Resilience among LGBTQIA+ youth in out-of-home care

A multidimensional exploration of their resilience resources

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Chapter 1

General Introduction

The LGBTQIA+ community: the adversities

All around the world, being LGBTQIA+[1] (Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual/Aromantic/Agender, and other sexualities and identities) means living in inequity[2]. Sexual Orientation, Gender Identity and Expression, and Sexual Characteristics (SOGIESC)[3] largely determine access to social and physical resources that are relevant to individuals' wellbeing (UN Human Rights Council, 2015; UN Office of the High Commissioner, 2019). LGBTQIA+ equity seems afar, despite the progressive strides that societies around the world have made towards LGBTQIA+ rights such as the development of protecting policies (e.g., same-sex/gender marriage and adoption, work, and health care protections) (UN Human Rights Council, 2015; United Nations, 2016; UN Office of the High Commissioner, 2019). For a definition of some of the LGBTQIA+ identities see figure 1.

The progress toward LGBTQIA+ equity has not been linear nor fast, and recently, some governments have even reverted the progressive trend in favor of LGBTQIA+ rights with the implementation of anti-LGBTQIA+ policies. In Europe, anti-trans rhetoric often aimed at youth has increased in countries such as Sweden, Spain, the UK, and Serbia, among others (ILGA, 2022). Sweden, for instance, removed service provisions for trans youth that were already on the waiting list to access gender affirming care. Extremely worrying situations have emerged in Hungary and Poland (ILGA, 2022); while Hungary introduced a ban on the "portrayal and the promotion of gender identity different from sex at birth, the change of sex and homosexuality" (ILGA, 2022. Hungary section), several regions in Poland adopted "LGBT free zones", areas that proclaim to be unwelcoming of the so-called "LGBTQIA+ ideology". According to the latest reports by international human rights organizations, LGBTQIA+ individuals and communities are still subject to severe and persistent human rights violations

1 For the participants of this study, we use the term LGBTQIA+, which stands for Lesbian, Gay, Transgender, Queer, Intersex, Asexual/Aromantic/Agender, and other forms of sexualities. We use this umbrella term which also emphasizes the diversity of sexual orientations, gender identities and expressions, such as aromantic, nonbinary, genderfluid, pansexual and others. We also use other acronyms such as LGBT, LGBTQ and LGBTQ2S depending on the participants in every study mentioned.

2 While inequalities refer, mostly in a descriptive way, to the differences of treatment or circumstances that individuals face, inequity refers to the unfairness of these differences. Inequalities then are the result of social inequity.

3 Despite some authors only use the acronym SOGIE, we decided to use the acronym SOGIESC through the entire thesis to emphasize the relevance that sexual characteristics have for individuals and society in the conceptualization of the LGBTQIA+ identities.

worldwide (ILGA, 2022; UN Human Rights Council, 2015; UN Human Rights Office of the High Commissioner, 2019). These inequalities show in many ways: brutal beatings and murders, sexual violence, hateful speech, arbitrary detention and imprisonment, bullying at school, discrimination at work and in health services, etc. Moreover, these inequalities are uneven within the LGBTQIA+ community; while gay men reap the benefits of same-sex/gender marriage and the increasingly accepting and affirming society, trans people deal with barriers to access even the most basic services such as education and health care. In addition, LGBTQIA+ individuals who belong to one or more racial/ethnic minoritized groups have unique stressors that put them at higher risk of suffering wellbeing inequalities (Warren et al., 2018).

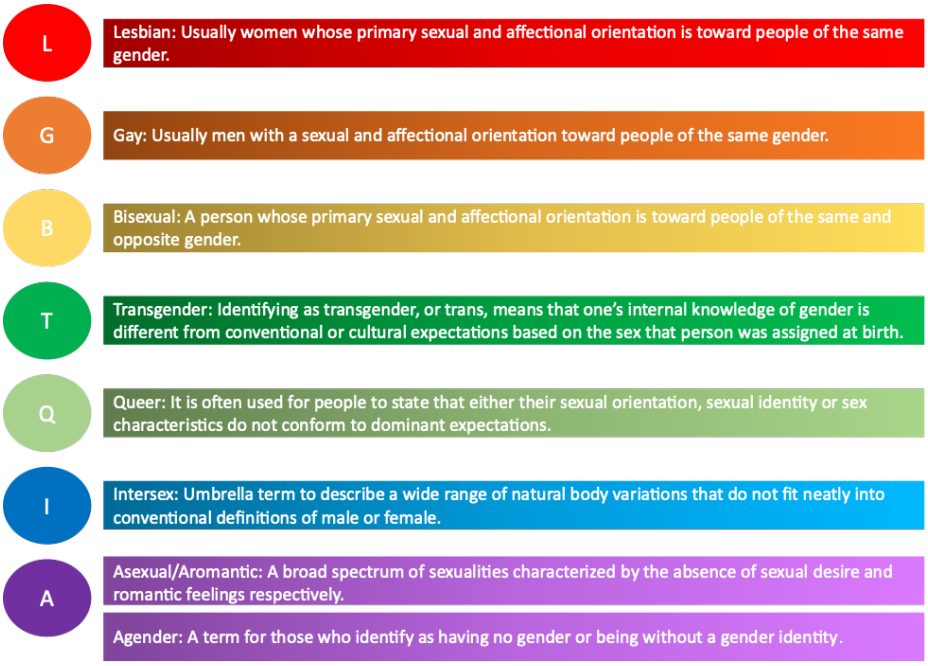

Fig 1. LGBTQIA+ identities. Based and modified on the LGBTQIA Resource Center Glossary. (2021). UC Davis, https://lgbtqia.ucdavis.edu/educated/glossary Because language is dynamic and in constant change, especially the words we use to describe ourselves, terminology may have shifted. This glossary was finalized in August 2022

LGBTQIA+ inequalities are based on systems of oppression that privilege certain social groups over others based on differences in their SOGIESC. For example, heteronormativity or heterosexism is a system of beliefs and values that privileges heterosexuality over other sexual orientations by portraying it as the normal and expected sexual orientation. Cisnormativity or cissexism privileges cisgenderism over other forms of gender identity such as transgender experiences. As a result of these norms, society holds negative attitudes and exerts discrimination (prejudice and stigma) towards LGBTQIA+ individuals. Homophobia, transphobia, and biphobia refer to the discriminatory practices towards sexual and gender minorities[4]. For a more detailed explanation of LGBTQIA+ related terms see LGBTQIA Resource Center Glossary (2021).

Minority stress refers to the inequalities that minoritized[5] populations (individuals belonging to discriminated groups in society) are exposed to, and which takes a heavy toll on the physical and psychological health of the individuals who suffer it (Bryant et al., 2018). To understand the ways that minority stress affects LGBTQIA+ individuals, researchers have proposed the Minority Stress Theory (MST) (Meyer, 2003) and the Gender Minority Stress Model (GMST) (Hendricks & Testa, 2012; Testa et al, 2015). The most important assumptions about minority stress are: 1) it is an added stressor on top of the regular stressors experienced by all individuals, 2) it is chronic because it roots in relatively stable social structures, and 3) it is socially based as it originates from social constructions. MST and GMST posit that LGBQ and Transgender and Gender non-Conforming (TGNC) individuals respectively, experience unique stressors based on their sexual orientation and gender identity, and that these stressors cause physical and psychological negative outcomes. Plenty of research has corroborated this tenet; for example, a meta-analysis showed minority stress was associated with negative mental health outcomes, especially depression, among LGB adolescents (Dürrbaum & Sattler, 2019). Gender minority stressors have been associated with behavioral and mental health problems among TGNC individuals, including substance abuse, suicidal ideation, suicidal behaviors, and death by suicide (Hendricks & Testa, 2012). In spite of the mounting evidence of the impact of minority stress among LGBTQIA+ individuals, the community has found multiple ways to confront their adversities and sustain their wellbeing (Meyer, 2015).

4 We try to avoid the use of these terms. Defining these systems of oppression as phobias moves the focus from power to pathologies and ignores that there are people suffering from real phobias.

5 We use minoritized instead of minorities to highlight how these individuals are pushed to the margins by oppressive systems. Instead, minorities might focus on the relatively small numbers of these individuals.

The LGBTQIA+ community: a resilience perspective

Research on the lives of LGBTQIA+ individuals has largely focused on their adversities and the negative impact on their wellbeing (Gahagan & Colpitts, 2017; Kwon, 2013; Meyer, 2015; Russell, 2005). This risk-based approach has certainly contributed to our understanding of LGBTQIA+ individuals and represents an important step towards addressing their needs. Nevertheless, research overemphasizing the risk among LGBTQIA+ individuals come with an important drawback: it reinforces a biased negative perspective while ignoring the mechanisms that promote positive well-being outcomes in the presence of adversities; their resilience.

Resilience is a controversial and highly debatable construct. The word has its origins in the Latin *resilire* (to rebound) and it has been vastly used in different fields, from ecology to psychology (Masten, 2014). Although resilience lacks a universal definition, the most used one refers to it as a "dynamic process encompassing positive adaptation within the context of significant adversity" (Luthar et al., 2000, p. 1). In the field of social sciences, the concept originated in the area of child development and developmental psychopathology. Several natural and human disasters such as WWII, bushfires, and floodings, spurred studies on the consequences of these events on the development of children exposed to them (Masten, 2014). Soon research found that there were always some children who did, against all odds, not show the negative outcomes expected. The first studies on resilience aimed to discover individual traits, such as self-efficacy and self-esteem, which made these children resilient (Luthar et al., 2000; Ungar et al., 2013).

The study of resilience evolved to take a much more complex perspective, for example, by acknowledging the multidimensional nature of resilience (Masten, 2014). Research began to underscore the importance of environmental resources such as families (e.g., family cohesion) neighborhoods (e.g., community safety), and broader socio-cultural contexts (e.g., employment opportunities), for an individual to overcome adversity (Masten, 2014; Ungar et al., 2013, Ungar, 2012). These multidimensional models of resilience aimed to grasp more comprehensively the complex interplay between adversity and wellbeing (Masten, 2014; Ungar et al., 2013, Ungar, 2012). One of the main tenets of this multidimensional perspective on resilience is that "systemic influences matter at least as much as individual factors to positive outcomes" (Ungar & Theron, 2020, p. 441).

In comparison to the risks and negative wellbeing outcomes, resilience among the LGBTQIA+ community has been understudied (de Lira & de Morais, 2018; Gahagan & Colpitts, 2017; Kwon, 2013; Lyons, 2015; Russell, 2005; Russell & Fish, 2019). In recent years, research has begun to explore the determinants of resilience among LGBTQIA+ individuals. At the individual level, self-esteem, personal mastery, and physical exercise protect against depression, anxiety, substance abuse, and suicidal thoughts (Freitas et al., 2017). At the relational level, social support from family (Rivers & Cowie, 2006; Ryan et al., 2010; Spencer & Patrick, 2009) and positive relationships with parents (Pearson & Wilkinson, 2013) are associated with fewer negative mental health outcomes and more positive health outcomes. Social support can also buffer the effect of family rejection and lower anxiety and depressive symptoms, and internalized homonegativity (Parra et al., 2017). At the ecological/sociocultural level, online and offline media (e.g., movies and social media) foster community building and enable adaptive coping skills (Craig et al., 2015), and social connectedness promotes individual LGBTQIA+ identity affirmation and provides ground to move from personal struggle to collective action (DiFulvio, 2011). Additionally, TGNC youth experience unique resilience resources, for example, the ability to use and be addressed with one's chosen name and pronouns (Tankersley et al., 2021) and gender-affirming resources such as hormonal and surgical treatment (Mahfouda et al., 2019).

