LIVE THROUGH THIS: THE EXPERIENCES OF QUEER YOUTH IN CARE IN MANITOBA

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In June of 2001, I began a position with the province of Manitoba as a social worker for children and youth permanently in care. Until then, I had worked in the child social services field, but I had avoided acting as an official child protection worker. I had seen, experienced, and heard of the systemic homophobia within child social services before, but my first day on the job began my exposure to just how ingrained those systemic abuses and discriminatory practices really are. Child social services is still very much a homophobic, patriarchal, white, able bodied, middle class, oppressive system organized by privileged white males.

On the first day of my employment, I had a meeting about my caseload with my direct supervisor from northern Manitoba and another supervisor from the office where I worked in Winnipeg. When discussion turned to one particular fifteen year old, I was informed that he was the most difficult child my entire office had ever experienced and very easily the most difficult child in the system period. The problems of this teen were never clear to me that first day, and I was told that I would understand more when I met him. After prodding, I was told that this teen liked to act out by dressing provocatively and inappropriately and used this negative attention-getting behaviour to escalate staff in his home. Having worked in the Winnipeg group home ghetto system for years, I had a good idea of what was considered provocative dress within youth

culture, and I felt unperturbed by it. I was soon to discover that nothing that I was told regarding

this youth was either accurate or fair.

At the time of our first meeting, this teen was in the Crisis Stabilization Unit (CSU) for

his own safety. The CSU is a short-term locked unit used for stabilizing suicidal or self-harming

adolescents. When I asked staff about the reasons for admission and the discharge plan, I

encountered vagueness. I was told he was a habitual admission to the unit for extreme acting out

behaviour and that after a day, two, or maybe more, he would return to his individual treatment

home.

I had reviewed the file before I visited the CSU, so I already knew that this boy was in

fact a transgendered male to female young woman and that she, not he, had been subjected to

incredibly ridiculous and abusive case planning strategies for many years, if not throughout her

entire young life. No note in the file referred to her transgenderism, and all notes referred to her

as male and used her original male name, even though she had changed it years previous. File

notes from as young as six years old described her interest in "dressing like a female". A

psychological consultation conducted when this youth was about eight years old stated that when

asked to draw a picture of herself, she drew a woman, complete with accurate anatomy. This was

obviously not a case of "negative attention getting behaviour".

The staff in the treatment home where she lived routinely ridiculed her and ignored the

Child Advocate's Office direction to respect her chosen name, even after she launched a formal

complaint. Case planning notes in her file outlined strategies to address her cross-dressing

behaviour, for example, allowing her to wear women's clothing complete with make up only on

Thursdays and only in the house.   This and other strategies failed miserably.   Attempted

enforcement of the house rule for gender neutral clothing invariably resulted in a verbal fight

with treatment home staff, often culminating in a CSU admission.

The individual treatment home where she lived was a three bedroom suburban bungalow

that was operating solely for the purpose of housing this one teenager. The home had a director

and twenty-four hour staffing with double staffing most waking hours. The province of

Manitoba spent over a quarter of a million dollars in two years housing this one difficult

teenager. This teen has since run away from Winnipeg.

Rationale

The reality of adolescent queer identity has been difficult for child protection services to

accept. More adolescents are realizing their queer sexual identities younger, saving themselves

years of self-denial. Child protection services are failing to recognize and respond to these

rapidly changing times. With the myriad of emotional, social, intellectual, and/or physical issues

that children and youths come to protective services with, realizing and providing services for

their sexual identity does not rank as important.

This research project utilizes grounded theory methodology and feminist research

practices to examine the experiences of queer identified youth and young adults who are living,

or have lived, in foster care in Manitoba from the standpoint of voice, focusing on how these

youths perceive and express themselves. Based on a review of the current literature, I am

conducting the following research study to examine this as yet unexplored area.

