian young people and in advocating for training and technical assistance.

2. Public officials in the Child Welfare Administration and the State Department of Social Services need to work together to support the development of special foster homes and group homes for some self-identified gay and lesbian young people who have experienced difficulties in existing child welfare settings.

3. All child welfare practitioners must recognize that gay and lesbian young people really do exist and that they have some unique needs that require staff to develop a sense of sensitivity, responsiveness and competency.

4. Child welfare practitioners must become familiar with and be able to access the appropriate resources that are available to gay and lesbian young people, including social services organizations, health care organizations, and other organizations that would help the young person to develop appropriate contacts in other parts of the gay and lesbian community.

5. Child welfare practitioners must utilize professionally-based, accurate information about homosexuality, rather than personal, religious, social or cultural biases in their work with all young people regardless of sexual orientation.

6. Child welfare practitioners must be able to select the most appropriate placement when placing gay and lesbian young people in out-of-home care settings, regardless of sexual orientation. This should also include an array of child welfare services such as, specialized foster homes for self-identified gay and lesbian young people, as well as group homes that are specifically designed for self-identified gay and lesbian adolescents.

7. Child welfare practitioners must be able to provide families of gay and lesbian young people with accurate resources, support and information with respect to their child's sexual orientation, as well as opportunities for families to work through and process these issues.

8. Child welfare practitioners should involve all young people in their own service and treatment planning as is age appropriate and developmentally appropriate. Staff should also be encouraged to listen and to take into consideration requests made by young people based on their own service needs.

9. Child welfare practitioners should non-judgementally support adolescents in their sexual identity development, where-ever they are in this process.

10. Child welfare practitioners should establish guidelines for behavior and consequences for misbehavior that apply to all young people in group care, including standards for acceptable sexual behavior that are the same for heterosexual and homosexual young people.

11. Child welfare practitioners should develop or identify sex education curriculum which discusses homosexuality as a normal variation of sexual orientation.

12. Child welfare practitioners must be prepared to help the gay or lesbian young person to deal with family and school issues.

13. Child welfare practitioners must be willing to act as advocates for gay or lesbian adolescents who have experienced prejudice or discrimination.

14. Child welfare practitioners must be prepared to help the young person to develop effective interpersonal coping mechanisms for handling conflict, friendship, dating, safer sex, and peer pressures.

15. Child welfare practitioners should not permit the fact that the young person is gay or lesbian to totally obscure everything else about the young person.

16. Child welfare practitioners should provide gay and lesbian adolescents with a meaningful, non-sexual, social environment to assist them in developing appropriate personal and social skills with peers.

17. Child welfare practitioners should develop agency-based support groups for gay/lesbian and straight young people.

18. Child welfare practitioners must insure that confidentiality is maintained at all times.

Clinical Issues

Prior to the civil rights and gay rights movement, most individuals who came to see mental health professionals and had a homosexual orientation were encouraged to change their orientation. Very few

came to therapists asking to that their orientation be left in tact. Historian and gay rights activist, Martin Duberman (1991) has documented his own very personal and moving account of this process in his book entitled, Cures: A Gay Man's Odyssey.

As times and attitudes have changed, those who have been sensitized within the profession have accepted that most effective interventions for gay and lesbian adolescents are based on enhancing homosexual functioning, rather than trying to eliminate it. Individual and group approaches which emphasize trust, openness, expression of feelings, and exploration of feelings of intimacy are most successful. The main objective of all counseling interventions is to help the client function more fully as a human being.

One of the most important factors for child welfare practitioners to realize when working with gay and lesbian adolescents in a clinical setting is that the therapist must be supportive of the adolescent and feel comfortable with the issues of homosexuality and sexuality in general. The following recommendations should be considered by those involved in clinical interventions with gay and lesbian young people:

1. While gay and lesbian professionals will undoubtedly have a special insights into the experience of the gay and lesbian adolescent, being gay or lesbian is not a pre-requisite for

counseling this population. Both homosexual and heterosexual counselors have been effective in addressing the clinical needs of this population. Feeling comfortable with and having an accurate knowledge of the population, as well as, being understanding, empathetic, and giving non-bias, non-judgmental advice are the only attributes which are essential when counseling a gay or lesbian youth.

2. A basic social work principle states that workers should, meet the client where they are at. Let the young person know that it is okay to be bisexual, gay or lesbian. That it is okay to be confused and to not get involved or enter into a relationship. That it is even okay for the young person to go back and forth and change his or her mind.

3. Help the young person to understand and clarify their feelings about their orientation. Do not write off feelings or define same-sex behavior as "just a phase."

4. The clinician should be able to provide accurate and adequate information, which is readable and understandable to the young person. Literature written by gay and lesbian young people for gay and lesbian young people is most helpful (Alyson, 1991; Frick, 1983; Heron, 1983; Miranda, 1993). Videos and guest speakers for group discussions should also be utilized. This information should assist gay and lesbian adolescents in abolishing

myths and stereotypes and correct misconceptions.

5. Provide or be able to refer youngsters to non-sexual, healthy peer support groups within their local communities or schools. Social interaction between other gay and lesbian youth will help to alleviate the extreme social isolation and loneliness which most gay and lesbian adolescents experience.

6. Encourage young people to develop other appropriate contacts within the gay and lesbian community. Counselors should know these resources and be able to refer young people to them.

7. Help the young person to develop effective interpersonal coping mechanisms to deal with the negative effects of societal stigmatization. Assisting young people in exploring and developing mechanisms to deal with conflict, relationships, depression, safer sex, and peer pressures.

8. Be aware of the signs of suicidal ideation; including the self-anesthetizing effects of excessive alcohol and substance abuse. Know the resources which clients can be referred to deal with these issues.

9. Help the young person to explore their religious backgrounds, if they are concerned about this area and assist them in integrating their new sense of self into that background.

10. Assist in training other professionals, by providing them with accurate and adequate information about homosexual adolescent issues. Help other professionals to view homosexuality from a non-judgmental, non-pejorative perspective.

11. Be prepared to be an advocate for the youngster who is having trouble at school, in the out-of-home care setting, or in their own family. The protection of the gay and lesbian youth from homophobic practices is an important task for the counselor.

12. While it is important for the gay and lesbian young person to have role models, adults who counsel them, must be careful of setting and maintaining professional boundaries which protect both the adult and the young person. Social interaction outside of the counseling session should be avoided.

13. Respect confidentiality at all times. The relationship must be based on trust, understanding, and respect.

Families of gay and lesbian young people also need support and guidance from the child welfare practitioner. The following recommendations address clinical intervention strategies with respect to the families of gay or lesbian young people:

1. Help the young person to deal with a wide variety of family issues and be prepared to help families also. When-ever possible,

young people should be encouraged to reunite or reconcile with their families; if this is not possible, then help the young person find a supportive gay-affirming placement and encourage them to develop life skills that will enable them to live independently. Counselors should proceed very cautiously on assisting the gay and lesbian youngster who wants to disclose their orientation to their families. They must be understand the risks involved, no one can know in advance how a family will respond.

2. Help families get over the shock of learning about, or openly acknowledging gay or lesbian members of their families.

3. Help families to explore the guilt or blame feelings that may arise and those that are repressed.

4. Help families, whenever possible to reintegrate the young person into their family and the community by acceptance rather than trying to seek a "cure" for a sick child.

5. Help the family to deal with their own issues around coming-out and to deal with the social realities that they and their child will face.

6. Provide support for the family during the coming-out process.

The clinical issues which confront gay and lesbian adolescents place in child welfare settings are rooted in their adjustment to a stigmatized role in a society which teaches them that they belong to a group which is despised and hated. For many years, since most homosexually oriented people sought professional help to change their orientation, the illness model of homosexuality was utilized in treating the emotional distress of the gay and lesbian person. Aversion therapy, conversion, and desensitization therapies have also been used with little success. Many gay and lesbian people have suggested that it is homophobia which really needs to be cured, not homosexuality.

Gay and lesbian youth struggle with the same problems as other adolescents, but also with those which are unique to those anyone who is homosexually-oriented. The stress of societal stigmatization and hiding one's orientation leads to social, emotional and cognitive isolation and intense feelings of loneliness, depression, hopelessness, low self-esteem, and worthlessness. A sense of differentness can add to these feelings. In addition, the stress of dealing with family rejection, verbal harassment, physical violence, can lead to emotional distress and in the worst cases to suicide attempts.

The most effective means for working with the gay and lesbian adolescent is to assist these young people in developing strategies to enhance their homosexuality, not to eliminate it. Those who

work with gay and lesbian adolescents must be comfortable addressing issues of homosexuality and be open to developing individualized treatment plans, using a variety of approaches designed to address the unique needs of each client.