As previously mentioned, there is a great variety in the level of experienced adversity within the LGBTQIA+ community, specific groups experience suffer particular adversities and, therefore, specific sources of resilience. LGBTQIA+ youth living in out-of-home care are subject to a great deal of minority stress that ultimately might affect their wellbeing. LGBTQIA+ youth in out-of-home care confront a double burden, the intrinsic challenges of being removed from their families and placed in the care of the state, and living in child services that do not affirm their SOGIESC (Mallon, 1998; 2019). At the same time, LGBTQIA+ youth in out-of-home care might experience resilience by using diverse resources in their environments to protect themselves from the aforementioned stressors and to sustain their wellbeing.

LGBTQIA+ youth in out-of-home care: the adversities

The Child Welfare System (CWS) refers to a "group of services designed to promote the well-being of children and youth by ensuring safety, achieving permanency, and strengthening families" (Child Welfare Information Gateway,

2021, p. 2). The CWS is not a single entity but a complex arrangement of many organizations that provide different types of services to families and youth in need. The CWS is in charge of monitoring, evaluating, and intervening in cases of child and youth abuse and neglect. Unfortunately, child and youth abuse and neglect are not minor problems in our societies. Meta-analyses on the global prevalence of child maltreatment show that 18% of children experienced physical abuse, 36% experienced emotional abuse, and about 18% of girls and 8% of boys[6] were sexually abused during their childhood (Humphreys et al., 2020). Moreover, global prevalence estimates of neglect show that 16% of children have experienced physical neglect and 18% have experienced emotional neglect (Humphreys et al., 2020). The services provided by the CWS may vary, from less intense interventions, such as ambulatory care and day treatment, to more intrusive interventions such as family separation, which is generally the last measure. Family separation implies that children and youth are removed from their families, put into the care of the state, and placed into alternative living arrangements (out-of-home care settings) (Fluke & Merkel-Holguin, 2019). Children and youth in out-of-home care might be placed in different types of settings depending on several factors, mostly considering the needs of children and youth. There are two main out-of-home care modalities: residential care, and foster care. In residential care, children and youth live in groups, typically in shared and often small houses. They are cared for by paid staff or volunteers. In many countries, residential care is considered only when kinship care or foster care options have been exhausted. In foster care, children and youth are taken care of by unfamiliar individuals which accept temporal responsibility for their upbringing. Foster carers are recruited individuals (sometimes professionals), trained, and supported to take care of foster children and youth. Another out-of-home care modality is kinship care in which children and youth are placed in the care of relatives of other people who already have a relationship with the children and youth (Del Valle, 2013)

The CWS varies greatly depending on the culture and country, as it is influenced by social, economic, and religious factors (Fluke & Merkel-Holguin, 2019). The CWS can be located in a continuum from a family welfare approach to a child safety approach (Gilbert, 2012). Hereby, the child safety approaches lean toward more punitive measures such as family separation, and the family welfare approaches avoid family separation and work on family cooperation (Fluke & Merkel-Holguin, 2019). Research has shown that youth in CWS have a higher likelihood of adverse childhood experiences that in turn affect their

6 The study did not consider the experiences of non-binary children and youth.

social, emotional, and behavioral wellbeing (Garcia et al., 2017). In particular for youth in out-of-home care, their experiences of childhood adversities together with the stress of family separation might result in negative wellbeing outcomes such as high mental health challenges, and educational difficulties (Ford et al., 2007). However, for LGBTQIA+ in out-of-home care, stressors related to their SOGIESC might add to the already-existing stressors inherent to the out-of-home care experience.

Although research on the lives of LGBTQIA+ youth in the CWS is rapidly increasing, there is still a lack of peer-reviewed empirical studies that explore their experiences (Kaasbøll et al., 2021). The available research shows that LGBTQIA+ youth in the CWS are overrepresented in comparison to their non-LGBTQIA+ peers (Fish et al., 2019). Often, LGBTQIA+ youth do not feel safe nor affirmed in their out-of-home placements and they are treated less well by the CWS. For example, they experience harassment, violence, bullying, discrimination from peers and care professionals; they also experience more placement breakdowns and are more likely to become homeless at some point in their lives (Capous-Desyllas & Mountz, 2019; Cossar et al., 2017; Gallegos et al., 2011; Mallon, 1998; 2019; McCormick, 2017; 2018; Paul, 2020; Wilber et al., 2006; Wilson & Kastanis, 2015; Woronoff et al., 2006). Beyond the aforementioned adversities LGBTQIA+ youth in out-of-home care experience direct negative effects on their wellbeing, e.g., less educational attainment, more substance use, and heightened mental health challenges (Fish et al., 2019); they are less satisfied with the out-of-home care services, and experience heightened emotional distress when compared to their non-LGBTQIA+ counterparts (Wilson & Kastanis, 2015). These negative wellbeing outcomes might be related to the stressors experienced during their out-of-home placement.

In order to comprehensively understand the experiences of LGBTQIA+ youth in out-of-home care, it is important to acknowledge the intersectionality of their lives. Intersectionality refers to how their experiences of oppression are associated with their different identities and originate from several systems of oppression (Crenshaw, 1989; Konstantoni & Emejulu, 2017). For youth in out-of-home care, racism, classism, problems related to mental and physical health, homelessness, and problems with the justice system are often mixed with their experiences of discrimination based on SOGIESC. A recent study on the families of origin of LGBTQIA+ foster youth showed that among the main reasons for youth to access the care system were "family and community

connections often weakened by poverty and racism, and an intergenerational phenomenon of substance abuse and mental illness within families" (Mountz & Capous-Desyllas, 2020, p. 9). Other studies confirm the relevance of intersectionality; 61.8% of all children in out-of-home care who identify as LGB are youth of color (Dettlaff et al., 2018), and as many as one in five youth who identify as LGBTQ have reported bullying due to race, ethnicity, or national origin (Burdge et al., 2014).

LGBTQIA+ youth in out-of-home care in the Netherlands

In the Netherlands, where child maltreatment has been recognized as a serious concern for children, the CWS leans towards a family service orientation. It aims to solve most upbringing and child-development problems without resorting to family separation (López López et al., 2019). Around 90% of Dutch youth care recipients receive support without staying in care by, for example, receiving day treatment or ambulatory care (CBS, 2020). The other 10% of youth receive out-of-home care services, approximately 50% of them reside in foster homes, around 12% in professional foster care, and around 40% in other types of housing such as residential group homes (CBS, 2020). Residential care settings are often seen as the "last resort" measure, in cases where other living arrangements do not seem to fit (López López et al., 2019).

LGBTQIA+ youth in the Netherlands are exposed to important inequalities. Although the Netherlands ranks 13th among 49 European countries, in terms of human rights and policies for LGBTQIA+ individuals (ILGA Europe, 2022), research demonstrates that LGBTQIA+ youth are still marginalized in society compared to hetero–cisgender peers (Bos & Sandfort, 2015). According to a study conducted by the Dutch Institute for Social Research (Kuyper, 2015), around half of the LGB young people had negative experiences in the previous year (e.g., intrusive questions, being ridiculed or made fun of, or being talked about behind their back). Within the out-of-home care system, few studies have explored the experiences of LGBTQIA+ children and youth. Moreover, due to the lack of systemic registration, it is difficult to estimate the prevalence of LGBTQIA+ youth in out-of-home care (De Groot et al., 2018; Emmen et al., 2014). However, some studies suggest that Dutch care agencies are hardly SOGIESC affirming, as care professionals are not always aware of LGBTQIA+ youth and might lack knowledge and training on how to meet the needs of these

youths (De Groot et al., 2018; Emmen et al., 2014; Taouanza & Felten, 2018). Many care professionals in the Netherlands also lack the skills to talk about and work with SOGIESC issues in the youth population, they express hesitancy and feelings of discomfort and inability (Emmen et al., 2014; Van Rossenberg, 2013). In summary, LGBTQIA+ youth in out-of-home care, internationally, and in the Netherlands are subject to multiple and intersectional adversities that affect their wellbeing. Only recently, there is increasing attention to the ways they confront these adversities and maintain their wellbeing.

LGBTQIA+ youth in out-of-home care: a resilience perspective

For youth in out-of-home care, their negative childhood experiences and family separation can result in negative effects on their wellbeing (Ford et al., 2007). However, it is important to consider that research has also documented the several ways in which resilience develops. At the individual level, youths' orientation to the future and self-reliability increase positive outcomes. At the relational level, youth parents' acceptance and the availability of caring and interested adults are also associated with resilience. At the larger social or ecological level, the availability of support networks and the provision of educational support, are all resilience resources (Davidson-Arad & Navaro-Bitton, 2015; Lou et al., 2018). A study by Bell and Romano (2015) incorporates the perspectives of child welfare workers on the resilience among children in out-of-home care. The authors conclude that among the myriad of resilience resources, children's relationships and social support are the most relevant. Although more ecological levels are now incorporated in the study of resilience (e.g., social and organizational), individual-based resilience is still the prevailing view – as often is the case with LGBTQIA+ and other groups (Lou et al., 2018). Hence, studies exploring the multidimensionality of resilience resources among children and youth in out-of-home care are urgently needed.

Active participation by children and youth in the CWS might be a great example of an important resilience resource that is influenced by several multidimensional factors. There is increasing attention to examining the participation of children and youth in the CWS, particularly, the benefits that this participation can bring (Bouma et al., 2018; Van Bijleveld et al., 2014). For example, studies have shown that children and youth who participate in the decisions that concern their lives connect and commit more to the decisions

taken by the CWS (Woolfson et al., 2010). Children and youth participation also increases their self-esteem (Vis et al., 2011), and it is associated with their feelings of mastery and self-control (Bell, 2002; Munro, 2001); for example, when youth did not participate, they felt less in control of the situations of their life (Leeson, 2007). Research has also explored how participatory practices are influenced by factors at the individual level (e.g., prior negative experiences with participation); at the social-relational level (e.g., the need for a safe and supportive environment in order to participate); and at the system level (e.g., as the need of laws and policies concerning children's participation and rights) (Gal, 2017). Looking at participation as a resilience factor that relies on a whole ecology creates better possibilities to understand it and foster it. Moreover, although barriers to participation are experienced by most children and youth in the CWS, there are particular groups, for example younger youth and children or youth with disabilities, subjected to strong disadvantages and marginalization that might face particular barriers to participation (Horwath et al., 2012; Macpherson, 2008).