By analyzing data gathered through loosely structured personal interviews with queer

identified youths, I am using constant comparative analysis techniques consistent with grounded

theory methodology to develop an understanding of the social processes involved in being a

queer youth in care (Glaser & Strauss, 1967; Strauss & Corbin, 1998). Through their voices, I will move research beyond the practitioner level and suggest practice and policy recommendations for Child and Family Services that particularly reflect their experiences. This project is original and important on several levels. There is little existing literature on queer youth theorized from feminist and other critical perspectives, and there is almost no existing research on the experiences of queer youth in care. This project will make a significant and original contribution in both these areas.

For the purposes of this research, the term *queer youth* will refer to all self-identified lesbian, gay, bisexual, transgendered, transsexual, two-spirited, and/or queer adolescents and young adults. The term *in care* will refer to living, for any period of time, in an out-of-home care setting due to child protection involvement. These settings include, but are not limited to, foster homes, group homes, youth shelters, emergency receiving homes, treatment homes and/or facilities, or correctional facilities.

This article includes a review of the literature that specifically as well as peripherally investigates issues pertaining to queer youth involved in the child welfare system. This examination will also present a discussion about the importance of child protection workers, foster parents, and administrators to understand how these issues impact sexual minority adolescents involved with the child welfare system.

Research indicates that queer youth are more likely than their heterosexual counterparts to be rejected by their families, to experience school failure, to abuse alcohol and other drugs, to run away from home, to be homeless, to enter the sex trade industry, to attempt and complete suicide, to experience harassment, to suffer with mental health issues, and to suffer physical and emotional abuse by both their family and community (D'Augelli, 1998; Greshel, 1997; Johnson

& Johnson, 2000; Mallon, 1992; Mallon et. al., 2002; Proctor & Groze, 1994; Rotheram-Borus

et. al., 1995; Savin-Williams, 1994).

One pervasive myth is that adolescent homosexuality does not exist, that youths are too

immature physically and emotionally and too unaware psychologically to understand sexual

development and are therefore too young to identify as a member of a group which differs from

the dominant sexual culture (Savin-Williams, 1995). Even if adolescent same gendered sexual

fantasy or behaviour is discovered, it is often explained away as experimentation or as a transient

adolescent development problem from which the youth will eventually grow out of and become

heterosexual. However, many researchers argue that sexual orientation is often established by the

start of adolescence (Mallon, 1992).

Another common myth is that adolescent same gendered sexual expression is not viewed

as indicative of true sexual identity. If child social services adhere to this myth, the practice of

ignoring adolescent queer identity issues becomes the norm. Adult denial of adolescent queer

identity can result in years of delay in youth self-awareness development, and this delay can lead

to difficulties later in life such as unhealthy relationship formation, internalized homophobia, low

self-esteem, addictions issues, and even suicide (Pope, 1995).

This proposal is not neutral. It originates from the perspective that queer youth are unique,

that they are not just like all other teens, and that they deserve and urgently need special services

to address their specific developmental needs and challenges. Social service providers must

make every provision to accommodate and address these youths' epistemological differences and

their particular tendency towards self-harming behaviour. The main objective of this research

project is to gain a better understanding of the issues relating to queer youth in care in Manitoba

through exploring their experiences. My interest in the subject stems from working within social

services for the past ten years and observing an alarming lack of education on the part of social

workers, group home staff, and administrators with regard to sexual orientation diversity in

general. The denial that teenage queer identity can and does exist and the "treat them like

everyone else" unofficial policy that workers adopt when a young client self-identifies as queer

illustrates that this area is in serious need of valid research.

My interest in this area also stems from what I have observed with the young people

themselves. I have seen how dealing with the rejection and abandonment by their biological

families, coupled with discrimination in their foster homes, schools, and extended communities,

has created an internal belief that they are worth less than their heterosexual peers. I have seen

how these young people expect rejection and even learn to self-protect by creating rejection

before it occurs by acting out. By giving a voice to queer youth in foster care and their

experiences, I am hoping to contribute to the knowledge base so that specific services and

policies that validate queer youth reality will emerge.