Helping young people grow into healthy, well adjusted adults is one of the primary goals of child welfare practice. In most young people's lives they have caring families to guide them on this journey. Gay and lesbian young people are often more distant from their families than the heterosexually oriented teenager and in some cases are completely rejected by their families and therefore need other caring adults in their lives to help them make this journey successfully.

Areas for Further Study

Gay and lesbian adolescents in child welfare settings is a untapped area of investigation and therefore there are many avenues and methods that researchers could and should pursue. Qualitative methods assemble detailed descriptions of social realities and as such, frequently act as a catalyst for generating hypotheses that can be tested at a later date utilizing quantitative methods (Epstein, p. 186-187).

The following areas are recommended for further investigation:

1. Gay and lesbian youth suicide: The issue of gay and lesbian youth suicide has been examined by several researchers (Remafedi, 1987; Hunter & Schaecher, 1990), but it remains an important area which requires further investigation.

2. The effects of isolation on gay and lesbian youth: Gay and lesbian adolescents experience extreme isolation which can lead to the development of maladaptive and dysfunctional behavioral problems. Their inability to "share their secret" with others puts them at high risk for a wide variety of maladaptive coping behaviors. This is an area which requires further investigation.

3. Lesbian youth: Inquiry which focuses specifically on lesbian youth is almost non-existent except for documentation by Hunter (1990) and Steinhorn (1979). This is an area which requires attention from researchers who are preferably either lesbian themselves or lesbian-affirming professionals.

4. Transgender youth in child welfare settings: The experience of transgender young people is not fully understood even by those who work effectively with gay and lesbian young people. The experience of these young people in out-of-home care child welfare placements has been totally ignored by researchers. Additionally,

there is very little documentation in the professional literature. Knowledgeable child welfare professionals interviewed for this study frequently identified the need to study this population.

5. Homeless youth: This is another area which requires further investigation and study. As of June 1993, there were 683 adolescents who were AWOL from the New York City Child Welfare system (CWA, 1993a). This study and other prior research, (Victim's Services/Traveler's Aid, 1991), has suggested that a significant portion of homeless youth are gay or lesbian. Additionally, homeless youth are at highest risk for HIV infection. The correlations between homelessness youth, sexual orientation, and youth who are AWOL from existing child welfare system programs should be explored.

6. Attitudes of child welfare practitioners: The specific attitudes of child welfare professionals toward homosexual orientation is another area which should be specifically studied and as how agencies could make their settings more physically safe, secure and appropriate spaces with a welcoming, emotionally safe atmospheres.

7. The impact of cultural, social class, racial, and religious biases: Issues of culture, social class, race and religion with respect to attitudes toward homosexual orientation also cry out for attention.

8. Harassment and violence: Finally and most importantly, the issues of harassment and physical violence toward homosexually-oriented young people in out-of-home care placements should be specifically examined by competent investigative studies.

Conclusions

The continued and urgent need to educate, train, and provide supportive and appropriate child welfare and clinical services to gay and lesbian youth in the child welfare system has been documented (CWLA, 1991; Gibson, 1986; Hunter & Schaecher, 1990; Mallon, 1991, 1992a, 1992d, 1993a, 1993b; Mercier & Berger, 1989; Schneider & Tremble, 1986; Schneider, 1988; Steinhorn, 1979; Whitlock, 1988). However, while documentation is important, what continues to be needed is to educate and raise the consciousness of practitioners in various out-of-home care child welfare settings and to insist that they stop reinforcing the negative stereotypes of being homosexual (Mallon, 1992d). However, training alone, cannot do this. Professionals at all levels in these settings, from board members and administration to line child care workers, need to be encouraged to talk openly about homosexuality; to discuss their personal, cultural, religious and social issues and attitudes and to then to challenge themselves to respond to these young people in a manner which is professionally-based. Helping staff to understand what it means for some adolescents to be gay or lesbian, is the first step in this process. Effective training

cannot be that which has been described as a one shot deal, but that which is comprehensive, professionally-based and on-going. This requires a commitment from the Board and Executive Directors. It is therefore, important that this process begin with them and then filter on to others in the agency.

Lesbian and gay adolescents in out-of-home settings are entitled to the same quality of professional treatment as is available to all other children in care, but most often they have had to endure name-calling and harassment by peers and, unfortunately, sometimes by staff members in the agencies which are, by design, developed to protect and shield young people from these negative influences.

There are very few child welfare agencies where staff have been provided with training that specifically addressed issues of working with homosexually oriented clients. In these settings young gays and lesbians have a better chance of finding some understanding and acceptance, but in the large majority of foster home, group home or congregate care settings, however, gay and lesbian youth have not experienced such acceptance.

Child welfare professionals need to recognize that homosexuality is a fact; a sexual orientation, not a choice. We must also recognize that many agencies and communities have for years ignored the needs of these young people and the multidimensional problems they face. We need to recognize that "homo-ignorance" serves to create homophobia and that has resulted in a failure to properly integrate

the needs of these children into our structures.

Child welfare has historically attempted to meet the best interest of all children. Agencies which care for children need to realize that the necessity for the development of programming for gay and lesbian adolescents is an issue of caring for children who are in need, protecting and insuring that their rights are respected, and what one does in the bedroom. Just as agencies have struggled to understand and adapt to racial, ethnic, religious, physical and cultural diversity in providing their services, they must now be prepared to add sexual orientation to that list.

The phrase, "we are everywhere" is not just a catchy slogan, it is the truth. (Mallon, 1993a). Lesbians and gay men are present in virtually every extended family, friendship circle, ethnic group, race, religion, organization, child welfare agency, field of employment, political party, economic strata, town, city, state, and country. Despite this, many people do not think that they know anyone who is gay. This is because many gays and lesbians have become experts at hiding (Eichberg, 1990).

Gay and lesbian youth are in every child welfare agency in this country. Serving their needs by training staff, board members, and other residents, to work more effectively with them is an issue of equality and a matter of providing good care for children in need, not an issue of sexuality or morality. Whether professionals,

personally, or agencies, through their philosophical orientations, find homosexuality to be morally offensive, is irrelevant with regards to caring for a child who cannot or should not live with their family. What is relevant is to provide the best possible treatment and care for all children placed in out-of-home care child welfare settings. The lack of provision of services for this population of young people and not the issue of sexual orientation, should be viewed by advocates for children as morally offensive. It is unconscionable that many child welfare professionals have allowed their personal bias or their personal discomfort with homosexuality and not their professional knowledge to misguide them in the care and treatment of gay and lesbian young people. The profession has, for too long, swept this issue under the carpet, allowing this population of young people to be unacknowledged, ill cared for, and in many cases mistreated by the very structured which are designed to care for all children who should not or cannot live with their families. All children are entitled to the best possible placement if they cannot live with their own families. Yet gay and lesbian youth are seldom placed in such settings because they are not welcome in those that do exist. The solution does not simply lie in creating special programs for gay and lesbian children, (although that possibility does need to be supported by City and State officials as part of a continuum in an array of out-of-home child welfare services available for some self-identified gay and lesbian young people) it lies in holding child welfare agencies accountable for caring for all children

placed with them. Caring for children and not sexual orientation, is the real issue which is so frequently obscured by those who espouse the principles of homophobia and homo-ignorance rather than the principles of child welfare. Caring for children has always been at the heart of our practice, and should be a guiding principle of our work. Providing quality care for the gay and lesbian youngster in foster homes, group homes and congregate care settings needs to be viewed not as a morality issue based on sexual orientation, but as one more challenge in providing good care for a child in need. This is a challenge which child welfare professionals must face, openly address, and meet.

Long-term systematic change however, will not be possible without a sustained effort to raise the consciousness of policy makers who have the power to commit the necessary resources for services to gay and lesbian youth. Political figures and religious leaders are important actors in this scheme. While they may not have formal authority for controlling day-to-day operations, their help or opposition can play a critical role in determining the direction of policy. The improvement of services for gay and lesbian youth should be based on professional guidelines for the population, which addresses the needs of the clients while respecting their diversity (Whitlock, 1988). In the final analysis, this issue is not about sexual orientation, but is about caring for children. Isn't that, after all, what child welfare is suppose to be all about?

APPENDIX A

**INTERVIEW SCHEDULE
FOR CHILD WELFARE PROFESSIONALS**

Introduction

Thank you for taking the time to see me. Before we begin the interview, I would like to explain in greater detail its purpose and answer any of your questions.