Resilience among LGBTQIA+ youth in out-of-home care has barely received attention from scholars. As mentioned before, LGBTQIA+ youth in out-of-home care face specific challenges at the intersection of their care experiences and their SOGIESC, and therefore, might develop distinct resilience processes. A research overview on LGBTQIA+ youth in the CWS refers to them as "a population with much more resilience than risk" (McCormick et al., 2017, pp. 28), and pioneering research briefly mentions the resilience among these youth (Mallon, 1998). Yet, these references to resilience often go without further exploring the process. It is extremely important to delve into the resilience among LGBTQIA+ youth in out-of-home care because the resilience resources discovered in several dimensions (e.g., individual, relational, ecological/sociocultural) could inform future research, practice, and policy to improve their lives. **For this dissertation resilience is operationalized as a dynamic and multidimensional process of drawing from individual (e.g., optimism), relational (e.g., close social ties), sociocultural (e.g., social identity), and community/systemic (e.g., access to housing or community services) resources by any given person or community to regain, sustain, or improve their wellbeing in contexts of significant adversity (Ungar & Theron, 2020; Ungar, 2011).**

Objectives

It has been established that LGBTQIA+ youth in care experience high levels of stressors related to their SOGIESC, which might negatively impact their wellbeing. The exposure to these stressors, might instigate the need to develop resilience mechanisms at different levels (e.g., individual, relational, social) among LGBTQIA+ youth. However, resilience has been underexplored among LGBTQIA+ community in general, and particularly among LGBTQIA+ youth in out-of-home care. Understanding how LGBTQIA+ youth in out-of-home care make use of individual, relational, sociocultural, and ecological resources to sustain and improve their wellbeing is essential to developing prevention and intervention efforts. Resilience knowledge has the potential to inform future interventions to nurture the resources that are already available and succeed in improving the wellbeing of this population.

The general goal of this thesis is to explore the resilience among LGBTQIA+ youth in out-of-home care. The main research question is: *What does resilience look like among LGBTQIA+ youth in out-of-home care?* To answer this question, every chapter of this thesis sets a more specific goal. Chapter 2 has the goal of mapping and synthesizing the existing research literature on resilience among LGBTQIA+ youth in out-of-home care. Chapter 3 has a more focused goal: exploring the ways in which LGBTQIA+ youth in out-of-home care in the Netherlands experience resilience. Chapter 4 continues exploring the resilience among LGBTQIA+ youth in out-of-home care in the Netherlands, this time, from the perspective and the roles of their care professionals. Chapter 5, zooms in further and examines a specific resilience resource: the participation of LGBTQIA+ youth in out-of-home care in the decisions that concern their lives.

Methodological approach

In this thesis, we explore the resilience of LGBTQIA+ youth in out-of-home care using two different approaches. In chapter 2, we map and synthesize the existing literature on resilience among LGBTQIA+ youth in out-of-home care using a scoping review methodology. Colquhoun and colleagues (2014), pp. 1291, define a scoping review as "a form of knowledge synthesis that addresses an exploratory research question aimed at mapping key concepts, types of evidence, and gaps in research related to a defined area or field by systematically searching, selecting, and synthesizing existing knowledge." Unlike other types of reviews, scoping reviews tend to be broader in scope and address a more explorative question. Chapters 3, 4, and 5 use in-depth

interviews and Reflexive Thematic Analysis (TA) (Braun & Clarke, 2006, 2019; Braun et al., 2018) to explore resilience among LGBTQIA+ youth in out-of-home care in the Netherlands. Reflexive TA is a widely used qualitative methodology that seeks for patterns of meaning withing qualitative data. Unlike other forms of TA, Reflexive TA does not strive for consensus or reliability during its process. Reflexive TA assumes that researcher`s subjectivity influence data analysis; this subjectivity is welcomed and is reflected upon. These three chapters report on the findings of the Audre project.

Audre Project

The Audre project initiated in 2017 with the main goal of generating insight into the best ways to develop affirmative services and practices for LGBTQIA+ youth in out-of-home care in the Netherlands. The project consisted of two general goals 1) understanding the experiences of LGBTQIA+ youth in out-of-home care and 2) understanding the perceptions and the experiences of their care professionals, such as foster parents, and other professionals who are responsible for their wellbeing. The project was named after Audre Lorde, a prominent Black lesbian, mother, poet, and warrior; an important figure representing intersectional feminists all around the world. Audre Lorde's work informed our research values: the relevance of words, intersectionality, ethics of care, participation, emotions, community, and liberation from oppression.

The Audre project used a qualitative approach with semi-structured interviews focused on the experiences of LGBTQIA+ youth in out-of-home care in the Netherlands. In total, the study interviewed 13 LGBTQIA+ youth, 29 care professionals, and 15 foster carers[7]. It is important to note that we did not use data from all these participants, every chapter will describe the subset of participants involve in every study. We were open and aware of the multiple identities and personal characteristics and backgrounds of youth, for example, their race, ethnicity, and their physical and mental health problems. This intersectional stance allowed us to frame their struggles and adversities in the broader context of multiple forms of oppression and privilege.

7 The studies in this thesis did not include care professionals. The reason behind this was our aim to focus on the more professional care professional and institutional care environment and relationships.

The Audre project received approval from the Ethics Committee of the Department of Educational and Pedagogical Sciences at the University of Groningen in December 2017. Holding high ethical standards was always a priority for the Audre team. It was crucial for us to maintain an ongoing reflection process about the ethical components of the study throughout all stages of the project. We developed several practices to take care of participants, for example informing them about the study aims and procedures, ensuring that by default their participation would be anonymous[8], and having a trained care professional in case young people needed mental health support.

In order to foster participatory practices, the Audre project formed two advisory committees, the Audre alliance and the Audre steering committee. The Audre steering committee consisted of researchers and care professionals; they were the voice of adults in the academic and professional fields of child protection and LGBTIA+ studies. The Audre Alliance consisted of young (LGBTQIA+) people; they had the crucial role of using their experiences to offer us wise suggestions in every part of the research project.

The Audre project also created a sense of community among researchers and participants. A community that shared the common goal of striving for social justice; for the elimination of systemic inequalities among LGBTQIA+ youth in out-of-home care. The Audre team maintained social media accounts on Facebook and communicated with participants and other stakeholders through newsletters. A symposium to present the results of the Audre project was celebrated at the end of 2019; an event where researchers, students, care professionals, participants, and other LGBTQIA+ young people reunited to share their views.

Qualitative research with a social justice perspective

The main reason we have chosen a qualitative approach for the studies in this thesis is that qualitative approaches provide us with excellent tools to tackle social injustices (Johnson & Parry, 2022). To understand this premise, we first must briefly describe important differences between quantitative and qualitative approaches. Afterwards, we analyze how the practices, goals and values of qualitative research are especially suited to foster social justice.

8 Some youth decided to participate in the research report, book "Working with LGBTQIA+ youth in the child welfare system" and in research dissemination events, therefore their participation was not anymore anonymous.

Quantitative approaches tend to align with certain goals, values and assumptions such as reductionism, generalizability and objectivism. These ideals have been pushed forward as inherent and definitory of what is "good" science by privileged individuals (e.g., white, male, cisgender, and able-bodied). These privileged individuals have built science under a positivist epistemology and ontology: the belief that science can and should seek to truthfully capture a single and identifiable (social) reality, with the ultimate goal of predicting and controlling it. To achieve the aforementioned objectivity, researchers must remain distant and neutral (e.g., apolitical) towards their topic and subjects of study. Qualitative approaches have a historical tendency to challenge the aforementioned hegemonic notions of positivist science. Instead of posing social reality as immutable, and researchers as dispassionate value-neutral gate gatherers, qualitative approaches often take an interpretative turn and conceptualize reality as a social construction in which researchers' subjectivity is valuable. [9]

Qualitative approaches are better positioned to take on a social justice perspective due to their capacity to question and challenge hegemonic scientific practices that reinforce social inequalities. Qualitative approaches with a social justice perspective realize the historical and current social inequalities, and instead of predicting and controlling reality, they search for structural change that leads to a fair distribution of resources, and the fulfillment of human rights. In this sense, these approaches represent a "moral, ethical, and political task that challenges traditional notions of universal truth, scientific neutrality, and researcher dispassion (Parry et al., 2013, p. 85)". Rather than seeking generalizable insights, qualitative approaches with a social justice perspective value the idiosyncratic knowledge coming from marginalized communities and their individuals. Qualitative approaches with a social justice perspective seek to do research "together with" these marginalized communities and individuals, instead of just merely working "for them". Working "together with" means taking a participatory approach in which participants are included in the whole research endeavour, to increase their visibility and empower them to resist oppressive systems. Moreover, qualitative researchers committed to a social justice practice might embody an epistemology that "values emotions, personal relationships, an ethic of care, political praxis, and multivocality to purposefully

9 It is important to note that this is a philosophical discussion of the epistemological and ontological tendencies of quantitative and qualitative approaches, however, both approaches can differ in their degree of alignment with the discussed goals, values and assumptions.

reveal inequities in all facets of society (Charmaz, 2011, p. 370)." Qualitative approaches with a social justice perspective understand the crucial role of the researcher in the construction of knowledge and encourage them to reflect in their positionality towards the subject/population studied. In synthesis, because qualitative approaches are not necessarily bound to the restrictions of positivist demands, they can strive for a politically engaged science that is at the same time sincere and valid, ethical and caring, and rigorous, emotional and passionate while credible and coheren

Outline of the dissertation

Chapter 2 aims at mapping out, by means of a scoping review, the current research literature on resilience among LGBTQIA+ in out-of-home care. The specific goals of this chapter are to summarize and analyze 1) the general characteristics of the existing studies, and 2) the resilience resources found at the individual, relational, sociocultural, and ecological levels. The chapter identifies important gaps in research, for example, that all studies come from the US and that most of them are qualitative and cross-sectional. The chapter also describes resilience resources at the individual, socio/relational, and community levels.

Chapter 3 aims at exploring resilience among LGBTQIA+ youth in out-of-home care in the Netherlands. The chapter uses in-depth interviews to examine the resilience experiences of 13 LGBTQIA+ young people in out-of-home care in the Netherlands. Analyzing the data with a Reflexive Thematic Analysis, we describe resilience resources at the individual, interpersonal, and social levels.

Chapter 4 aims at exploring resilience among LGBTQIA+ youth in out-of-home care in the Netherlands from the perspective of their care professionals. The chapter uses in-depth interviews with 21 care professionals to explore their perspectives and roles in the resilience among LGBTQIA+ youth in out-of-home care in the Netherlands. Analyzing the data with a Reflexive Thematic Analysis the study describes diverse individual, interpersonal, and organizational resilience resources.

Chapter 5 aims at examining a specific resilience resource among LGBTQIA+ youth in out-of-home care: their participation in the decisions that concern their lives. The chapter uses the in-depth interviews with the 13 LGBTQIA+ youth in out-of-home care in the Netherlands (same interviews that were used for the chapter 2) to understand how their living situation influences their possibilities for participation. Analyzing the data with a Reflexive Thematic Analysis, the study describes several important prerequisites that foster participatory practices for these youth.

Chapter 6 aims at summarizing the results of the whole thesis and provide a general discussion of these results in light of previous literature. The discussion mainly revolves around the concept of resilience, resilience resources at different levels among LGBTQIA+ youth in out-of-home care, and methodological reflections. This chapter also offers recommendations for research, practice and policy.