By coming out, an individual goes through what has commonly been described as the

most difficult and socially isolating phase of a person's life. To do this while having the

emotional and social immaturity of adolescence is truly a challenge. Coming out is much more

than a re-evaluation of self. For queer youth, it is a process which means "learning to cope with

stigmatization; coming to understand all the different ways their lives will be affected by this

stigmatization; learning to feel good about themselves in spite of the way society and culture feel

about homosexuality; and ... it means having the courage to disclose their sexual orientation to

their family" (Schneider, 1997, p.20). All these tasks and more are essential for an adolescent to

understand their sexual minority identity. Coming out is completely unparalleled in heterosexual

development and when this process begins in adolescence, it is occurring at the same time as all

the other developmental changes and challenges inherent with the teen years.

Ignoring the layered hardships queer youth go through further denies their reality. Being

a child in foster care is difficult at best for even the most well adapted child. To be raised in

foster care and to struggle with sexual identity issues is a combination even the most well

adjusted adult would struggle with.

Lack of Research

The absence of research on queer youth in the child social services is staggering and by

far the most pressing problem in this area of research. "Absent from the literature is a systemic

investigation of the problems experienced by lesbian, gay and bisexual youth in shelters, group

homes, treatment homes and other residences" (O,Brien, 1994, p.39). Heterosexism among

social scientists and publication rates in journals are factors that have a serious impact on

research on the queer youth experience. Van Voorhis and Wagner (2001; 2002) studied this

absence by examining twelve leading social work journals over the ten-year period of 1988 to

1997 in an attempt to quantify gay content. These authors believed that by studying the

publication patterns in journals, they could provide one measure of whether heterosexist bias

exists within the social work profession.

The specific journals were chosen because they have a national audience, are not limited

to one area of social work practice, and are viewed as the major journals reflecting current social

work trends. Findings indicated that over ten years, only one percent of all articles published had

any gay subject matter other than gay men living with HIV/AIDS. Most articles focused on how

to assist homosexual people adapt to a heterosexual world, and few addressed institutionalized

heterosexism or environmental interventions. Six of the journals had an average rate of

publication of less than one article in ten years. This frequency rate was not found to be

increasing. Despite growing public and professional acceptance and interest in gay specific

issues, professional journal space devoted to queer content has remained virtually unchanged in

the past ten years.

Journal publications are the main source of current information on social work theory,

empirical study, and practice approaches. Staying abreast of the literature is the primary way for

practitioners to remain current in their work and to uphold the mandate of the Social Work Code

of Ethics that states, "a social worker shall have and maintain competence in the provision of a

social work service to a client". The lack of information pertaining to sexual minorities leaves

practitioners and policy makers uninformed in providing service to queer clientele and creates

difficulty for professors to provide curriculum content that accurately reflects these populations.

"There is a need for the proliferation of these types of studies. Investigation in a range of

different sites will make possible a broader theoretical analysis of the social organization of

heterosexual dominance" (O'Brien, 1994, p.54).

Invisibility in the literature highlights the de-valuing of queer people in the discipline. The

failure of the professional literature to address heterosexism and homophobia in society and in

the profession is further evidence of its existence. "There is no better way to subjugate human

beings than to ignore them and deny their reality" (Hartman, 1993, p. 23). The profession of

social work also has the ethical mandate to advocate for change and promote social justice. This

means that social workers "must not only be knowledgeable about homosexuality [but] active in

dismantling the heterosexism that permeates the culture" (Van Voorhis & Wagner, 2002, p. 17).

By not challenging the conditions of oppression for queer youth in particular, social workers

contribute to the institutionalized heterosexism that exists. In this way, silence and invisibility

remain the biggest forms of oppression.