We recognize that foster care agencies in New York City have a population of gay, lesbian or bisexual youngsters whom they care for in various foster care settings, including: foster homes, group homes, group residences, and campuses. We also realize that gay, lesbian, or bisexual young people have special needs which may or may not be addressed in such settings.

This study represents the first attempt to understand and investigate the meaning and experiences of gay, lesbian, or bisexual adolescents in what are known as out-of-home care placements. We are interested in interviewing you as a child welfare professional because we would like to consider your observations and insights as the professionals who work with these youth and who formulate policies that effect them.

The primary focus of this study is to give young gay, lesbian and bisexual people a voice. We hope that this study will stimulate ideas about changes in the system that might be beneficial and mostly, we would like to offer young gay, lesbian, or bisexual people an opportunity to speak.

I have asked you to participate because I am interested in getting your professional perspective. I am interested in your experiences in the agency where you are currently employed and in other agencies where you may have been worked.

Because I am particularly interested in the details of your experiences in working with young gay, lesbian or bisexual people in foster care, I would like to ask for your permission to tape the interview. Neither the tape, nor my interview notes will be shared with anyone. To insure your anonymity and to guarantee the confidentiality of this interview your name and your agency's name, nor will any individual interviewed be identified by name or title.

The purpose of this study is to describe the experience of gay, lesbian, or bisexual adolescents in New York City's foster care system, not to analyze you or your agency. The final report will, of course, be available to you.

Before we begin the interview, do you have any questions?

- - - - -
DEMOGRAPHICS:

- Agency's Religious Afiliation
- Agency's Size
- Agency's Program Focus (group homes, foster homes, campus)
- Number of Adolescents in Care
- Title of Agency Representative
- Gender, Sexual Orientation, Race of Representative
- Years of Experience in Child Welfare

1. From your perspective, how would you describe the general experience of gay, lesbian, or bisexual adolescents in New York City's Foster Care system?
2. What percentage (or how many) youngsters would you identify as openly or whom staff may have identified as gay, lesbian or bisexual in your agency's programs.
3. Could you describe some of experiences that you have encountered, both positive and negative concerning the placement of gay, lesbian, and bisexual adolescents in Foster Care?
4. What are some case scenarios which you have been involved with respect to the placement of gay, lesbian, or bisexual youth?
5. What do you think are some of the most frequent responses that child welfare professionals express when dealing with gay, lesbian, and bisexual youth in out-of-home care settings?
6. Have you observed any religious or cultural/ethnic responses regarding the placement and treatment of gay, lesbian, and bisexual youngsters?
7. Can you identify which staff have an easier/more difficulty time dealing with the gay, lesbian or bisexual young person in placement?
8. To your knowledge, do you have any openly gay or lesbian professionals on staff?
9. What type of training does your agency provide for educating staff around issues pertaining to sexuality and sexual orientation of the children in care?
10. Are staff aware of the supportive resources which are available for gay, lesbian, or bisexual young people? Do they refer youngsters to these agencies?

11. Can you describe how heterosexually-oriented adolescents in the placement respond to an openly gay, lesbian or bisexual youngster placed with them? 281

12. What types of services do you think gay, lesbian, or bisexual kids need?

13. What do you see as the best type of placement situations for gay, lesbian, or bisexual adolescents?

14. Can you identify what changes, if any, that you think need to be made about the placement of gay, lesbian, or bisexual adolescents in New York City's Foster Care?

15. Are there any other comments that you would like to make with respect to the placement of gay, lesbian, or bisexual youth in foster care in New York City that we have not discussed?

Thank you for your participation in the study.

I have brought some literature about the needs of gay, lesbian, and bisexual youth and some information that you can use for training purposes and to share with your staff.

If anything else comes to mind within the next few days that you forgot to say or that you recalled after our interview, please feel free to phone me at the number listed on your consent form.

Thank you very much for your time.

APPENDIX B

INTERVIEW SCHEDULE

283

FOR GAY, LESBIAN OR BISEXUAL YOUNG PEOPLE

Introduction

Thank you for taking the time to see me. Before we begin the interview, I would like to explain in greater detail its purpose and answer any of your questions.

We recognize that foster care agencies in New York City have a population of gay, lesbian or bisexual young people whom they care for in various foster boarding homes and group homes. We also realize that gay, lesbian or bisexual young people have special needs which may or may not be addressed in such settings.

I'll be asking you about your life now; your experiences in the last few years; how you're feeling about things; about your experiences, both positive and negative with staff and peers with respect to your sexual orientation; and your ideas about what can help others in the foster care system.

So . . . there are lots of things that we'll be talking about. In order for this study to be helpful, it's really important that you answer each question as honestly and as thoughtfully as possible.

Because I am particularly interested in the details of your experiences as a young gay, lesbian or bisexual person in foster care, I would like to ask for your permission to tape the interview. Neither the tape, nor my interview notes will be shared with anyone. Nothing that you tell us will be seen or shared with anyone who knows you - your name, the name of your agency or any names of people or other agencies that you mention will not be identified.

It is very important for the study that everyone participate, but I want to make clear that you do not have to if you don't want to. Even if you agree, if we should come to any question you don't want to answer, let me know and we can skip over it. I think that you will find the questions interesting and will want to give them careful thought. In fact, if you want, we can provide you with a summary of the study when it is completed.

This study represents the first attempt to understand and investigate the meaning and experiences of gay, lesbian or bisexual adolescents in what are known as out-of-home care placements as told from the young person's perspective. By giving young gay, lesbian or bisexual people an opportunity to tell their own story, in their own voice about their experience, it is our hope that the professionals who work

with you can learn from your experiences, not only about foster care, but also about your experiences as a young gay, lesbian or bisexual person. We hope that this study will stimulate ideas about changes in the system that might be beneficial and mostly, we would like to offer young gay, lesbian or bisexual people an opportunity to speak. 284

We're paying everyone at the end of the interview for helping us out.

If you agree to be interviewed would you please read and sign this sheet - it says the same thing that I've just told you about the interview.

By the way, if I look down at the questions a lot instead of looking at you - - it's not that I'm not interested in what you have to say - - it's just that I want to be sure that I'm asking you all the questions and in the same way that I'm asking other people and I want to be sure to get all your answers down correctly.

The purpose of this study is to describe the experience of gay, lesbian or bisexual adolescents in New York City's foster care system, not to analyze you or your agency.

Before we begin the interview, do you have any questions?

- - - - -

DESCRIPTION OF FIRST AWARENESS OF "DIFFERENCE"

Let me start by asking:

- (1) First, could you briefly describe how you became aware that you were gay or lesbian?

PROBES: How did you experience this difference? How old were you when you first felt an attraction to people of the same sex? At what age were you able to come out? Can you describe this process?

- (2) What would you tell somebody who asked you to describe why you are attracted to people of the same sex?

PROBES: How did you know? On what basis did you come to this conclusion?

DESCRIPTION OF ADOLESCENT'S RELATIONSHIP WITH FAMILY

- (3) How would you describe your relationship with your family?

PROBES: Who does your family consist of? Is your family aware of your sexual orientation? If yes, how have they responded to your dis-

closure? If no, how do you think that they would respond to your orientation? Do you think that your family is aware of your orientation?

285

DESCRIPTION OF ADOLESCENT'S RELATIONSHIP WITH PEERS

- (4) How would you describe your relationship with people who are of your own age?

PROBES: Do your friends know of your sexual orientation? If they do, how did you tell them; how did they respond? If not, how do think that they would respond if you told them? Do you have a different relationship with friends who are gay/lesbian? If yes, how is it different?

DESCRIPTION OF ADOLESCENT'S INITIAL REASON FOR PLACEMENT

- (5) How did you come to be placed in your group home/foster home?

PROBES: Was there one incident which led to your placement or series of incidents? Where were you first placed? Did the issue of your sexual orientation have any role in your placement?

DESCRIPTION OF THE PLACEMENT

- (6) Could you describe the type of out-of-home care placement where you currently reside?

PROBES: Do you live in a group home or a foster home? How many other residents live in your group home/foster home? How many staff/foster parents are in this setting? Does your group home/foster home have residents who are of both sexes or all the same sex?

- (7) How were you welcomed in this setting when you first arrived?

PROBES: How were you greeted by staff and other residents? Were there any other gay/lesbian kids? How did you get along with your room mates? Did you feel about this placement?

- (8) Was the issue of your sexual orientation addressed when you arrived?

- (9) Have you been in more than one foster care setting?

PROBES: How many placements have you had? Could you describe why you moved from one setting to

another? Were you ever discharged from a placement? Have you ever asked to be removed from a setting? If yes, could you describe the circumstances? In your opinion which was the best placement you were ever in, why? Which was the least desirable, why? 286

DESCRIPTION OF ADOLESCENT'S EXPERIENCES WITH STAFF

- (10) What was your experience, both positive and negative about how staff in your group home or foster parents responded to your sexual orientation?