2

Chapter 2

Resilience among LGBTQIA+ youth in out-of-home care: a scoping review

This chapter is based on: Álvarez, R. G., Parra, L. A., ten Brummelaar, M. D. C., Avraamidou, L., & López López, M. (2022). Resilience among LGBTQIA+ youth in out-of-home care: a scoping review. *Child Abuse & Neglect*, *129*. https://doi.org/10.1016/j.chiabu.2022.105660

Abstract

Background: Research on the experiences of LGBTQIA+ youth in out-of-home care has mainly focused on these youth's adversities and the resulting negative impact on their wellbeing. Little is known about the ways through which LGBTQIA+ youth in out-of-home care are resilient to these adversities. To date, a review study on resilience in this population is lacking.

Objective: To map and synthesize the existing research on resilience among LGBTQIA+ children and youth in out-of-home care. Specific goals were to summarize and analyze 1) the general characteristics of the existing studies, and 2) the resilience resources found at the individual, relational, sociocultural, and ecological levels.

Methods: We carried out a scoping review examining empirical published academic literature.

Results: The 14 studies included in this scoping review indicated that resilience studies among LGBTQIA+ youth in out-of-home care are mainly qualitative, cross-sectional, US-based, and were centered on gay youth. Studies suggested that resilience resources were mostly focused at the socio/relational level (e.g., foster family acceptance) with fewer studies at the individual (e.g., LGBTQ positive identity), and community levels (e.g., LGBTQ centers). Importantly, no studies explored the interaction of resilience resources across these different domains.

Conclusions: Resilience among LGBTQIA+ youth in out-of-home care remains understudied and the results of this scoping review point to specific research gaps. Recommendations are provided for research, practice, and policy.

Keywords: LGBTQ youth, child welfare, resilience, LGBTQIA+, out-of-home care

Introduction

Despite the progress made in the past decades to protect and advance the human rights of LGBTQIA+ persons, severe and systemic human rights violations and abuses against this population remain persistent worldwide (UN Human Rights Council, 2015; UN Office of the High Commissioner, 2019). These violations of human rights against LGBTQIA+ persons are perpetuated through acts of discrimination, harassment, bullying, criminalization, stigma, and denial of services, among others (UN Human Rights Council, 2015; UN Office of the High Commissioner, 2019). The pervasive experiences of violence specific to SOGIESC, constitute severe sources of social stress that are associated with a constellation of negative health outcomes (Meyer, 2003). In particular, LGBTQIA+ children and youth placed in care by the CWS constitute a vulnerable population at high risk for experiencing social, physical, and mental health disparities. These disparities experienced by LGBTQIA+ children and youth in out-of-home care often stem from heteronormativity and cisnormativity (the systemic privilege of heterosexuality and cisgenderism over other forms of sexuality and gender identity) that stigmatize and marginalize their SOGIESC (Mallon, 2019). Despite going through these experiences, LGBTQIA+ persons are resilient, they can sustain, regain, and improve their physical and mental wellbeing when faced with adversities (Meyer, 2015). Yet, the comprehensive forms of resilience among LGBTQIA+ populations, particularly among LGBTQIA+ children and youth in out-of-home care, remain understudied. An examination of the forms of resilience among LGBTQIA+ children and youth in out-of-home care would provide useful insights on how to improve their lives.

LGBTQIA+ research: from risk to strengths

Research on LGBTQIA+ wellbeing has followed a risk-based approach, focusing mainly on individual-level negative outcomes (Russell, 2005). Less work has paid attention to how LGBTQIA+ youths overcome social stressors and healthfully adapt and thrive. For example, abundant research documents the myriad of health challenges experienced by LGBTQIA+ individuals (Bryant et al., 2020), such as substance abuse (Cabaj, 2014), sexual risk-taking (Herbst et al., 2008), self-injurious behavior (Davey et al., 2016), poor nutrition (Diemer et al., 2015), and increased likelihood of presenting a mental health disorder in their lifetime (Mustanski et al., 2010).

Scholars have also proposed theoretical frameworks for understanding the effects of SOGIESC-based stigmatization and/or marginalization on LGBTQIA+

health. Those theoretical frameworks are the Minority Stress Theory (MST) (Meyer, 2003) and the Gender Minority Stress Model (GMST) (Hendricks & Testa, 2012; Testa et al, 2015). MST posits that LGBQ persons anticipate, experience, and internalize severe and pervasive forms of prejudice and violence because of their non-heterosexual status. These forms of social stressors are known determinants of negative mental and physical health. For example, a recent meta-analysis showed that experiences of minority stress were associated with negative mental health outcomes, especially depression, among LGB adolescents (Dürrbaum & Sattler, 2019). The MST has been expanded and applied to the understanding of the unique challenges experienced by TGNC individuals and the impact on their wellbeing (Hendricks & Testa, 2012; Testa et al, 2015). The GMST examines the adverse experiences, such as physical and sexual violence, or internalized transphobia, affecting persons with a non-cisgender identity and expression (i.e., one's internal experience of gender is different from conventional or cultural expectations based on the sex that person was assigned at birth). The GMST also affirms that these stressful experiences affect non-cisgender persons' behavioral and mental health, including substance abuse, suicidal ideation and behaviors, and death (Hendricks & Testa, 2012). This risk-based approach has generated fruitful advancements in empirically highlighting LGBTQIA+ health disparities, but it has also overlooked how these risks are mitigated. Thus, research on resilience to better understand how these youths cope and thrive is necessary to inform prevention and intervention efforts to diminish health disparities.

Resilience is commonly characterized as a "dynamic process encompassing positive adaptation within the context of significant adversity (Cicchetti et al., 2000, pp. 543)." Early understandings of resilience-focused on an individual's traits, such as self-efficacy and self-esteem, that conferred protection from stressors and promoted healthy development (Cicchetti et al., 2000; Ungar et al., 2013). The construct of resilience evolved to underscore the importance of environmental resources such as families (e.g., family cohesion) neighborhoods (e.g., community safety), and broader socio-cultural contexts (e.g., employment opportunities), for an individual to overcome adversity within a multidimensional framework of resilience (Masten, 2014; Ungar et al., 2013, Ungar, 2012). These multidimensional models of resilience aimed to contextualize the complexity of the interplay between adversity and health more comprehensively (Masten, 2014; Ungar et al., 2013, Ungar, 2012). In the current scoping review, resilience is operationalized as a dynamic and multidimensional process of drawing from individual (e.g., optimism),

relational (e.g., close social ties), sociocultural (e.g., social identity), and ecological (e.g., access to housing or community services) resources by any given person or community to regain, sustain, or improve their wellbeing in contexts of significant adversity (Ungar & Theron, 2020; Ungar, 2011).

Resilience among LGBTQIA+ individuals remains understudied compared to the risk-based studies, limiting our understanding and ability to identify points of prevention and intervention for LGBTQIA+ individuals to overcome their adversities (de Lira & de Morais, 2018; Gahagan & Colpitts, 2017; Kwon, 2013; Lyons, 2015; Russell, 2005; Russell & Fish, 2019). Among the resilience resources identified in the literature, at the individual level, self-esteem, personal mastery, physical exercise (Freitas et al., 2017) are constructs shown to confer protection against depression, anxiety, substance abuse, and suicidal thoughts. At the relational level, having social support from family (Rivers & Cowie, 2006; Spencer & Patrick, 2009) and positive relationships with parents (Pearson & Wilkinson, 2013) are associated with fewer depressive symptoms, including greater self-esteem and general health status (Ryan et al., 2010). Social support from peers is known to buffer the effect of family rejection evidenced by lower anxiety and depressive symptoms, and internalized homonegativity (Parra et al., 2017). Among LGB youth, social support is associated with greater LGBTQ identity pride, and in turn, lower depression (Chang et al., 2021). At the sociocultural and ecological level, online and offline media (e.g., movies and social media) are shown to foster community building and to enable adaptive coping skills (Craig et al., 2015). Social connectedness (belonging to a social group) serves to promote individual LGBTQIA+ identity affirmation and provides ground to move from personal struggle to collective action (DiFulvio, 2011).

Resilience studies among TGNC youth have been especially scarce. Some of the studies on resilience among LGBTQIA+ youth do not include TGNC or they are represented in small numbers. Despite commonalities with sexual minority youth, the experiences of TGNC youth are different. For example, TGNC individuals might experience other forms of discrimination (i.e., not being able to access legal documents, being denied access to medical care, or not being able to access safe public restrooms) (Testa et al., 2015). Gender non-affirmation, when one's internal sense of gender identity is not affirmed by others, is another added stressor (Testa et al., 2015). Resilience resources might also be different. Research suggests that for TGNC youth, as well as for LGB youth, parent connectedness, social support, school safety and belonging,

are important resilience factors that protect against adversities such as poor peer relations, victimization, discrimination and abuse, and substance abuse. Unique to TGNC youth, the ability to use and be addressed with one's chosen name and pronouns was highly beneficial (Tankersley et al., 2021). There is also evidence of gender-affirming resources such as hormonal and surgical treatment improving the mental health and quality of life of transgender adolescents (Mahfouda et al., 2019). Social support is especially relevant for TGNC youth. While TGNC youth perceive less social support from family than their non-transgender siblings (Factor & Rothblum, 2007), social support protects them from anxiety and depressive symptoms, and suicidal ideation and behaviors (Valentine & Shipherd, 2018).

Two review studies indicate that resilience among LGBTQIA+ individuals has mainly been focused on the individual level (e.g., self-esteem, self-efficacy, personal mastery), and less attention has been paid to relational, sociocultural, and ecological resources (de Lira & de Morais, 2018; Gahagan & Colpitts, 2017). A recent study on the utility of resilience frameworks to understand LGBTQIA+ wellbeing concluded that multidimensional conceptualizations of resilience that consider individual, social, and structural factors and their interactions would prove more suitable for a comprehensive study of LGBTQIA+ resilience (Gahagan & Colpitts, 2017). Studies on the multidimensionality of resilience could shed light on the understudied cultural and systemic influences promoting or hindering the physical and mental well-being of LGBTQIA+ persons. This approach would also reduce the burdensome responsibility to overcome adversity that is often placed solely on the individual.

Although the field is just beginning to understand the complexity of resilience, this research is lacking for LGBTQIA+ youths in out-of-home care. LGBTQIA+ youths are not only affected by SOGIESC related stressors but also by their stressors related to being in out-of-home care. For example, LGBTQIA+ youths are mistreated in their out-of-home placements (Mallon, 1998; 2019), mistreatment coming often by peers and CWS professionals (Wilber et al., 2006). Thus, the goal of the current scoping review is to systematically present multidimensional resilience resources among LGBTQIA+ children and youth living in out-of-home care to understand which environments can sustain and improve their wellbeing.

Resilience in LGBTQIA+ children and youth in out-of-home care

The Child Welfare System (CWS) is a "group of services designed to promote the well-being of children by ensuring safety, achieving permanency, and strengthening families" (Child Welfare Information Gateway, 2021). When the CWS encounters cases of child and youth maltreatment or with parents who cannot take care of them, it responds with measures that depend on the unique characteristics of the situation and of the CWS itself. Family separation is generally one of the last measures taken by the CWS, and it entails the placement of children and youth in alternative living arrangements (out-of-home care settings). For example, youth who are displaced from the home of their family of origin by the CWS might be placed in kinship care, family foster care, residential care, or family group homes. Children and youth in out-of-home care are subject to great adversities and are likely to experience several negative health outcomes. Youth in out-of-home care, especially in residential care, have high mental health challenges, educational difficulties, and neurodevelopmental disorders (Ford et al., 2007). Yet, studies indicate that these youths in out-of-home care show individual (e.g., orientation to the future, self-reliability), relational (e.g., father acceptance), and external (e.g., availability of caring relationships, providing educational support) resilience resources that help them mitigate their adversities (Davidson-Arad & Navaro-Bitton, 2015; Lou et al., 2018). Importantly, Lou and colleagues (2018) also conclude that although external factors are increasingly present in resilience studies, individual resilience persists as the main researched source of resilience, overlooking social and ecological dimensions.