Literature Review

Harassment, Abuse, and Mental Health

The victimization of sexual minorities through either verbal or physical assaults remains

the most common and socially acceptable form of bias-related violence. Systematic harassment is

a part of life for all queer youth who are open about their sexual identity (Hersberger &

D'Augelli, 1995). Queer youth living in foster care report a constant threat of harassment and

violence from within the system (Mallon, 1997b).

Seventy-eight percent of queer youth and 88 % of child welfare professionals interviewed

reported that it was not safe for these adolescents in group homes or other care settings to be open

about their orientation (Mallon et al., 2002). Verbal and/or physical harassment usually not

tolerated by child-care workers may be ignored or even encouraged when it is directed at queer

youth (Berkman & Zinberg, 1997). A common theme in the research is the stance by group

homes and foster placements that an openly queer youth could not be placed in their program

because the other residents would beat her or him up (Mallon, 1992). This open discrimination is

passed as an acceptable reason for denying placement of a queer youth in the home.

Our heterosexist society legitimizes hostility towards sexual minorities. People are

commonly attacked for engaging in behaviours permissible for heterosexuals, such as displaying

affection in public, and youths are particularly vulnerable to the often vicious attacks of other

teens. Those who are open about their orientation are accused of flaunting their sexuality and

perceived as deserving of the attacks they receive. The threat of physical violence is real, and it

is constant. Verbal harassment is common. Safety has always been a paramount issue for all

people in society deemed as sexually deviant. For youths, this is particularly true.

Victimization of queer youth has been found to compromise their mental health significantly

(Hershberger & D'Augelli, 1995). Research on the effects of growing up as a sexual minority,

even without direct victimization such as verbal and/or physical attacks, has demonstrated that

queer youth are particularly vulnerable to mental health problems, largely due to the stressors of

belonging to a socially stigmatized minority group (ibid.). These finding are important, because

social services tend to believe that if queer youth are not being directly and obviously attacked

for who they are, then they are free of the damaging effects of social discrimination. Queer youth

involved with the child welfare system have mental health needs typical of other adolescents, as

well as unique challenges because of their status as sexual minorities, whether they are

experiencing or have experienced direct harassment (Mallon et. al., 2002)

For queer youth to develop positive self-esteem, they must feel positive about their sexual

orientation (Schneider, 1997). Positive feelings about sexual identity come from understanding

and acceptance. Heterosexual adolescents have an entire social structure that supports the

exploration of their sexual identities. Social interactions are encouraged and supported through

many avenues and sexual identities can be explored and managed. When sexual identity is

hidden, the social skills needed to manage relationships are not practiced. There is no

opportunity to explore social interactions, and therefore, the development of these important

social skills is stunted.

Suicide Rates

Queer youth are at a disturbingly disproportionate high risk for suicide. Largely invisible

to social service providers, these youths experience greater social discrimination and isolation,

depression, low self-esteem, negative family interactions, and violence than their heterosexual

peers. All of these factors contribute to their greater risk and rate of suicide (Proctor & Groze,

1994; Rotheram-Borus, et. al., 1994).

Although research findings on this topic vary in their reports of how much higher the

suicide rates are for queer youth, none dispute the fact that the rates are exceptionally

disproportionate compared to heterosexual teens. Conservative estimates average these

differences and suggest that queer youth are two to three times more likely to commit suicide

than heterosexual youths, and at least 30 % of all completed youth suicides have been found to be

related to sexual identity issues (Proctor & Groze, 1994).

One problem in conducting research on suicide prevalence rates with this population is

that much of the research in this area relies on samples of youths connected with social service

providers and thus their representativeness of the entire population is unreliable.   Samples used

in this area of research are inherently biased because many queer youth will not disclose their

orientation. Findings are therefore limited to representing only those who are connected with

social services (Hershberger & D'Augelli, 1995; Rotheram-Borus et. al, 1994). This empirical

difficulty most likely serves to lower the overall representativeness, rather than artificially

inflating it.