PROBES: Did any staff member directly ask you if you were gay, lesbian or bisexual? Did you disclose your orientation to any staff member? If yes, to whom did you disclose and why? How do staff respond if you have difficulties?

- (11) Do you feel that staff (including child care workers, social workers, & administrators) felt comfortable talking with you about your sexual orientation?

PROBES: Do you think that staff had accurate information about people who are homosexually-oriented? Could you describe the staff whom you felt most comfortable talking to about your orientation? Least comfortable?

- (12) To whom do you talk when you need to discuss issues pertaining to your life as a young gay or lesbian person?

- (13) Have you ever used the services of other agencies with respect to talking about your sexual orientation?

PROBES: If so, which agencies did you use, why did you use them. What was your experience there? How was it similar or different from your foster care agency?

DESCRIPTION OF ADOLESCENT'S EXPERIENCES WITH PEERS

- (14) With respect to your sexual orientation, what has been your experience, both positive and negative with the other residents in your group home or foster home?

PROBES: Did any resident directly ask you if you were gay/lesbian? Did you disclose your orientation to any resident? If yes, to whom did you disclose and why?

- (15) Did you feel that other residents learned more about your orientation as more time passed?

PROBES: How did they treat you differently? Do you feel comfortable with the other residents in your group home/foster home, why/why not?

287

ADOLESCENT'S RECOMMENDATIONS FOR CHANGES

- (16) If you could change anything about the way gay and lesbian adolescents are placed or treated in foster care, what would you change?

PROBES: Do you feel that gay, lesbian or bisexual adolescents are best placed with a mixed population of gay/lesbian and straights or in an all gay/lesbian population? Why?

- (17) In your experience how do you think gay, lesbian or bisexual youth are generally treated by the foster care system?

PROBES: Do you feel that the needs of gay, lesbian or bisexual youth in foster care are being met? If yes, how? If no, why? Are gay, lesbian or bisexual youth treated any differently from straight kids in foster care? If yes, how/why?

CONCLUSIONS:

- (18) Do you have any concerns, questions, that we have not yet covered regarding your experience as a gay, lesbian or bisexual young person in foster care?

That's the end of our interview - unless there are some things you want me to add - - and I'll give you an opportunity in a moment - -

Thank you very much. This completes our interview. Here is the fee we promised you at the start of the interview

BIBLIOGRAPHY

- Able-Peterson, T., & Bucy, J. (1993). The street outreach training manual. Washington, D.C.: U.S. Department of Health and Human Services.
- Acosta, F.X. (1975). Etiology and treatment of homosexuality: A review. Archives of sexual behavior, 4, 9-29.
- Albro, J.C., & Tully, C. (1979). A study of lesbian lifestyles in the heterosexual macro-culture. Journal of homosexuality, 4(4), 331-344.
- Allport, G. (1958). The nature of prejudice. Garden City, New York: Doubleday.
- Alyson, S. (Ed.). (1991). Young, gay and proud. Boston: Alyson Publications.
- Alyson, S. (1992 December 30). Fear of the rainbow. The New York Times, p. A15.
- American Psychiatric Association. (1983). Diagnostic and statistical manual of mental disorders (3rd ed.) (D.S.M. III.) Washington, D.C.: American Psychiatric Association.
- American Psychological Association. (1993). Violence and youth: Psychology's response. New York: American Psychological Association.
- Anderson, D. (1989). Family and peer relations of gay adolescents. Adolescent psychiatry, 14, 162-178.
- Anderson, G. R. (Ed.), (1990). Courage to care: Responding to the crisis of children with AIDS. Washington, D.C.: Child Welfare League of America.
- Angier, N. (1991 September 1). Zone of brain linked to men's sexual orientation. The New York Times, p. A1.
- Angier, N. (1991 September 7). The biology of what it means to be gay. The New York Times. p. D1.
- Angier, N. (1992 August 1). Researchers find a second anatomical idiosyncrasy in brains of homosexual men. The New York Times. p. B1.
- Angier, N. (1993 March 12). Study suggests genes sway lesbians' sexual orientation. The New York Times. p. A11.

- Annin, B.J. (1990). Training for HIV infection: Prevention in child welfare services. In G. R. Anderson (Ed.), Courage to care: Responding to the crisis of children with AIDS, (pp. 171-185), Washington, D.C.: Child Welfare League of America.
- Athey, J.L. (1991). HIV infection and homelessness. Child welfare, 70(5), 517-528.
- Bailey, M. and Pillard, R. (1991 August 17). Are some people born gay? The New York Times, p. A33.
- Barringer, F. (1993 April 15). Sex survey of american men finds 1% are gay. The New York Times, p. A1.
- Bawer, B. (1993). A place at the table: The gay individual in American society. New York: Poseidon Press.
- Bell, A.; Weinberg, M.; and Hammersmith, S. (1981). Sexual preference: Its development in men and women. Bloomington, IN: Indiana University Press.
- Bennet, J. (1993 January 11). Registry for gay couples holds benefits and risks. The New York Times, p. B3.
- Berstein, S.; Goodman, H.; & Epstein, I. (1992 October 31). Grounded theory: A methodology for integrating social work and social science theory. Paper presented at the first annual conference on social work and social science. The University of Michigan School of Social Work.
- Berger, R.M. (1983). What is a homosexual? A definitional model. Social work, 37, 132-135.
- Bergstrom, S. & Cruz, L., (Eds.). (1983). Counseling lesbian and gay male youth: Their special lives/special needs. Washington, D.C.: National Network of Runaway and Youth Services.
- Berke, R.L. (1993 April 26). Crossroads for gay rights. The New York Times, p. A1.
- Blumenfield, W.J., (Ed.). (1992). Homophobia - How we all pay the price. Boston: Beacon Press.
- Blumenfeld, W.J. & Raymond, D. (1993). Looking at gay and lesbian life. Boston: Beacon Press.
- Borhek, M.V. (1988). Helping gay and lesbian adolescents and their families: A mother's perspective. Journal of adolescent health care, 9(2) 123-128.

- Borhek, M.V. (1983). Coming out to parents. New York: Pilgrim Press.
- Boyer, D. (1989). Male prostitution and homosexual identity. In G. Herdt, (Ed.), Gay and lesbian youth, (pp. 151-184). New York: Harrington Park Press.
- Boxer, A.M. & Cohler, B.J. (1989). The life course of gay and lesbian youth: An immodest proposal for the study of lives. In G. Herdt, (Ed.), Gay and lesbian youth, (pp. 315-355). New York: Harrington Park Press.
- Bozett, F.W. (1989). Homosexuality and the family. New York: Harrington Park Press.
- Bozett, F.W. & Sussman, M.B. (1989). Homosexuality and family relations: Views and research issues. Marriage and family review, 14(3-4), 1-8.
- Browning, C. (1987). Therapeutic issues and intervention strategies with young adult lesbian clients: A developmental approach. The journal of homosexuality, 13(4), 45-53.
- Bucy, J. & Obolensky, N. (1990). Runaway and homeless youth. In M.J. Rothman-Borus; J. Bradley; & N. Obolensky; (Eds.), Planning to live: Evaluating and treating suicidal teens in community settings, (pp. 333-354), Tulsa: National Resource Center for Youth Services.
- Buhrke, R.A. (1989). Incorporating lesbian and gay issues into counselor training: A resource guide. Journal of counseling and development, 68(1), 77-80.
- Bull, C. (1993 August 24). Mom's fault? The advocate, 636, 30-32.
- Burr, C. (1993 March). Homosexuality and biology. The atlantic monthly, 271(3), 47-65.
- Cass, V.C. (1979). Homosexual identity formation: A theoretical model. Journal of homosexuality, 4, 219-235.
- Cass, V.C., (1983/1984). Homosexual identity: A concept in need of a definition. Journal of homosexuality, 9(2/3), 105-126.
- Cass, V.C. (1984). Homosexual identity formation: Testing a theoretical model. Journal of sex research, 20, 143-167.
- Cates, J.A. (1987). Adolescent sexuality: Gay and lesbian issues. Child Welfare League of America, 66, 353-363.