Research on the lives of LGBTQIA+ children and youth in out-of-home care is incrementally growing (Kaasbøll et al., 2021). LGBTQIA+ children and youth are 2.5 times more likely to be in contact with the CWS when compared to their cisgender and heterosexual peers (Baams et al., 2019; Dettlaff et al., 2018; Fish et al., 2019). Despite this disparity, LGBTQIA+ children and youth remain invisible to the care system (Mallon, 2019). The few studies on the lives and experiences of LGBTQIA+ children and youth in out-of-home care have mainly focused on their adversities and their negative outcomes. Often LGBTQIA+ children and youth do not feel safe and affirmed in their out-of-home placements, they are exposed to negative and unwelcoming experiences such as harassment, violence, bullying, discrimination, lack of acceptance, and abuse, from their peers and care professionals (Capous-Desyllas & Mountz, 2019; Cossar et al., 2017; Gallegos et al., 2011; Mallon, 1998; 2019; McCormick, 2017; 2018; Paul, 2020; Wilber et al., 2006; Wilson & Kastanis, 2015; Woronoff et al., 2006). Additionally, these youths also experience particular barriers

to participating in decisions that affect their lives (González-Álvarez et al., in press). Moreover, LGBTQIA+ children and youth in out-of-home care are exposed to a compounded burden: the aforementioned stressors related to their SOGIESC, as well as the intrinsic challenges of living in out-of-home care (e.g., being separated from their family and their original sources of social support).

The intersecting stressors of LGBTQIA+ children and youth in out-of-home care are related to several challenges posing risks to these youth's wellbeing. LGBTQIA+ children and youth in out-of-home care experience less educational attainment, more substance use, and heightened mental health challenges (Fish et al., 2019); they are less satisfied with the out-of-home care services, more likely to have multiple placements, to experience homelessness, and experience heightened emotional distress when compared to their non-LGBTQIA+ counterparts (Wilson & Kastanis, 2015). Their experiences of family and caregiver rejection are significant contributors to their multiple placements in care of LGBTQ youth in foster care (Mountz & Capous-Desyllas, 2020). While recognizing the contributions of this pioneering area of research on LGBTQIA+ children and youth in out-of-home care, an important next step toward advancing research to address these disparities would be to focus on the multiple ways in which LGBTQIA+ youth in out-of-home care navigate their challenges to regain, sustain or improve their wellbeing.

Overall, few studies have addressed the resilience of this overrepresented and marginalized subpopulation of LGBTQIA+ youth. It is important to identify how resilience among LGBTQIA+ children and youth in out-of-home care has been approached in research, and the resilience resources discovered at the individual, relational, sociocultural, and ecological levels to inform future research, practice, and policy.

Objectives

To our knowledge, there are currently no scoping reviews or other comprehensive reviews on resilience among LGBTQIA+ children and youth in out-of-home care. We reached this conclusion after conducting a literature search on several databases (JBISRIR, Cochrane Database of Systematic Reviews, CINAHL, PubMed, and Epistemonikos). Thus, the current study aims to map and synthesize the existing literature on resilience among LGBTQIA+ children and youth in out-of-home care to address the following general research question: "What does existing empirical research suggest about resilience among LGBTQIA+ children and youth in out-of-home care?" In particular, the current study aims to address:

1) What are the general characteristics of the existing research studies (e.g., specific types of populations, study locations, theories, methodologies) on resilience among LGBTQIA+ children and youth in out-of-home care?

2) What are the resilience resources among LGBTQIA+ children and youth in out-of-home care?

Method

Study design

We carried out a scoping review, which is defined as "a form of knowledge synthesis that addresses an exploratory research question aimed at mapping key concepts, types of evidence, and gaps in research related to a defined area or field by systematically searching, selecting, and synthesizing existing knowledge" (Colquhoun et al., 2014, pp. 1291). Our research process was informed by several methodological guidelines: the methodological framework for conducting scoping studies by Arksey and O'Malley (2005) and further enhanced by Levac and colleagues (2010); and the manual for scoping reviews developed by the Joanna Briggs Institute (2015). The mentioned guidelines share the following six main stages/steps: identifying the research question; searching for relevant studies; study selection; charting the data; collating, summarizing, and reporting the results; and consulting with stakeholders. We followed all of these steps except for consulting with stakeholders, an optional step (Arksey & O'Malley, 2005), that we deemed unnecessary given that one of the coauthors has knowledge of policy and experience in the practice field

in youth care and provided constant input. Additionally, we used the reporting guideline for scoping reviews, PRISMA-ScR (Tricco et al., 2018).

Eligibility criteria

Given the limited research on LGBTQIA+ children and youth in out-of-home care, and the complexities of defining and approaching the concept of resilience, we decided to first retrieve all studies in LGBTQIA+ children and youth in out-of-home care and then screen the whole articles for our construct of interest (resilience). Our inclusion criteria aimed to be as wide as possible to broadly scope the research on resilience among LGBTQIA+ children and youth in out-of-home care.

Population

We remained current with the diversity of acronyms and terms used to refer to this population and their SOGIESC. We did this by constantly informing ourselves of the latest discussions on terminology within the academic and the general population domains. Examples of alternative acronyms to LGBTQIA+ are LGB, LGBT, LGBTQ, LGBTQIA, MSM (men who have sex with men), GSM (gender and sexual minorities). Examples of terms encompassed in these acronyms are Lesbian, Gay, Homosexual, Bi, Bisexual, Transgender, Queer, Genderqueer, Intersex, Asexual, Aromantic, Agender. Although we consider that some of these terms might not be appropriate (e.g., homosexual) to refer to these populations (Henderson, 2019), we included them in our criteria to cover the full spectrum of SOGIESC in the literature search.

Age criteria were informed by definitions of the United Nations, Department of Economic and Social Affairs Youth (https://www.un.org/development/desa/youth/what-we-do/faq.html). Youth were persons between the ages of 15 to 24 and children were considered persons under the age of 14. We remained flexible with these age ranges to account for the variability among these definitions by country, sociocultural, institutional, economic, and political factors. As we focused on the perspectives of LGBTQIA+ children and youth in out-of-home care, we only included studies with them as participants, or studies with both youth and professionals as participants.

Context

The out-of-home care setting was the context of the studies on resilience in LGBTQIA+ children and youth. The modalities include kinship care, family foster care, residential care, or family group homes, among others. The concept and

definition of out-of-home care can vary across cultures and countries, and we were open to variations in terms and definitions. Although our focus stayed on children and youth in out-of-home care, we remained open to possibly including studies with LGBTQIA+ homeless children and youth in the following cases: they were living in shelters, Transitional Living Programs (TLP) or they referred previous experiences in out-of-home care.

Concept

After we identified the literature on LGBTQIA+ children and youth in out-of-home care, we searched for the studies that offered insights on resilience among this group. For this purpose, we included studies that used the term *resilience* and offered findings on resilience resources. We referred to these studies as **explicit resilience studies**. Moreover, we also included studies that offered findings on individual, relational, sociocultural, and ecological resources that promote wellbeing in the context of adversity (e.g., social support, self-efficacy, relationships of acceptance, identification, and belonging to the LGBTQIA+ community), but did not use the concept *resilience* to refer to these results. We referred to these studies as **implicit resilience studies**. To better specify the inclusion criteria of the implicit resilience studies we adhered to our definition of resilience: the dynamic process of the individual or community drawing from individual (e.g., optimism), relational (e.g., close social ties), sociocultural (e.g., social identity), and ecological (e.g., housing, education, employment) resources to regain, sustain or improve their wellbeing in contexts of significant adversity (Ungar & Theron, 2020; Ungar, 2011). This broad definition allowed us to include a wider range of studies.

Type of studies

We included empirical studies in peer-review published articles and empirical studies in doctoral dissertations. Research study approaches include qualitative, quantitative, and mixed-designs.

Time period

Due to the scarcity of research on the topic of LGBTQIA+ children and youth in out-of-home care, we decided not to set any publication time restrictions, thus allowing us to find the most publications possible.

Languages

We included publications in English, Spanish, and Dutch because these are the native languages of the researchers on the team. We also included studies from

as many countries as possible in efforts to counterbalance the dominance of western perspectives.

Search strategy and study selection process

We designed and implemented a comprehensive and systematic search strategy. The following databases were included: PsycINFO, SocINDEX, ERIC, MEDLINE, Web of Science, and EMBASE. The final search strategies (search strings) are available in the online Supplementary Appendix. Researchers RG and MB searched for articles using the search strategies (search strings tailored to each database).

We used a three-step search strategy conducted by two researchers of the team (RG and MB) (The Joanna Briggs Institute, 2015). Step 1) Initial search of two online databases related to our topic or field (PsycINFO and SocINDEX). Upon realizing that most of the relevant articles retrieved were studies already known by the reviewers, we considered there was no need to search in these articles for extra search terms. Step 2) we used the previously identified keywords to search for more specific search terms in the thesaurus of each database and we then created search strings tailored to each database. Step 3) we searched in all included databases using the EBSCO platform. It is important to emphasize that this search included terms only on the population and context, but not on the concept, resilience. The initial search (which took place on 30th June 2020) resulted in 698 references which were exported to the systematic reviews web app *Rayyan* (https://www.rayyan.ai/) for a deduplication process. After removing duplicates, we ended up with 520 references.

Afterward, we used two levels of screening for the remaining references. Level 1) "RG and MB" used *Rayyan* to screen all titles and abstracts using all the inclusion criteria, except for the concept. This screening was performed independently, followed by a discussion between researchers (RG and MB) to resolve the conflicting articles and reach an agreement. We excluded n = 425 articles during this step. These articles were excluded because they did not meet the criteria for population and context: no LGBTQIA+ children and youth in out-of-home care (n = 420), were not peer review articles (n = 4), or were duplicated (n = 1). We ended up with 95 articles. We proceeded to locate and download the 95 full-text articles, 20 articles were not found even after contacting the authors.

In Level 2, the remaining full-text articles (*n* = 75) were entirely read. The first author "RG" screened for studies including information on resilience resources. We excluded 61 articles which did not meet the inclusion criteria: followed a risk-based approach, meaning that the studies focused exclusively on negative outcomes (*n* = 13), focused on intervention or practical recommendations (*n* = 13), theoretical articles (*n* = 12), legal articles (*n* = 10), did not contain findings on resilience factor or processes (*n* = 6), were not on LGBTQIA+ children and youth in out-of-home care (*n* = 5), and were methodological articles (*n* = 3). Thirteen (*n* = 13) articles fit the inclusion criteria. In the end, references on the thirteen articles were revised to identify additional papers (snowballing), and an additional article (*n* = 1) was included. The final number of included studies was 14. For the details on the search strategy, see Figure 1.**Data extraction and synthesis (charting)**

We extracted important characteristics of each article, including the type of study (e.g., qualitative, quantitative, mix-design), population characteristics (e.g., in terms of SOGIESC and age), context (e.g., type of out-of-home care), resilience approach (e.g., theoretical and methodological approaches), and findings (e.g., resilience resources). Taking these characteristics, we developed a standardized data extraction form, and the charting remained open to the addition of other characteristics that could emerge throughout the review process.