Proctor and Groze's (1994) study of suicide rates among lesbian and gay adolescents

reported a 66 % rate of suicide ideation and attempts. This study also reported that the youths

who had neither considered nor attempted suicide were more likely to have internal and external

characteristics that helped them cope better with discrimination, loneliness, and social isolation.

Of the helpful buffering external qualities, a higher-functioning support system was found to be

essential. These authors suggest that the areas of family interactions, social interactions, and self-perception are appropriate targets for interventions.

Morano and Cisler's (1993) study of the risk factors for adolescent suicidal behaviour add support for these areas of intervention. Although this research was not gay specific, data suggests that the experience of loss and low family support were the best predictors of serious suicide attempts by adolescents. Also, in this study, suicide attempters reported significantly less family support. The authors noted that lack of family support can also be the result of an actual physical absence of family members due to death or divorce. Whether a queer youth is kicked out of their home or they remain in the home with little support, perceived familial support has been found to be a significant buffer against suicide.

Hershberger and D'Augelli (1995) explored how the support of a lesbian or gay youth's family influenced their victimization. The interrelations among a family's acceptance of their child's orientation and how that support influenced mental health, self- acceptance, and suicide were examined. These authors hypothesized that the relationship between victimization and suicide/mental health is mediated by two variables; family support and self-acceptance.   Results supported the hypothesis and family support was associated with greater self-acceptance and fewer mental health problems. These authors highlight the necessity for queer affirming environments to act as buffers against the victimization encountered in society and to potentially decrease mental health problems and suicides.

Even though suicide rates are so disproportionately high among queer youth, there are few research articles in this area. No data exists examining suicide rates and ethnic differences within this population. However, it is hypothesized that sexual orientation is more of a critical

factor to suicidality than ethnicity as well as factors such as socioeconomic status and

geographical differences (Rotheram-Borus et. al., 1994).

Queer Youth and the Foster Care System

"The needs of lesbian, gay and bisexual youth are not being met by group homes and

youth shelters; indeed these young people are being exposed to considerable risk of verbal and

physical abuse, institutional silencing and the pathologization and undermining of their sexual

orientation" (O'Brien, 1994, p. 54).

Children who come into the care of child welfare agencies often come from families that

have struggled with issues of poverty, racism, homelessness, unemployment, substance abuse,

domestic and community violence, and mental illness. Many of these children enter care having

experienced neglect, violence, traumatic experiences, and behavioural and/or medical difficulties

(Mallon et. al., 2002). Queer youth in care are an invisible population to the child welfare system

and although they share many of the same family issues and experiences as their heterosexual

counterparts, the needs of this group are complex and unique. Mallon et. al. (2002) argues for a

"fundamentally different" form of caring for queer youth from the traditional foster care for

adolescents (p.23).

Queer youth often have negative experiences in foster placements. The issues they bring

with them into care from their families of origin and their feelings of being different are

frequently aggravated by the attitudes and behaviours of those around them, including other

youths and child welfare professionals (Mallon, 1992). As O'Brien argues, "...grave inequities in

the treatment of lesbian, gay and bisexual youth by group homes and youth shelters" not only

exist, but are reinforced as "pathological" and "deviant" through professional discourses (1994, p.37).

The stigmatization of homosexuality, the lack of services appropriate to these youths, and decades of fear and misinformation have created a youth service system that believes queer youth should be able to fit into existing programs and services. We know from the statistics of their difficulties that this is not working. Queer youth do not fit into existing programs and they are not *just like everyone else*.

Studies of queer youth in out-of-home care settings have reported data that suggest this population receives less services, are more readily labeled as difficult, are at high risk for verbal harassment and physical violence, are moved more often (multiple placements), are more likely to be separated from their siblings, experience a high rate of homelessness, are not often reunited with their families, and have a more difficult time attending community-based educational programs and accessing medical and mental health services than their heterosexual counterparts (Fitzgerald, 1996; Mallon, 1998; Mallon et. al., 2002; Savin-Williams, 1994; Sullivan, 1994).