- Cates, J.A. (1989). Adolescent male prostitution by choice. Child and adolescent social work, 6(2), 151-156.
- Child Welfare Administration. (1993a). System - wide summary of the independent living quarterly reports: July to September 1993. New York: Child Welfare Administration.
- Child Welfare Administration. (1993b). Child welfare trends: FY 1993 annual review, 2(2), 1-4.
- Child Welfare League of America. (1991). Serving the needs of gay and lesbian youths: The role of child welfare agencies, Recommendations of a Colloquium - January 25-26, 1991. Washington, D.C.: Child Welfare League of America.
- Cohen, D. & Cohen, S. (1989). When someone you know is gay. New York, Bantam Doubleday Dell Publishing.
- Coleman, E. (1981.) Developmental stages of the coming out process. The journal of homosexuality, 7(2/3), 31-43.
- Coleman, E. (1987). Assessment of sexual orientation. The journal of homosexuality, 13(4), 9-23.
- Coleman, E. (1989). The developmental of male prostitution activity among gay and bisexual adolescents. In G. Herdt, (Ed.), Gay and lesbian youth, (pp. 131-150). New York: Harrington Park Press.
- Coleman, E. & Remafedi, G. (1989). Gay, lesbian, and bisexual issues in counseling. Journal of counseling and development, 68(1), 36-40.
- Coleman, M. (1986). Nontraditional boys: A minority in need of reassessment. Child welfare, 65(3), 252-259.
- Commonwealth of Massachusetts Governor's Commission on Gay and Lesbian Youth. (1993a). Making schools safe for gay and lesbian youth: Breaking the silence in schools and in families. Boston: Governor's Commission on Gay and Lesbian Youth.
- Commonwealth of Massachusetts Governor's Commission on Gay and Lesbian Youth. (1993b). Making colleges and universities safe for gay and lesbian students: Report and recommendations of the Governor's commission on gay and lesbian youth. Boston: Governor's Commission on Gay and Lesbian Youth.
- Cope, L. (1991 May 31). Study finds high suicide-attempt rate among gays from ages 14 through 21. Star tribune, p.18.

- Cranston, K. (1992). HIV Education for gay, lesbian, and bisexual youth: Personal risk, personal power, and the community of the conscience. In K.M. Harbeck, (Ed.). Coming out of the classroom closet, (pp.247-260). New York: Harrington Park Press.
- De Crescenzo, T. (1985). Homophobia: A study of attitudes of mental health professionals towards homosexuality. In R. Schoenberg, R. Goldberg, and D. Shore, (Eds.), With compassion towards some: Homosexuality and social work in America, (pp. 115-136). New York: Harrington Park Press.
- De Cecco, J.P. (1981). Definition and meaning of sexual orientation. The journal of homosexuality, 6(4), 51-67.
- De Cecco, J.P. & Shively, M.G. (1984). Introduction: From sexual identity to sexual relationships: A contextual shift. In J.P. De Cecco & M.G. Shiveley, (Eds.), Origins of sexuality and homosexuality, (pp. 1-26). New York: Harrington Park Press.
- Deisher, R.W. (1989). Adolescent homosexuality: Preface. In G. Herdt, (Ed.), Gay and lesbian youth, (pp. xiii-xv). New York: Harrington Park Press.
- De Monteflores, C. & Schultz, S.J. (1978). Coming out: Similarities and differences for lesbians and gay men. Journal of social issues, 34(3), 59-72.
- De Palma, A. (1992 December 24). Benefits granted to gay partners: 2 universities decide to give same-sex couples parity with married people. The New York Times, p. A28.
- Dillon, C. (1986). Preparing college health professionals to deliver gay-affirmative services. Journal of american college health, 35(1), 36-40.
- Duberman, M. (1991). Cures: A gay man's odyssey. New York: Dutton.
- Dugger, C.W. (1992 September 7). Troubled children flood ill-prepared care system. The New York Times, p. A1.
- Dugger, C.W. (1992 September 8). Fatal beating points up a system in crisis. The New York Times, p. A1.
- Dugger, C.W. (1992 September 9). A boy back from the brink: When love and care prevail. The New York Times, p. A1.
- Dugger, C.W. (1992 December 28). Shortage of trained caseworkers imperils young victims of abuse. The New York Times, p. A1.
- Dugger, C.W. (1992 December 29). Litany of signals overlooked in child's death. The New York Times, p. A1.

- Dulaney, D.D. & Kelly, J. (1982). Improving services to gay and lesbian clients. Social work, 27(2), 178-183.
- Eichberg, R. (1990). Coming out. New York: Plume.
- Epstein, I. (1988). Qualitative and quantitative methods. In R.M. Grinell, (Ed.), Social work research and evaluation, (pp. 185-198). Itasca, III: F.E. Peacock Publishers, Inc.
- Fairchild, B. Hayward. N. (1989). Now that you know: What every parent should know about homosexuality. New York: Harcourt Brace Jovanovich, Publishers.
- Fassinger, R.E. (1991). The hidden minority: Issues and challenges in working with lesbian women and gay men. Counseling psychologist, 19(2), 157-176.
- Feldman, D.A. (1989). Gay and youth and AIDS. In G. Herdt, (Ed.), Gay and lesbian youth, (pp. 185-194). New York: Harrington Park Press.
- Festinger, T. (1983). No one ever asked us: A post script to foster care. New York: Columbia University Press.
- Frick, A. (1983). Reflections of a rock lobster: A story about growing up gay. Boston: Alyson Publications.
- Garnets, L; Herek, G.M.; & Levy, B. (1992). Violence and victimization of lesbians and gay men: Mental health consequences. In G.M. Herek & K.T. Berrill, (Eds.), Hate crimes, (pp. 207-226). Newbury Park, CA: SAGE Publications.
- Gelman, D. (1992 February 24). Born or bred? Newsweek, 46-53.
- Gerson, E.M. (1991). Supplementing grounded theory. In D.R. Maines, (Ed.), Social organization and social process: Essays in honor of Anselm Strauss, (pp. 285-301). New York: Aldine de Gruyter.
- Gerstel, C.J.; Feraios, A.J.; & Herdt, G. (1989). Widening circles: An ethnographic profile of a youth group. In G. Herdt, (Ed.), Gay and lesbian youth, (pp. 75-92). New York: Harrington Park Press.
- Gibson, P. (1986 June 11). Gay and lesbian youth suicide. Paper presented at U.S. department of health and human services and national institute of mental health, Washington, D.C.
- Gilberg, A.L. (1978). Psychosocial considerations in treating homosexual adolescents. American journal of psychoanalysis, 38(4), 355-358.

- Glaser, B.G. (1978). Theoretical sensitivity. Mill Valley, CA: Sociological Press.
- Glaser, B.G. & Strauss, A.L. (1967). The discovery of grounded theory: Strategies for qualitative research. Chicago: Aldine Publishing Company.
- Gochros, H. L. (1985). Teaching social workers to meet the needs of the homosexually oriented. In R. Schoenberg, R. Goldberg, and D. Shore, (Eds.), With compassion towards some: Homosexuality and social work in America, (pp. 137-156). New York: Harrington Park Press.
- Goleman, D. (1992 December 2). Studies find no disadvantage in growing up in a gay home. The New York Times, p. C14.
- Gomes, P.J. (1992 August 17). Homophobic? Re-read your bible. The New York Times, p. A19.
- Gonsiorek, J.C. (1988). Mental health issues of gay and lesbian adolescents. Journal of adolescent health care, 9(2), 114-122.
- Gonsiorek, J.C. & Rudolph, J.R. (1991). Homosexuality identity: Coming out and other developmental events. In J.C. Gonsiorek & J.D. Weinrich, (Eds.), Homosexuality: Research implications for public policy, (pp. 161-176). Newbury Park: SAGE publications.
- Gordon, M.R. (1993 March 30). Senate hearings open on homosexuals in military. The New York Times, p. A18.
- Gramick, J. (1983). Homophobia: A new challenge. Social work, 28(2), 137-141.
- Gramick, J. (1984). Developing a lesbian identity. In T. Darty & S. Potter (Eds.), Women identified women, (pp. 31-44). Palo Alto, CA: Mayfield.
- Green, J. (1991 October 13). This school is out. The New York Times Magazine, 32.
- Green, J. (1993 April 18). Paris has burned. The New York Times, p. 9-1.
- Green, R. (1988). The sissy boy syndrome. New Haven, CT: Yale University Press.
- Greene, Z. (1993, June). Straight but not narrow. New Youth Connections, p. 3.