Results and Discussion

Table 1 presents the studies yielded from the search and screening procedure (*N* = 14). Following our research questions, we first present general characteristics of the research studies: study locations, populations, methodologies, and conceptualization of resilience. The findings on resilience resources are presented in a descriptive narrative and Tables (2). Findings are discussed regarding their implications for research and practice and compared with previous literature.

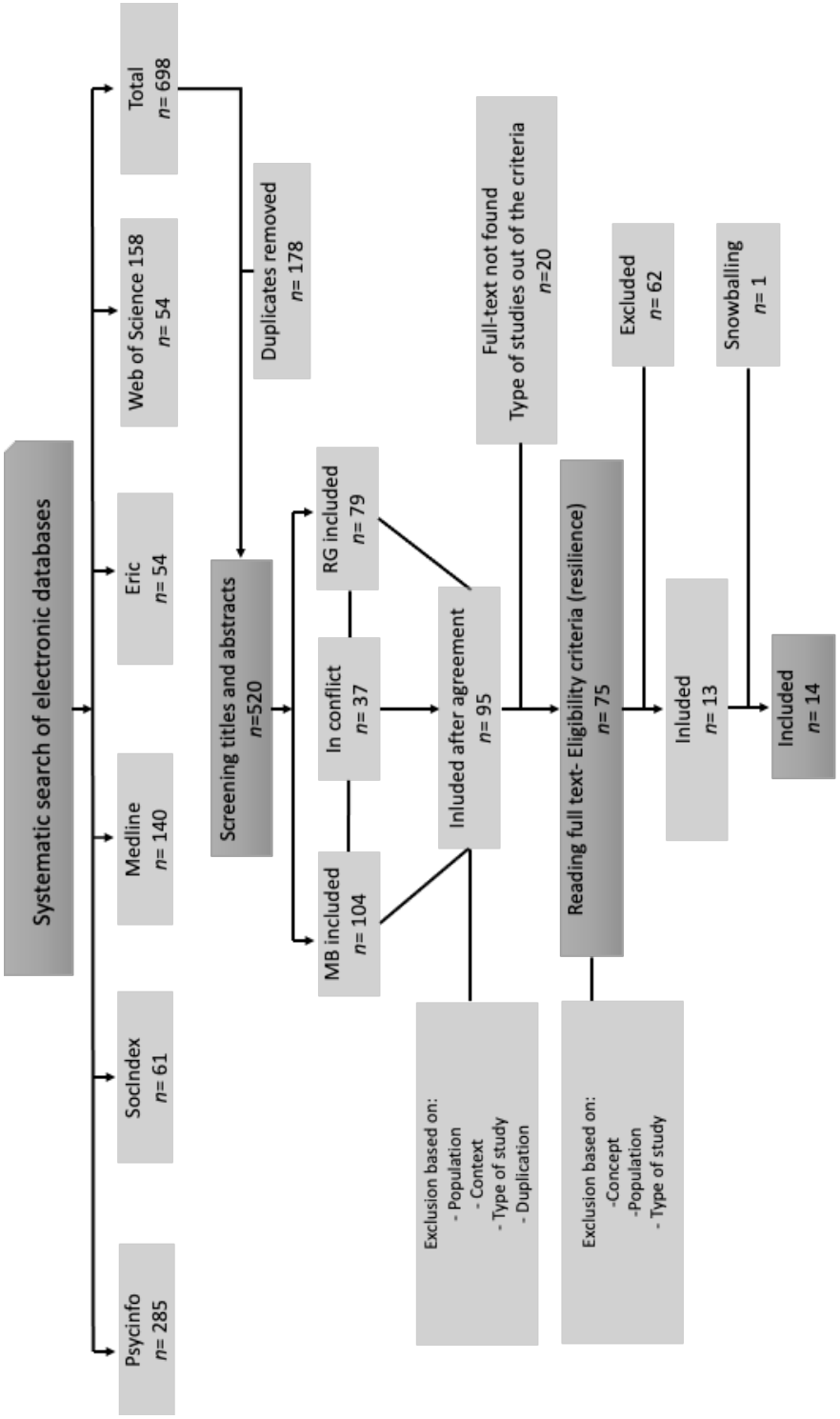

Figure 1. Search strategy flowchart

Table 1. Overview of included references

	Reference/ Country	Aim/Research Questions	Type of study / Methodology	Respondents	Resilience Resources
1	(Banghart, 2013) US	Explore the experiences and perspectives of LGBT youth who have recently aged out of foster care	PhD dissertation Qualitative Cross-sectional In-depth semi-structured face-to-face interviews	10 LGBTQ young adults (18-25 years old) who aged out of foster care Multiracial and multiethnic	Social support Support in the coming out. Self-relying attitudes or beliefs Provision of services before and after aging out of care
2	(Capous-Desyllas & Mountz, 2019) US	Document and illustrate the experiences of LGBTQ former foster youth by centering the voices and perspectives of the youth themselves through photography	Peer review article Qualitative Photovoice method and in-depth interviews	18 LGBTQ former foster care youth (18-26 years old) Multiracial and multiethnic	LGBTQ positive identity Art and journaling, and perspective-taking Friendships and romantic relationships
3	(Coolhart & Brown, 2017) US	Explore the unique stressors experienced by LGBTQ homeless youths as well as how they were able to survive (and sometimes thrive) in the face of these challenges	Peer review article Qualitative Grounded theory through interviews.	7 LGBT youth (14-21 years old) living in shelters (homeless) Mainly multiracial	LGBTQ youth centers
4	(Erney & Weber, 2018) US	Delineate current best practice standards for serving youth who identify as LGBTQ by focusing on strategies, developed with input from young people	Peer review article Qualitative Interviews and focus groups	53 LGBTQ youth (18-31 years old), formerly involved in the CWS All of them youth of color	Health care services Transition to independent life services Connection with family members
5	(Forge et al., 2018) US	Describe characteristics and experiences of youth who are LGBTQ who have previous child welfare system-involvement and are currently experiencing homelessness	Peer review article Quantitative Survey	295 LGBTQ homeless youth (14-25 years old) with previous child welfare system involvement (mainly foster care) Mainly black or African American	Social Support

Table 1. Continued

	Reference/ Country	Aim/Research Questions	Type of study / Methodology	Respondents	Resilience Resources
6	(Forge, 2012) US	Describe LGBT youth residing in a TLP, including the reasons for exit from home of origin, abuse and victimization, sexual risk behaviors, physical and mental health, suicidal ideation and attempts, substance use, and resilience	PhD Dissertation Quantitative Longitudinal study using questionnaires	30 LGBT homeless youth (18-24 years old) residing in a TLP Racially heterogeneous	Social support Self-efficacy*
7	(Gallegos et al., 2011) US	How do LGBT youth cope with the multiple challenges of being placed in out-of-home care?	Peer review article Qualitative Descriptive interviews	10 LGBQ youth (14 to 17 years old) residing in foster care Race/ethnicity not specified	Social worker support
8	(Mallon et al., 2002) US	What are the challenges presented in ensuring permanency, safety, and well-being for gay and lesbian youth in a gay-affirming child welfare environment?	Peer review article Mix design approach Interviews and surveys	45 LGBTQ youth (age not specified) in LGBTQ affirming child welfare agencies Most of them are youth of color	LGBTQ affirming youth care organizations
9	(McCormick et al., 2016) US	Compare the experiences of LGBTQ youth who identified accepting foster family experiences to those who identified rejecting foster family experiences.	Peer review article Qualitative Interviews analyzed through thematic analysis	26 LG youth (18-25 years old) living in foster care Caucasian (61%), African American, and Latino	Foster family acceptance
10	(Mountz et al., 2018) US	Illuminate the experiences of youth in the foster care system who are transgender and gender-expansive former foster youth in Los Angeles County who are LGBTQ	Peer review article Qualitative In-depth interviews	7 Transgender and gender non-conforming former foster youth (18-26 years old) Diverse racial identities.	Trans affirming organizations Faith and spirituality LGBTQ/race/ ethnicity positive identity
11	(Nolan, 2006) US	Report on general information about youths who exit this program and specifically to document success.	Peer review article Mix design approach Survey and Interviews	40 LGBTQ homeless youth (17-21 years old) in a TLP Racially and ethnically diverse	LGBTQ affirming youth care organizations*

Table 1. Continued

	Reference/ Country	Aim/Research Questions	Type of study / Methodology	Respondents	Resilience Resources
12	(Paul, 2018) US	Explore the support networks of LGBTQ youth as they prepared to exit the foster care system as young adults from the perspective of the youth themselves.	PhD dissertation Qualitative Semi-structured, in-depth interviews	21 LGBTQ youth (17-21 years old in foster care placement (who were likely to exit the CWS as adults) Multiracial.	Social support
13	(Ragg et al., 2006) US	Supplement the literature by identifying the specific competencies required for workers to have a positive effect on gay and lesbian youth identity development	Peer review article Qualitative Interviews	21 GL youth (16-22 years old) in foster care. Multiracial	Care workers competencies
14	(Robinson, 2018) US	How do youth who are LGBTQ and are experiencing homelessness perceive how child welfare systems shaped their pathways into homelessness?	Peer review article Qualitative Multi-site ethnography through semi-structured interviews	21 LGBPT and non-binary and gender-fluid homeless youth (17-24 years old) living in a TLP and one Child Protective Services licensed shelter Multiracial	SOGIESC accepting foster family

Note. * The study did not find evidence that the resilience factor increases wellbeing.

General characteristics of the research studies

This section aims to answer our first research question: What are the general characteristics of the research studies (specific type of populations, study locations, theories, or methodologies) on resilience among LGBTQIA+ children and youth in out-of-home care?

Study locations

All 14 studies were conducted in the United States (US). The predominance of a Western perspective in our understanding of resilience among LGBTQIA+ youth in out-of-home care was clear. Given that all studies came from the same country, we decided to look at their more specific locations. Not all studies specified the locations of the out-of-home care placements where research teams drew their participants from. Study locations included the states of Atlanta, California, Michigan, New York, Texas, and Wisconsin.

Study populations

SOGIESC

Studies included a diverse group of SOGIESC identities. The most common identities were: LGBTQ (*n* = 7), where Q was sometimes used as questioning or queer; LGBT (*n* = 2); LG (*n* = 2); LGBPT (*n* = 1), where P refers to pansexual; LGBQ (*n* = 1); and one study (*n* = 1) exclusively focused on transgender and gender-expansive youth. Three studies did not include transgender or gender non-conforming youth (*n* = 3).