Mallon et. al. (2002) conducted an exploratory study of the question, "What are the challenges presented in ensuring permanency, safety, and well-being for gay and lesbian youth in a gay-affirming child welfare environment?" (p.24). Mallon begins a discussion of permanency planning by lamenting the lack of resources available and stating that this void in the literature is indicative of the belief within child welfare agencies that the best they can do is offer queer youth a goal of independent living. However, Mallon goes on to discuss how social work practitioners have begun to challenge this belief, especially in light of the staggering rate of homelessness within this population.

Four main reasons as to why professionals have difficulty recognizing queer youth in care have emerged from the literature. These reasons are: (1) Those who work with youth often associate gender non-conformity with homosexuality. Many queer youth do not fit the stereotypes of non-conforming gender roles that are typically and erroneously associated with them. Therefore, those who work with adolescents may believe that there are no queer youth on their caseload because if there were, they would be able to identify them visually. (2) Queer youth are socialized and well practiced at hiding their identities. If an adolescent decides that they do not want anyone to know about their identity, then it is most likely that no one will. These youth also often lie about their true selves for personal safety and most report intense feelings of isolation (Mallon, 1992). (3) Many child welfare workers hold moralistic attitudes and beliefs towards what they perceive as sexual deviance in general and thus are not open to considering it a possibility with every youth they work with until informed otherwise (Mallon, 1997b). And (4), most professionals are lacking in knowledge about queer adolescent development either through choice or the consequence of being educated in and subsequently working in a heterosexist society and profession and although they may consider themselves progressive and open minded, they may be wholly uneducated about this population.

Many child welfare agencies fear supporting specific programming for queer youth as to not appear as condoning and/or encouraging adolescent sexual deviance. The concept that a person can be encouraged or promoted into homosexuality is unequivocally unsupported through all levels of research. However, this fear among administrators continues and until moralistic oppression is challenged through institutional changes in policy and practice, queer youth are not provided the same quality of care that is extended to their heterosexual counterparts (Mallon, 1997b).

Homelessness

The rate of homelessness among queer youth who are or have been involved in the child welfare system is significant (Clatts et. al., 1998; Johnson-Reid & Barth, 2000; Mallon et. al., 2002). "Youths frequently cite conflict over sexual identity as a factor in their homelessness" (Clatts et. al., 1998, p.195). Accurate rates of homelessness among adolescents are impossible to determine as populations are difficult to sample for many of the same reasons discussed in the section on suicide, and again these difficulties are more likely to cause data to under-represent actual rates rather than over-represent. Understanding how sexual orientation issues contribute to the problem of homelessness in adolescence is essential for intervention planning (Grethel, 1997).

Queer youth represent a large majority of homeless youth (Grethel, 1997). Clatts et. al. (1998) reported that thirty five percent of homeless and/or street-involved youths self-identified as lesbian, gay, or bisexual. That percentage rose to approximately fifty percent when the same author studied street youth in central Manhattan and hypothesized that this larger percentage was a more accurate reflection in larger cites. Similarly Mallon et. al. (2002) reported a thirty percent rate. Clatts et. al. (1998) hypothesize that a lack of adequate placements for lesbian and gay youth has pushed them onto the streets; either passively through lack of encouragement or neglect, or actively through discriminatory behaviour.

Social service professionals often explain youth homelessness by claiming it is a choice (Grethel, 1997). This myth places responsibility on the youth and suggests that they could get off the streets if they wanted to. However, many youth report resorting to the streets after a long process of leaving an abusive home life, repeated inappropriate foster placements, and facing

rejection and discrimination at city shelters. "Service providers working with this population

report that as many as two-thirds have "discharged" themselves from out-of-home care – often

for many of the same reasons that youths not in care leave home, including physical and sexual

abuse [and] conflict over sexual identity" (Clatts et. al., 1998, p.135).