- Greenspan, B.I. (1983). A case study of the installation of a child welfare information system: The New York experience. New York: Columbia University.
- Gross, J. (1991 February 11). New challenges of youth: Growing up in a gay home. The New York Times, p. A1.
- Gross, J. (1992 September 26). in reversal, California governor signs a bill extending gay rights. The New York Times, p. A1.
- Gruson, L. (1993, October 15). Meeting gay bias face to face in class: teen-agers get direct answers. The New York Times, p. B1.
- Hansell, S. (1985). Behind bars: Juvenile institutions and lesbian youth. Catalyst, 4(4), 13-21.
- Harbeck, K.M., (Ed.). (1992). Coming out of the classroom closet. New York: Harrington Park Press.
- Hartman, A. (1992). In search of subjugated knowledge. Social work, 37,(6), 483-484.
- Hefner, K. & Autin, A. (1978). Growing up gay. Ann Arbor: Youth Liberation Press.
- Henry, W.A. (1993 July 26). Born gay? Newsweek. p 36-39.
- Herd, G. (1989). Introduction: Gay and lesbian youth, emergent identities, and cultural scenes at home and abroad. In G. Herdt, (Ed.), Gay and lesbian youth, (pp. 1-42). New York: Harrington Park Press.
- Herd, G., (Ed.). (1989). Gay and lesbian youth. New York: Haworth Press.
- Herd, G., & Boxer, A. (1993). Children of horizons: How gay and lesbian teens are leading a new way out of the closet. Boston: Beacon Press.
- Herek, G.M. (1990). The context of anti-gay violence: Notes on cultural psychological heterosexism. Journal of interpersonal violence, 5(3), 316-333.
- Heron, A., (Ed.). (1983). One teenager in 10. Boston: Alyson Press.
- Hetrick, E., & Martin, A.D. (1983). Ego-dystonic homosexuality: A developmental view. In E. Hetrick & T. Stein, (Eds.), Psychotherapy with homosexuals. (pp. 221-229). Washington, D.C.: American Psychiatric Press.

- Hetrick, E. & Martin, A.D. (1987). Developmental issues and their resolution for gay and lesbian adolescents. The journal of homosexuality, 13(4), 25-43.
- Hidalgo, H.; Peterson, T.L.; & Woodman, N.J. (Eds.). (1985). Lesbian and gay issues: A resource manual for social workers. Silver Springs: National Association of Social Workers.
- Holdway, D.M. & Ray, J. (1992). Attitudes of street kids toward foster care. Child & adolescent social work, 9(4), 307-317.
- Hooker, E. (1957). The adjustment of the male overt homosexual. Journal of projective techniques, 21, 18-31.
- Hooker, E. (1967). The homosexual community. In Gagnon, J. and Simon, W. (Eds.). Sexual deviance, (pp. 380-392). New York: Harper & Row.
- Human Resources Administration of the City of New York. (1992). Foster care overview: Fiscal year 1992. New York: Child Welfare Administration.
- Hunter, J. (1990). Violence against lesbian and gay male youths. Journal of interpersonal violence, 5(3), 295-300.
- Hunter, J. & Schaecher, R. (1990). Lesbian and gay youth. In M.J. Rotherram-Borus; J. Bradley; & N. Obolensky, (Eds.). Planning to live - Evaluating and treating suicidal teens in community settings (pp. 297-316). Tulsa: University of Oklahoma Press.
- Hunter, J. & Schaecher, R. (1987). Stresses on lesbian and gay adolescents in schools. Social work in education (Spring), 180-188.
- Hunter, N.D.; Michaelson, S.E.; & Stoddard, T.B. (1992). The rights of lesbians and gay men. Carbondale: Southern Illinois University Press.
- Isay, R. (1989). Being homosexual. New York: Farrar, Straus, Giroux.
- Janus, S.S. & Janus, C.L. (1993). The Janus report on sexual behavior. New York: John Wiley & Sons.
- Jay, K. & Young, A. (1977). The gay report: Lesbians and gay men speak out about their sexual experiences and lifestyles. New York: Summit.
- Jenkins, L. (1986 October 31). Vatican says gay acts still evil. The Washington Post, pp. 1, 16.

- Johnson, D. (1993 January 16). A ban on gay-rights laws is put on hold in Colorado. The New York Times, p. A16.
- Kadushin, A. & Martin, J.A. (1988). Child welfare services, 4th ed. New York: Macmillian Publishing Company.
- Khan, T.J. (1990). The adolescent transsexual in a juvenile institution: A case study. Child and youth care quarterly, 19(1), 21-29.
- Kinsey, A.C.; Pomeroy, W.B.; & Martin, C.E. (1948). Sexual behavior in the human male. Philadelphia: W.B. Saunders.
- Kinsey, A.C.; Pomeroy, W.B.; Martin, C.E. & Beghard, P.H. (1953). Sexual behavior in the human female. Philadelphia: W.B. Saunders.
- Kirsch, J.A. & Weirich, J.D. (1991). Homosexual nature, and biology: Is homosexuality natural? Does it matter? In J.C. Gonsiorek & J.D. Weinrich, (Eds.), Homosexuality: Research implications for public policy, (pp. 177-198). Newbury Park: Sage Publications.
- Kirtzman, A. (1992 April 22). Lessons in hate. The Daily News, p. 23.
- Klein, C. (1991). Counseling our own: The lesbian/gay subculture meets the mental health system. Seattle: Consultant Services Northwest, Inc.
- Kournay, R.F. (1987). Suicide among homosexual adolescents. The journal of homosexuality, 13(4), 111-117.
- Kruks, G. (1991). Gay and lesbian homeless/street youth: Special issues and concerns. Journal adolescent health, 12(7), 515-518.
- Krysiak, G.J. (1987). Needs of gay students for acceptance and support. The education digest, 53(4), 44-47.
- Le Vey, S. (1991, August). A difference in hypothalamic structure between heterosexual and homosexual men. Science, 102-123.
- Levy, C.J. (1993 April 18). March in Queens protests intolerance against homosexuals. The New York Times, p. B5.
- Lumby, M.E. (1976). Homophobia: The quest for a valid scale. The journal of homosexuality, 2(1), 39-47.
- Lutke, J, Molina, W., Griffin, C. (1993 April 29). Demolish dehumanizing myths spread about lesbians, gays. The New Jersey Journal, p. 27.

- Lynwander, L. (1992 September 20). The rapid growth of gay groups: For gay youths, a "safe space". The New York Times, p. B1.
- Majeski, T. (1991 May 31). Gay youth often try suicide, study shows. St. Paul Pioneer Press, p. 15.
- Mallon, G.P. (1991 October 12). Serving the needs of gay and lesbian youth in residential treatment. Paper presented at the 35th Annual Meeting of the American Association of Children's Residential Centers, St. Louis, Missouri.
- Mallon, G.P. (1992a). Gay and no place to go: Assessing the needs of gay and lesbian adolescents in out-of-home care settings. Child welfare, 71(6), 547-556.
- Mallon, G.P. (1992b). They said it was ok to be gay here: A qualitative study of gay adolescents in foster care. Unpublished study.
- Mallon, G.P. (1992c). It is better than the piers: A quantitative profile of a safe space for gay, lesbian and bisexual youth. Unpublished study.
- Mallon, G.P. (1992d). Serving the needs of gay and lesbian adolescents in residential treatment centers. Residential treatment for children and youth, 10(2), 47-61.
- Mallon, G.P. (1993a). An open discussion about gay and lesbian adolescents in out-of-home child welfare settings. Daily living, 7(2), 4-5.
- Mallon, G.P. (1993b). At risk and invisible: Gay and lesbian adolescents in the child welfare system. Children's voice, 2(4), 11, 25.
- Mallon, G.P. (1993c). This is hard to talk about: Advocating for the best interests of gay and lesbian adolescents. The connection: National court appointed special advocates for children, 9(4), 3-7.
- Malyon, A.K. (1981). The homosexual adolescent: Developmental issues and social bias. Child welfare league of America, 60(5), 321-330.
- Manegold, C.S. (18 April 1993). Playing it straight in the military: The odd place of homosexuality in the military. The New York Times, p. 4-1.
- Marmor, J. (1980). Homosexuality and the issue of mental illness. In J. Marmor, (Ed.), Homosexual behavior: A modern reappraisal, (pp. 124-135). New York: Basic Books.