The CWS

Concerning the type of out-of-home care facilities, studies included youth with diverse experiences: currently in foster care (*n* = 4), formerly in foster care (*n* = 2), formerly involved in CWS (*n* = 1), aged out of foster care (*n* = 1), and living in out-of-home care facilities specifically developed for LGBTQ youth (*n* = 1). Five studies (*n* = 5) also included homeless youth living in temporary housing placements such as TLP (*n* = 1), TLP specially designed for LGBTQ youth (*n* = 1), shelter (*n* = 1), TLP and shelter associated with CWS (*n* = 1), and one (*n* = 1) study included homeless youth with previous out-of-home care involvement. In the US there are two types of TLP, those housing homeless youth, and TLPs created by the CWS for youths that have voluntarily remained in care beyond age 18. In summary, foster care and TLPs for homeless youth were the main type of out-of-home care in the studies reviewed. Only one (*n* = 1) study specifically delved into the experiences of LGBTQIA+ youth transitioning out-

of-care. Future studies on out-of-care transition experiences are necessary, given the unique challenges associated with this complex process (Courtney et al., 2011; Samuels & Pryce, 2008). The five (*n* = 5) studies that included homeless youth confirm that youth often experience involvement with both the out-of-home care system and homelessness (Dworsky et al., 2013; Zlotnick, 2009). Although one study has explored resilience in homeless transgender and gender-expansive youth (Shelton et al., 2018), studies understanding the process of LGBTQIA+ youth resilience at the intersection of out-of-home care and homelessness are lacking.

Only one (*n* = 1) study included the perspective of service providers mixed with the narratives of LGBTQ youth in shelters (Coolhart & Brown 2017). Given the small number of studies that met the inclusion criteria, this study was included due to the important insights it provided on resilience among LGBTQIA+ youth in care. Moreover, we separated as much as possible the experiences of youth from those of service providers. This limitation is addressed in the general discussion.

Age

Youths' ages ranged from 14 to 31 years old. One study (*n* = 1) did not specify participants' age. Another study (*n* = 1) youth and adults ages 18 to 31 years; this study was included in the current review because it reported participants' retrospective experiences in out-of-home care when they were younger.

Race/ethnicity

The majority of studies included racially/ethnically diverse youth (*n* = 13); one study (*n* = 1) did not report on the race/ethnicity of the participants. In all studies but one (McCormick et al., 2016), youth of color were the majority in the samples. These numbers might reflect the overrepresentation of youth of color and ethnically diverse among LGBTQ youth in out-of-home care (e.g., Dettlaff et al., 2018; Wilson & Kastanis, 2015), and in some cases, the interest of researchers to highlight the extra challenges these youth experience at the intersection of sexual orientation, race/ethnicity, and out-of-home care.

Study methodologies

Most of the studies included in this scoping review were peer-reviewed published articles (*n* = 11) and the remainder were doctoral dissertations (*n* = 3). The majority of studies used a qualitative approach (*n* = 10) and fewer studies used a quantitative (*n* = 2) or mixed-design (*n* = 2) approach. All qualitative studies used interviews as a primary method of data collection, and only one (*n* = 1)

study used focus groups. Quantitative studies made use of surveys (a set of questionnaires with its own analysis plan) (*n* = 1), and individual questionnaires (*n* = 1). Mix-design studies used surveys and interviews (*n* = 2). Overall, most of the studies used qualitative approaches to explore resilience, which are known to be particularly advantageous for understanding resilience among complex sociocultural elements in marginalized populations (Ungar, 2003). To a lesser extent, quantitative and mixed-design studies were identified. Such methodological approaches can complement qualitative findings and further the field, for example, by quantifying the degree of protection conferred by different resilience resources and helping establish a clearer relation among stressors, sources of resilience, and wellbeing. Cross-sectional study designs were most frequently used in the reported studies (*n* = 12), and only one study (*n* = 1) was longitudinal. Although not diminishing the contributions of cross-sectional studies, the reliance on data from a single time-point can obscure our understanding of resilience as a dynamic and temporal process (Cicchetti et al., 2000). Prospective studies could advance the field substantially.

Resilience conceptualization

Fewer than half (*n* = 6) studies included in this scoping review used the term *resilience* either in their research question, theoretical frameworks, method, or results. We refer to those studies as "explicit resilience studies" (Banghart, 2013; Capous-Desyllas & Mountz, 2019; Coolhart & Brown 2017; Forge, 2012; Mountz et al., 2018; Robinson, 2018). The majority of studies (*n* = 8) reported findings on individual, relational, sociocultural, or ecological resources that foster wellbeing in the context of significant adversity, but those studies did not use the term *resilience* to name these findings. We refer to those studies as "implicit resilience studies" (Erney & Weber, 2018; Forge et al., 2018; Gallegos et al., 2011; Mallon et al., 2002; McCormick et al., 2016; Nolan, 2006; Paul, 2018; Ragg et al., 2006).

A deeper analysis of how studies conceptualized and measured resilience was beyond the goals of this scoping review. Nonetheless, we highlight some important observations. Only one (*n* = 1) of the six studies explicitly naming resilience included a theoretical framework of resilience (e.g., Saleebey's resilience theory in Banghart (2013)). Notably, only two (*n* = 2) of these six studies explicitly operationalized resilience (Coolhart and Brown, 2017; Mountz et al., 2018). Most of the studies that examined resilience implicitly did not use any theoretical framework for their studied constructs (e.g., social support, relationships of acceptance), except for Paul (2018) who used

the "Theory of youth mentoring" in their study of social support. The lack of theoretical perspectives or clear operational definitions of resilience hinders our understanding of this multifaceted construct and its utility for informing prevention and intervention efforts. We recommend that future studies clearly operationalize the construct of resilience and guide their work through theoretical frameworks of resilience.

Table 2. Resilience per ecological level

Ecological Level	Reference	Resilience factor
Individual (*n*=4)	(Banghart, 2013)	Self-relying attitudes or beliefs
	(Capous-Desyllas & Mountz, 2019)	LGBTQ positive identity Art and journaling, and perspective-taking
	(Forge, 2012)	Self-efficacy
	(Mountz et al., 2018)	Faith and spirituality LGBTQ/race/ethnicity positive identity
Socio/ relational level (*n*=11)	(Banghart, 2013)	Social support Support in the coming out
	(Capous-Desyllas & Mountz, 2019)	Friendships and romantic relationships
	(Erney & Weber, 2018)	Connection with family members
	(Forge et al., 2018)	Social support
	(Forge, 2012)*	Self-efficacy
	(Gallegos et al., 2011)	Social workers support
	(Mallon et al., 2002)	Social support
	(McCormick et al., 2016)	Foster family acceptance
	(Paul, 2018)	Social support
	(Ragg et al., 2006)	Care workers competencies
	(Robinson, 2018)	SOGIESC accepting foster family
Community (*n*=7)	(Banghart, 2013)	Provision of services
	(Capous-Desyllas & Mountz, 2019)	Education
	(Coolhart & Brown 2017)	LGBTQ centers
	(Erney & Weber, 2018)	Health care services Transition to independent life services
	(Mountz et al., 2018)	Trans affirming organizations
	(Mallon et al., 2002) (Nolan, 2006)*	LGBTQ affirming youth care organizations

Note. * The study did not find evidence that the resilience factor increases wellbeing.

Resilience resources

We identified resilience at several ecological levels. Study findings were categorized into three broad levels of resilience: 1) individual level, 2) social/relational level, and 3) community level. Table 2 presents resilience resources per ecological level.

Individual level

Self-relying attitudes or beliefs

Only four (*n* = 4) studies reported findings on individual resilience resources (e.g., Banghart, 2013; Capous-Desyllas & Mountz, 2019; Forge, 2012; Mountz et al., 2018) specific to youth characteristics or individual processes that youth used to cope with adversities. Banghart (2013) indicated that LGBTQ youth aging out of foster care experienced significant barriers to access to housing, education, and employment. Youth reported navigating these adversities with the use of self-relying attitudes or beliefs such as "keep moving forward," and "never giving up." Self-relying attitudes, as a form of resilience, have been described as individual resources among diverse populations. For example, a sense of mastery (the extent to which an individual believes they are in control of their life circumstances) is known to reduce depressive and trauma symptoms in transgender youth (Grossman et al., 2011) and is associated with other several protective factors in LGB individuals (de Lira & de Morais, 2018). Yet, one (*n* = 1) study (Forge, 2012) did not find evidence for the mitigating effects of self-efficacy between the link of stressors (abuse and victimization) on wellbeing among LGBT homeless youth in a TLP.

LGBTQIA+ positive identity

A couple of studies (*n* = 2) found individual resources specifically related to youth SOGIESC. Capous-Desyllas and Mountz (2019) and Mountz and colleagues (2018), reported that LGBTQ youth in out-of-home care engaged in a personal journey of creating a positive SOGIESC identity. This process helped them to move from their SOGIESC-related shame and stigma to pride, empowerment, and self-acceptance. The role of intersectionality was clear in Mountz and colleagues (2018) such that youth acknowledged their several identities in terms of race, ethnicity, and SOGIESC, which youth described as helpful to understanding and appreciating their whole selves.

Spirituality and religious beliefs

Particularly for TGNC former foster youth, spirituality and religious beliefs (Mountz et al., 2018) were important to find self-acceptance and emotional support amidst a transphobic environment. Religious beliefs were central for some youth's ability to cope despite youth's experiences of discrimination within their religious context. The complexity of religion and faith as both sources of protection or adversity has also been documented among Black LGB adults (Walker & Longmire-Avital, 2013) and young refugees (Sleijpen et al., 2015). Resilience is highly dependent on physical, cultural, and temporal contexts; thus, it is possible that resilience factors such as religion, at some point or context, can also act as adversity in a different situation (Ungar, 2013;2018).

Art and journaling, and perspective-taking

Capous-Desyllas and Mountz (2019) found that creative processes such as art and journaling, and perspective-taking (the ability to put the past in the past) helped LGBTQIA+ youth formerly in foster care to heal and overcome mental health and substance abuse problems.

Socio/relational level

Social relationships and the support of these relationships were the most studied ways of resilience. Eleven (*n* =11) studies provided findings on resilience factors at the socio/relational level (Banghart, 2013; Capous-Desyllas & Mountz, 2019; Erney & Weber, 2018; Forge et al., 2018; Forge, 2012; Gallegos et al., 2011; Mallon et al., 2002; McCormick et al., 2016; Paul, 2018; Ragg et al., 2006; Robinson, 2018). These studies offered insights into the ways youth's relationships with care professionals, peers, friends, family, and others provided them with resources to withstand adversities. We have clustered social/relational resources in two main categories: studies that explored social support more generally, and studies that focused on more specific types of relationships and their support.

Social support

Banghart (2013) reported that for some LGBTQ youth aging out of foster care, formal services to secure housing, education, and employment were not available. For these youth, seeking and creating their own social support systems with friends and family (informal sources of support), was critical for securing housing, education, and employment. Moreover, some youth who could access formal services at out-of-home care agencies realized that their relationships with care workers while seeking services were more relevant than the services

themselves. Yet, youth did not elaborate on what made those relationships so important. Care workers were also supportive of youth LGBTQ identities by reacting in affirmative ways when youth disclosed their SOGIESC status.

Forge (2018) reported that LGBTQ youth with previous CWS involvement and who were experiencing homelessness were more likely to identify at least one care professional as their source of support, compared to heterosexual cisgender youth. Yet, in another study Forge (2012) could not test the effect of social support as a mitigator of stressors (sex risk behaviors, victimization, and abuse) on youth wellbeing (substance use, self-harm, and mental health) among LGBT homeless youth. Paul's (2018) findings showed that most LGBTQ youth transitioning out of foster care identified social workers as a source of support over other types of care professionals or relationships. Although most of the youth received financial and/or emotional support to transition out of foster care, only about half of the youth received support on LGBTQ-specific needs such as help to understand and navigate their SOGIESC.