Shelters that will accept youth residents are rare and of those that exist, many are

supported by moralistic religious organizations and are intolerant of sexual minorities.

Transgendered youth are particularly discriminated against in emergency shelters and are very

often stripped of their gender identifying clothes and forced to stay as a member of their

biological gender as opposed to their gender of choice. Queer youth with tolerable living

situations often look to the streets to find support for their sexual orientation and friendships.

However, street life quickly devours adolescents and returning to life before the street becomes

impossible (Grethel, 1997).

Research Method

The methodological framework for this qualitative research project is grounded theory

based in feminist research practices. Grounded theory is a theory building method that focuses

on "the study of experience from the standpoint of those who live it" and it provides rich, thick

descriptions of data (Charmaz, 2000, p.522). In that regard, it is a particularly appropriate

methodology for areas of study where established theory is lacking. Grounded theory is a fluid

and flexible approach to data analysis that was first developed in 1967 and has remained a

reliable and valid methodology for qualitative research since. The appeal of grounded theory also

stems from the interplay between theory building and data analysis that involves constant

interpretation based on systematically carried out inquiry (Glaser & Strauss, 1967; Strauss &

Corbin, 1998).

The question grounded in this research is to explore the experiences of self identified

queer youth and young adults who have lived in foster care in Manitoba and to begin to develop a

substantive grounded theory based on those experiences through examining social processes

(Glaser & Strauss, 1967). Because there is so little research in this area, grounded theory, with

its emphasis on ensuring dense conceptual development, provides the most appropriate research

strategy to create theory in this underdeveloped area (Lindsey, 1997).

One of the main principles of grounded theory is the constant comparative method. This

method of analyzing data involves coding raw data while simultaneously looking to discover

properties and dimensions that will contribute to a final complex theory that is a close match to

the data (Soulliere, 2001). The constant comparative method is used in conjunction with another

main principle of grounded theory, theoretical sampling.

Theoretical sampling "is best described as a guiding procedure that directs the researcher

toward active and purposeful data collection" (Soulliere, 2001, p.2). Considered the opposite of

random sampling, theoretical sampling is a direct method of testing researcher assumptions about

emerging concepts in the data by specific participant selection. Participants are chosen based on

their knowledge of the social processes examined in order to generate as many categorical

properties as possible. Theoretical sampling will be used to maximize discovery and to explore

variations among categories until those categories are saturated, that is, no new information is

emerging from the data. Once categorical saturation is achieved, no further data collection will

be collected. However, as it is expected that a small number of participants will take part in this

study, theoretical saturation may not be reached. In this regard, grounded theory is a good

methodological match to the research design as it can be used to build substantive theory from data gathered from even one source (Strauss & Corbin, 1998). Data collection will be primarily through qualitative semi-structured interviews and participant observations.

Feminist based research practices will also be incorporated into the process of developing the grounded theory. Feminist philosophy is a good match for this project as it is based on making the invisible visible. Queer youth in care are largely invisible to all levels of service delivery and policy development. Feminist research practices work toward highlighting the larger social and political mechanisms in place that contribute to and maintain social exclusion. Traditional grounded theorists have often focused on individual psychological variables. Therefore, by connecting the rich experiences of individual participants through grounded theory while maintaining a feminist orientation to examine the political context of those experiences, there is greater potential for social change beyond practice and into policy. DeVault (1999) examines feminist theory and social research and suggests that one "key method" for doing just that involves gathering "personal testimony" through qualitative interviewing methods (p.30).

Although feminist research was developed and is primarily utilized with the specific mandate of shifting the heterosexist white male dominance lens, from which most social science is created, to a more accurate reflection of women's lives, it can easily be applicable to queer youth and their socially oppressed position. Feminist based research works to create social change and political action that advances women's social position. This research will attempt to do exactly that for queer youth.