- Martin, A.D. (1982). Learning to hide: The socialization of the gay adolescent. In S.C. Feinstein, J.G. Looney, A. Schartzberg, & A. Sorosky, (Eds.), Adolescent psychiatry: Developmental and clinical studies, Vol. 10. Chicago: University of Chicago Press.
- Martin, A.D. (1984). The emperor's new clothes: Modern attempts to change sexual orientation. In E.S. Hetrick & T.S. Stein, (Eds.), Psychotherapy with homosexuals, (pp. 24-57), Washington, D.C.: American Psychiatric Press.
- Mc Donald, H.B., Sterinhorn, A.I. (1990). Lesbian and gay youth. In H.B. Mc Donald and A.I. Steinhorn (Eds.), Homosexuality: A practical guide to counseling gay and lesbian parents and their families, (pp. 64-76). New York: Continuum.
- Mc Naught, B. (1993). Gay issues in the workplace. New York: St. Martin's Press.
- Mercier, L.R. & Berger, R.M. (1989). Social service needs of lesbian and gay adolescents: Telling it their way. In G. Ramafedi (Ed.), Adolescent challenges: New challenges for social work, (pp. 75-97). New York: The Haworth Press.
- Michener, J. A. (1993 March 30). God is not a homophobe. The New York Times, p. A23.
- Miessner, E.H. (1993 April 29). The number of gay men doesn't matter. The New York Times, p. A22.
- Miles, M. & Huberman, A. (1984). Qualitative data analysis. Beverly Hills: Sage.
- Minton, H.L. & Mc Donald, G.J. (1984). Homosexual identity formation as a developmental process. In J.P. De Cecco & M.G. Shiveley, (Eds.), Origins of sexuality and homosexuality, (pp. 91-104). New York: Harrington Park Press.
- Miranda, D. (1993, May). I hated myself. New Youth Connections, p. 8.
- Monette, P. (1992). Becoming a man: Half a life story. New York: Harcourt Brace Jovanovich.
- Monette, P. (1993 March). The politics of silence. The New York Times, p. E17.
- Montreal Gazette. (1992 July 24). Discrimination against gays OK: Vatican, 7.
- Moustakas, C. (1990). Heuristic research: Design, methodology, and applications. Newbury Park, CA: Sage.

- Musto, M. & Bright, S. (1993, November). Gaydar: Using that intuitive sixth sense or, it takes one to know one. Out, 120-124.
- Myers, S.L. (1992 September 26). Gay teachers say Queens board lacks tolerance. The New York Times, p. B3.
- Myers, S.L. (1992 December 2). Queens school board suspended in fight on gay-life curriculum. The New York Times, p. A1.
- Naegle, W. (1993 May 8). Group rights advocates fan flames of bias. The New York Times, p. A19.
- Nagourney, A. (1993 April 23-25). Movement shows clout in capitol. USA Today, p. A1.
- Needham, R. (1977). Casework intervention with a homosexual adolescent. Social casework, 58, 387-394.
- Neisen, J.H. (1990). Heterosexism: Redefining homophobia for the 1990s. Journal of gay and lesbian psychotherapy, 1(3), 21-35.
- Newman, B.S. (1989). Including curriculum content on lesbian and gay issues. Journal of social work education, 25(3), 202-211.
- Newsweek. (1990 March 12). The future of gay America. Newsweek, 20-27.
- Newton, D.E. (1978). Homosexual behavior and child molestation: A review of the evidence. Adolescence, 13(49), 205-215.
- New York State Council on Children and Families. State of the child in New York state. Albany: New York State Council on Children and Families.
- New York Times. (1993 April 29). 2 gay marchers find a cold homecoming. The New York Times, p. A14.
- New York Times. (1993 April 18). Gay adoption cases go to appeals court. The New York Times, p. A25.
- New York Times. (1992 August 22). Boys scouts to allow homosexuals in the new program, The New York Times, p. A15.
- New York Times. (1992 January 31). Judge lets gay partner adopt child: Companion of mother becomes foster parent, The New York Times, p. B1.
- New York Times. (1992 January 24). The comics break new ground again, The New York Times, p. A33.

- New York Times. (1992 September 27). Teaching about gays and tolerance, The New York Times, p. E16.
- New York Times. (1993 March 8). Gay sailor tells of a "living hell", The New York Times, p. A15.
- Opie, A. (1992). Qualitative research appropriation of the "other" and empowerment. Feminist review, 40, 52-69.
- Owen, W.F. (1985). Medical problems of the homosexual adolescent. Journal of adolescent health care, 6(4), 278-285.
- Painton, P. (1993 April 26). The shrinking ten percent. Time, p. 27-29.
- Parents & Friends of Lesbians and Gays in, Inc. (1990). Why is my child gay? Washington, D.C.: Parents and Friends of Lesbians and Gays.
- Paroski, P.H. (1987). Health care delivery and the concerns of gay and lesbian adolescents. Journal of adolescent health care, 8(2), 188-192.
- Patton, M.Q. (1990). Qualitative evaluation and research methods. Newbury Park: SAGE Publications.
- Paul, W. & Weinrich, J.D. (1982). Whom and what we study: Definition and scope of sexual orientation. In W. Paul; J.D. Weinrich; J.C. Gonsiorek; & M.E. Hotvedt, (Eds.), Homosexuality: social, psychological and biological issues, (pp. 23-28). Beverly Hills: SAGE Publications.
- Peplau, L.A. (1991). Lesbian and gay relationships. In J.C. Gonsiorek & J.D. Weinrich, (Eds.). Homosexuality: Research implications for public policy, (pp. 177-198). Newbury Park: SAGE Publications.
- Pillard, R.C. (1982). Psychotherapeutic treatment for the invisible minority. In W. Paul; J.D. Weinrich; J.C. Gonsiorek; & M.E. Hotvedt, (Eds.), Homosexuality: Social, psychological and biological issues, (pp. 99-113). Beverly Hills: SAGE Publications.
- Ponse B. (1980). Finding self in the lesbian community. In M. Kirkpatrick, (Ed.). Women's sexual development (pp. 181-200). New York: Plenum.
- Powell, R.E. (1987). Homosexual behavior and the school counselor. School counselor, 34(3), 202-208.

- Reid, J. (1973). The best little boy in the world. New York: Ballantine Books.
- Reiter, L. (1989). Sexual orientation, sexual identity, and the question of choice. Clinical social work journal, 17(2), 138-150.
- Remafedi, G. (1985). Adolescent homosexuality: Issues for pediatricians. Clinical pediatrics, 24(9), 481-485.
- Remafedi, G. & Blum, R. (1986). Working with gay and lesbian adolescents. Pediatric annals, 15(11), 773-783.
- Remafedi, G. (1987a). Male homosexuality: The adolescent's perspective. Pediatrics, 79, 326-330.
- Remafedi, G. (1987b). Adolescent homosexuality: Psychosocial and implications. Pediatrics, 79, 331-337.
- Remafedi, G. (1987c). Homosexual youth: A challenge to contemporary society. Journal of the american medical association. 258(2), 222-228.
- Remafedi, G. (1987d). Young and gay: Six teenagers describe their lives. Minneapolis: University of Minnesota.
- Remafedi, G.; Farrow, J.; & Deisher, R. (1991). Risk factors for attempted suicide in gay and bisexual youth. Pediatrics, 87(6), 869-876.
- Richardson, D. (1984). The dilemma of essentiality in homosexual theory. In J.P. De Cecco & M.G. Shiveley, (Eds.). Origins of sexuality and homosexuality, (pp. 79-90). New York: Harrington Park Press.
- Ricketts, W. (1986). Homosexuality in adolescence: The reification of sexual personalities. The journal of homosexuality, 5(1), 35-49.
- Robinson, K.E. (1991). Gay youth support groups: An opportunity for social work intervention. Social work, 36(5), 458-459.
- Robinson, L.H. & Dalton, R. (1986). Homosexuality in adolescence. Medical aspects of human sexuality, 20(6), 106-114.
- Roesler, T. & Deisher, R.W. (1972). Youthful male homosexuality. Journal of the american medical association, 219, 1018-1023.
- Rofes, E.R. (1983). Lesbian and gay youth suicide. In E.R. Rofes, (Ed.). I thought people like that killed themselves, (pp. 36-48). San Francisco: Grey Fox Press.