Feminist based research also realizes the importance of a researcher's social position in relation to her participants. As an educated woman who did not grow up in foster care I will attempt to remain aware of my differentness from the social reality of participants while at the

same time applying my experience from living as an out lesbian feminist activist. I understand

the hostility of society towards sexual minorities because I live it.

Participant Recruitment

A number of participant recruitment strategies will be on-going during the research

project in an attempt to collect as much data as possible from as many sources as possible. By

targeting diverse perspectives and demographics (i.e. age, ethnicity, time and reason for entering

foster care) it is hoped that maximum variation in the data is achieved.   The only four criteria for

initial sample selection are consent to participate, being at least sixteen years of age, self-

identifying as a sexual minority, and experiencing, or having experienced, foster care in

Manitoba. Consistent with developing a grounded theory, initial data will be analyzed through

open coding and concepts established.

Because I am an out lesbian and share in the sexual minority experience, I expect these

youth to be more willing to talk with me than they would to a heterosexual person. O'Brien

described the act of coming out as a lesbian to her queer youth research respondents as an

"information sharing", whereas she learned from them their experiences within youth residences

and she offered them "knowledge of the everyday world of lesbian and gay people" (1994, p.40)

Queer identified youth protect their identities for valid safety reasons and most only

identify themselves to those whom they trust, if anybody. For a social worker to begin to be

considered a safe person to trust they have to; 1) consider the possibility and reality of youths

with sexual orientations other than heterosexual on their caseload regardless of presentation style,

2) actively ensure that all youths on their case load know them as a safe person to disclose to

because they have talked about sexual minority issues openly and respectfully, and 3) they must

educate themselves about the reality of adolescent queer identity by knowing the issues they face

and understanding how societal oppression impacts their development and mental health. In

reality, social workers with these basic skills are rare and most social workers claim that they

have no queer identified youth on their caseload.

Implications for Social Workers

Only by listening to queer youth in care and what they identify as their needs can we hope

to adequately provide protection and care. The social work code of ethics mandates that social

workers must not undertake a social service unless we have the competence or can acquire the

competence to provide that service. The incredible lack of information pertaining to queer youth,

together with it's absence from university social work curriculum, means that social workers are

not adequately informed about the important issues in working with this population and are

therefore not anywhere near fulfilling this mandate. The code also mandates that social workers

have an ethical responsibility to promote social change. Social workers are ethically bound to

advocate for the "...*equal distribution of resources to all persons... and the equal access of all

persons to resources, services, and opportunities"*. Equality for queer youth in care does not

exist. They do not have equal services and they do not have equal access to the services that do

exist. Further, there is no political or social pressure to create these services.

Without the input of queer youth growing up in care, any efforts to provide best practice

will continue to be based on faulty and biased assumptions. The fact is queer youth are at a

higher risk for suicide and many damaging social problems because the system in place to protect

them fails to do so. Although many are invisible to the child welfare system, queer youth are also

at a greater risk for family rejection and/or abandonment as well as physical violence. It is well

documented that queer youth who have a high functioning support system will be less likely to

commit suicide or suffer the detrimental effects social isolation can cause. Therefore, the areas of

intervention service provision, queer-friendly foster family matching and education, and social

worker awareness are all areas child protective agencies must develop.

Conclusion

Queer youth are entitled to the same quality of care and professional treatment that is

extended to all children and youth in the child welfare system. Without clear policies, child

welfare professionals are left to operate based on their own personal beliefs and attitudes, which

are based on culture, religion, experiences, social biases, and many other influential factors. This

self-reliance has led to a lack of services for queer youth as queer culture is invisible to the

dominant heterosexual social structure that orchestrates social policy. When queer culture is

recognized, it is seen as deviant.

High suicide and homelessness rates and increasing evidence suggesting a myriad of other

disturbing trends should serve as a wake up call to administrators and policy makers. To not

include special services for this special population child welfare is adding to their struggles. It is

hoped that this research project will further highlight an important area for change.

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