- Rofes, E.R. (1989). Opening up the classroom closet: Responding to the educational needs of gay and lesbian youth. Harvard educational review, 59(4), 444-453.
- Rotheram-Borus, M.J.; Rosario, M.; & Koopman, C. (1991). Minority youths at high risk: Gay males and runaways. In M.E. Colten & S. Gore, (Eds.), Adolescent stress: Causes and consequences, (pp. 181-200). New York: Aldine De Gruyter.
- Sack, K. (1993 February 2). Bill is passed by assembly on gay rights. The New York Times, p. B1.
- Saghir, M.T.; Robbins, E.; & Walbian, B. (1973). Male and female homosexuality: A comprehensive study. Baltimore: Williams and Wilkins.
- Salholz, E., Glick, D., Beachy, L., Monserrate, C., King, P., Gordon, J., & Barrett, T. (1993 June 21). The power and the pride: Lesbians, coming out strong. Newsweek, p. 54-60.
- Saperstein, S. (1981). Lesbian and gay adolescents: The need for family support. Catalyst, 3,4(12), 61-69.
- Savin-Williams, R.C. (1987). An ethological perspective on homosexuality during adolescence. Journal of adolescent research, 2(3), 283-302.
- Savin-Williams, R.C. (1988). Theoretical perspectives accounting for adolescent homosexuality. Journal of adolescent health care, 9(2), 95-104.
- Savin-Williams, R.C. (1989a). Parental influences on the self-esteem of gay and lesbian youths: A reflective appraisals models. In G. Herdt, (Ed.), Gay and lesbian youth, (pp.93-110). New York: Harrington Park Press.
- Savin-Williams, R.C. (1989b). Gay and lesbian adolescents. Marriage and family review, 14(3-4), 197-216.
- Savin-Williams, R.C., R.C. (1990a). Youth. In W. R. Dynes, (Ed.), Encyclopedia of homosexuality, 2, (pp. 1409-1413). New York: Garland Publishing, Inc.
- Savin-Williams, R.C. (1990b). Gay and lesbian youth: Expressions of identity. New York: Hemisphere Publishing.
- Schmitt, E. (1993 May 13). Family is unified in gay-ban debate. The New York Times, p. A1.
- Schmitt, E. (1993 January 13). Clinton aides study indirect end to military ban on homosexuals. The New York Times, p. A1.

- Schmitt, E. (1993 January 23). Joint chiefs fighting Clinton's plan to allow homosexuals in military. The New York Times, p. A1.
- Schmalz, J. (1993 May 7). In Hawaii, step toward legalized gay marriage. The New York Times, p. A14.
- Schmalz, J. (1993 February 4). From midshipman to gay advocate. The New York Times, p. C1.
- Schmalz, J. (1993 March 7). For gay people, a time of triumph and fear. The New York times, p. L37.
- Schneider, M. & Tremble, B. (1985). Gay or straight? Working with the confused adolescent. Journal of homosexuality, 4(1/2), 71-82.
- Schneider, M. & Tremble, B. (1986). Training service providers to work with gay or lesbian adolescents. Journal of counseling and development, 65(2), 98-99.
- Schneider, M. (1988). Often invisible: Counselling gay and lesbian youth. Toronto: Toronto Central Youth Services.
- Schneider, M. (1989). Sappho was a right-on adolescent. In G. Herdt, (Ed.). Gay and lesbian youth, (pp. 111-130). New York: Haworth Press.
- Schneider, S.G.; Farberow, N.L.; & Kruks, G.N. (1989). Suicidal behavior in adolescent and young adult gay men. Suicide and life threatening behavior, 19(4), 381-394.
- Sears, J.T. (1989). The impact of gender and race on growing up lesbian or gay in the South. National women's studies association journal, 1, 422-457.
- Sears, J.T. (1992). Educators, homosexuality, and homosexual students: Are personal feelings related to professional beliefs? In K.M. Harbeck, (Ed.), Coming out of the classroom closet, (pp. 29-80). New York: Harrington Park Press.
- Seidel, J.V.; Kjolseth, R. & Seymour, E. (1988). The Ethnograph (Version 3.0), Software for qualitative analysis, Corvaillis, OR: Qualis Research Associates.
- Sheehan, S. (1993). Life for me ain't been no crystal stair. New York: Patheon.
- Shively, M.G.; Jones, C.; & De Cecco, J.P. (1984). Research on sexual orientation: Definitions and methods. In J.P. De Cecco & M.G. Shiveley, (Eds.), Origins of sexuality and homosexuality, (pp. 79-90). New York: Harrington Park Press.

- Slater, B.R. (1988). Essential issues in working with lesbian and gay male youths. Professional psychology research and practice, 19(2), 226-235.
- Smart, C. (1989). Counseling practice: Counseling homosexual/bisexual people with particular reference to young lesbian women. International journal of adolescence and youth, 1(4), 379-393.
- Smith, J. (1985). Treatment of ego-dystonic homosexuality: Individual and group psychotherapies. Journal of the american academy of psychoanalysis, 13(3), 399-412.
- Sobocinski, M.R. (1990). Ethical principles in the counseling of gay and lesbian adolescents: Issues in autonomy, competence, and confidentiality. Professional psychology research and practice, 21(4), 240-247.
- Socarides, C.W. (1978). Homosexuality. New York: Jason Atonson.
- Soderlind, L. (1992 September 20). Rapid growth of gay groups is sign of change. The New York Times, p. B3.
- Sophie, J. (1985/1986). A critical examination of stage theories of lesbian identity development. The journal of homosexuality, 12(3/4), 39-51.
- Southern Voice. (1992 October 8). Study confirms family molests much more than gays. Southern Voice, 5.
- Spitzer, R.L. (1981). The diagnostic status of homosexuality in DSM III: A reformulation of the issues. American journal of psychiatry, 138, 210-215.
- Steinem, G. (1992). Revolution from within. Boston: Little, Brown, and Company.
- Steinhorn, A. (1979). Lesbian adolescents in residential treatment. Social casework: The journal of contemporary social work, 60, 494-498.
- Stewart, J. (1984). What non-gay therapists need to know to work with gay and lesbian clients. Practice digest, 28-31.
- Stover, D. (1992). The at-risk kids schools ignore. Executive educator, 14(3), 28-31.
- Strauss, A.L. & Corbin, J. (1990). Basics of qualitative research: grounded theory procedure and techniques. Newbury Park, CA: Sage Publications.

- Strommen, E.F. (1989). "You're a what?". Family member reactions to the disclosure of homosexuality. Journal of homosexuality, 18(1/2), 37-58.
- Sullivan, T. & Schneider, M. (1987). Development and identity issues in adolescent homosexuality. Child and adolescent social work, 4(1), 13-24.
- Tartagni, D. (1978). Counseling gays in a school setting. School counselor, 26, 26-32.
- Taylor, A. (1983). Conceptions of masculinity and femininity as a basis for stereotypes of male and female homosexuals. The journal of homosexuality, 37-53.
- Terry, P. (1985). Residential treatment of youth. H. Hidalgo; T.L. Peterson; & N.J. Woodman, (Eds.). Lesbian and gay issues: A resource manual for social workers (pp. 107-109). Silver Springs: National Association of Social Workers.
- The Council of Family and Child Caring Agencies. (1992). Foster care really helped me: Real life stories about children served by New York State's non-profit provider agencies. New York: The Council of Family and Child Caring Agencies.
- Tievsy, D.L. (1988). Homosexual clients and homophobic social workers. Journal of independent social work, 2(3), 51-62.
- Tripp, C.A. (1987). The homosexual matrix. New York: Mc Graw Hill.
- Tremble, B. (1988). Reference points: A qualitative examination of gay and lesbian adolescence. The social worker/Le Travailleur social, 56(2), 68-70.
- Troiden, R.R. (1979). Becoming homosexual: A model of gay identity acquisition. Psychiatry, 42, 362-373.
- Troiden, R.R. & Goode, E. (1980). Variables related to the acquisition of a gay identity. Journal of homosexuality, 5(4), 383-392.
- Troiden, R.R. (1988). Gay and lesbian identity: A sociological analysis. Dix Hills: General Hall, Inc.
- Troiden, R.R. (1989). The formation of homosexual identities. In G. Herdt, (Ed.). Gay and lesbian youth, (pp. 43-74). New York: Harrington Park Press.
- Tuchman, B.W. (1979). In search of history. Radcliffe quarterly, 15(1), 33-37.

- Uribe, V. & Harbeck, K.M. (1992). Addressing the needs of lesbian, gay and bisexual youth: The origins of PROJECT 10 and school-based intervention. In K.M. Harbeck, (Ed.), Coming out of the classroom closet, (pp. 9-28). New York: Harrington Park Press.
- Valenzuela, W. (1993, April). In search of gay history. New Youth Connections, p. 8.
- Vergara, T.L. (1984). Meeting the needs of sexual minority youth: One program's response. Journal of social work and human sexuality, 2(2/3), 19-38.
- Victim Services/Traveler's Aid. (1991). Streetwork project study. New York: Victim Services.
- Whitlock, K. (1989). Bridges of respect. Philadelphia: American Friends Service Committee.
- Williams, L. (1993 June 28). Blacks reject gay rights fight as equal to theirs. The New York Times. p. A1.
- Weinberg, M.S. & Williams, C.J. (1974). Male homosexuals. New York: Oxford University Press.
- Welch, W.M. (1993 May 13). Interim policy on gays could become permanent. USA Today, p. 13A.
- Zide, M.R. & Cherry, A.L. (1992). A typology of runaway youths: An empirically based definition. Child & adolescent social work, 9(2), 155-168.