Erney and Weber (2018) showed that the permanency and safety of LGBTQ youth in out-of-home care highly depended on maintaining an uninterrupted connection with their family members. Conversely, Mallon and colleagues (2002) demonstrated that some LGBTQ youth in out-of-home care placements, kept distance from their families, mainly due to the little or no support they received from their families of origin. Instead, youths created relationships of support with other adults, mentors, or people with whom they did not have biological or any formal ties (fictive kin). Relationships less explored in the literature were those of peers and friendships. Capous-Desyllas and Mountz (2019) found that for LGBTQ youth formerly in foster care to embrace their LGBTQ identities, affirming relationships with peers and romantic relationships were critical. Strong, meaningful, and SOGIESC affirming relationships aided LGBTQIA+ youth to navigate daily struggles, which further bolsters the importance of social support as a buffer against stressors among LGBTQIA+ individuals (de Lira & de Morais, 2018; Grossman et al., 2011; Tankersley et al., 2021). Although literature among LGBTQ youth shows the protective effects of peer support (Parra et al., 2017) and family acceptance (Ryan et al., 2010), few of the studies included in this scoping review focused on support from family, peers, and friendships on LGBTQIA+ youths in out-of-home care. Future research is warranted on the protective role of these relationships, as forms of resilience, for LGBTQIA+ youths in out-of-home care.

Care professionals and foster parents

Gallegos and colleagues (2011) documented that all LGBQ youth residing in foster care reported the need to conceal their sexual orientation from others, including care professionals. Nevertheless, most LGBQ youths felt that their social workers were supportive of their needs and knew where to refer them to in case they needed services related to their SOGIESC. Ragg and colleagues (2006) identified care workers' competencies that had a positive effect on the identity development of gay and lesbian youth in foster care. Moreover, these care workers helped them to mitigate their experiences of vulnerability, stigmatization, and rejection related to their sexual orientation. Three main competencies were reported: 1) empowering youth and advocating for them; 2) validation of youth as individuals, and 3) workers' acceptance. Mallon and colleagues (2002) showed that LGBTQ youth considered care staff members important for them. Those youth perceived these staff members as permanent connections that offered support and guidance throughout their lives.

Regarding the role of foster parents in the positive development of LGBTQ youth, McCormick and colleagues (2016) explored how accepting foster families supported their LGBTQ youth. Findings showed that accepting families: 1) empowered youth and intervened when youth were mistreated; 2) helped youth to connect with affirming peers and other LGBTQ youth; and 3) upheld the same standards about dating, physical affection, and romantic partners as with straight cisgender youth. Robinson (2018) presented the story of an LGBTQ young person living in a TLP who could explore, understand and accept their SOGIESC due to living with an accepting foster family. The characteristics/skills of foster parents found in the aforementioned studies complement and align with the findings of Schofield and colleagues (2019) indicating that foster parents' acceptance, cooperation, family membership, availability, and sensitivity were critical qualities to providing good care to LGBTQ youth in foster care.

Supportive relationships with care professionals and foster parents were among the most studied types of relationships among LGBTQ youth in out-of-home care (Gallegos et al., 2011; Mallon et al., 2002; McCormick et al., 2016; Ragg et al., 2006; Robinson, 2018). These studies highlighted the enormous capacity of care professionals and foster parents to accept and positively influence LGBTQ youth in out-of-home care.

Community level

Seven studies (*n*=7) shed light on resilience resources at the community level (Banghart, 2013; Capous-Desyllas & Mountz, 2019; Coolhart & Brown 2017; Erney & Weber, 2018; Mountz et al., 2018; Mallon et al., 2002; Nolan, 2006). These studies found that access to institutional or systemic services in the community helped LGBTQIA+ youth to overcome challenges and increase their wellbeing. These services were in some cases general services such as preparation programs to find a job, housing, and education, and in other cases, they were services specific to their SOGIESC, such as LGBTQ centers and trans-affirming organizations.

General services

LGBTQIA+ youth in out-of-home care struggle to access basic services (e.g., education, health, and employment). Systemic barriers such as discrimination based on their SOGIESC, race/ethnicity, socio-economic class, and mental health among others (Conron & Wilson., 2019) prevent LGBTQIA+ youth in out-of-home care access basic needs. Banghart (2013) found that LGBTQ youth who had aged out of foster care had enormous barriers to secure housing, education, and employment. LGBTQ youth in out-of-home care highly benefited from access to formal professional preparation programs such as scheduled training to find jobs and housing provided by care workers. These formal services taught youth relevant skills to live independently. Formal programs which continued after aging out of care such as extended foster care services were also helpful. Capous-Desyllas and Mountz (2019) found that for LGBTQ former foster youth, access to education was an important way to overcome their adversities, and that these efforts empowered these youths to achieve their goals of a better future. However, not all LGBTQ former foster youth could access education, the authors posited that support programs to finance youth's education was crucial for their wellbeing. These results are in line with evidence suggesting that the availability of institutional resources is vital for youth's wellbeing; especially when services match these youth's specific marginalized identities and needs (Betancourt, 2008; Ungar & Theron, 2020).

SOGIESC specific services

Coolhart and Brown (2017) reported that for LGBTQ homeless youth in shelters, LGBTQ centers were a pivotal resource of resilience against a backdrop of mistreatment, discrimination, and violence. LGBTQ youth centers functioned as these youth's main source of support. Workers at these centers advocated for LGBTQ youth and created a more positive experience for them in the

shelters. Moreover, LGBTQ centers were a means to access shelter services. Erney and Weber (2018) developed best practice standards for LGBTQ youth in out-of-home care, based on youth input. Access to appropriate mental and behavioral health care services, such as SOGIESC inclusive providers, was key for mitigating the effects of bullying and commercial and sexual exploitation. SOGIESC inclusive providers affirmed youth's intersecting SOGIESC and race/ethnicity social location. LGBTQ youth in out-of-home care indicated that staff in TLPs connected them with SOGIESC-supportive employers, and these connections aided their transition to an independent life. Mountz and colleagues (2018) showed that trans-affirming organizations and community groups connected transgender and gender-expansive former foster youth with people who accepted them and served as positive role models. These organizations were especially helpful when these supportive relationships regarded youth needs at their intersecting identities, which also included trans-affirming and immigrant supportive services. Access to the LGBTQIA+ community and SOGIESC-specific services is essential for LGBTQIA+ youth in out-of-home care to help these youth meet their own specific needs and improve their wellbeing. The beneficial impact of these SOGIESC-specific services on the wellbeing of LGBTQIA+ individuals is corroborated by previous research (e.g., Herrick et al., 2014; Sandfort et al., 2015; Shilo et al., 2014). Studies exploring other community resources such as collective cultural identity, engagement, and social activism, lacked in our review and certainly warrant future attention (de Lira & de Morais, 2018; DiFulvio, 2011).

Finally, the studies by Mallon and colleagues (2002) and Nolan (2006) examined the effects of out-of-home care facilities specifically developed for LGBTQ youth on their wellbeing. Mallon and colleagues (2002) reported that youth living in two LGBTQ-affirming child welfare agencies felt that their safety was greatly improved compared to other placements despite experiencing challenges specific to permanency and mental health problems. Nolan (2006) studied the effects of a LGBTQ affirming TLP on the outcomes of educational and employment success, but due to the design of the study, it was not possible to evaluate the actual benefit of the program. More recent studies evaluated the benefits of specific interventions for LGBTQ in foster care and their families, such as the program Recognize, Intervene, Support, Empower (RISE) (Lorthridge et al., 2018), or relationship-building tools (Salazar et al., 2018). Although these studies were not included in our review because they were focused on interventions, we encourage further studies to summarize and analyze their findings.

General discussion and conclusions

This scoping review presents the first known study mapping resilience among LGBTQIA+ youth in out-of-home care. Among the strengths of this review, our study used a broad scoping methodology that allowed the consideration of a large body of research. Moreover, we used the multidimensional model of resilience by Ungar and Theron (2020) to organize and analyze the findings. This review highlights several gaps in resilience research among LGBTQIA+ youth in out-of-home care. The main identities represented in this review were those of gay youth; the perspectives of lesbian, bisexual, transgender, and gender non-conforming youth were scarce. The field has a complete lack of knowledge about the experiences of asexual and aromantic identities (a broad spectrum of sexualities characterized by the absence of sexual desire and romantic feelings respectively) and intersex (refers to a wide range of biological variations that do not fit into the conventional binaries of male/female) youth in out-of-home care. Studies with these populations are needed to comprehend the diverse experiences of the whole LGBTQIA+ community. Moreover, although most studies included youth of color and racially/ethnically diverse youth, more generally, these studies fell short in exploring the complexities of how race/ethnicity and SOGIESC intersect in their experiences of resilience.

A remarkable finding of our study was the total dominance of US-based studies in this field of study. No research outside the US has been conducted on resilience among LGBTQIA+ youth in out-of-home care. The CWS in the US is shaped by particular political, cultural, and economic forces that differentiate its CWS from other systems around the globe (Fluke & Merkel-Holguin, 2019). While our results point to important resilience resources among LGBTQIA+ youth in out-of-home care and the characteristics and gaps of its research, we acknowledge their special applicability to a US context and the limitations to extrapolate it to other countries. In addition, not only is our knowledge-based solely on one country but it is also constructed on the experiences of youth in urban settings. Further studies in countries other than the US, and rural settings, are needed to obtain a broader cultural and social understanding of resilience among LGBTQIA+ youth in out-of-home care.

The multidimensionality of resilience means that different resilience resources work interactively at several levels (e.g., individual, relational, community) simultaneously (Ungar, 2018; Ungar & Theron, 2020). Unfortunately, most of the reviewed studies focused on resilience at only one or two different levels.

When findings of the reviewed studies were multidimensional, they did not fully explore the ways resources interacted with each other across levels to foster resilience. For example, an important question left unanswered was to understand how self-relying strategies, relationships of support, and access to institutional services interact with one another to help LGBTQ+ youth work through their adversities. Future research establishing the interaction of resilience resources at different levels would provide a broader and clearer picture of resilience that could inform prevention and intervention efforts. Moreover, it is worth noting that the results of our study cannot be generalized and should be carefully evaluated due to the exploratory nature of our research, which for example did not assess the quality of the studies included. Further studies more specific to elements of resilience, such as (SOGIESC-specific services and social activism), and systematic reviews on resilience are also needed to bolster existing findings and further the field.

The current scoping review can inform recommendations for care professionals, foster parents, families, and relevant stakeholders to promote the resilience of LGBTQIA+ youth in out-of-home care and to prevent and eliminate adversities. For example, 1) Care providers can create safe and affirmative environments; not perpetuate or tolerate discrimination or violence in all its forms in out-of-home care services; and affirm their SOGIESC, by encouraging youth to express their identities and orientations, and respecting their pronouns. 2) Care providers can also cultivate a sense of self-mastery, self-care, and hope for the future; and encourage LGBTQIA+ youth to engage in activities that help build and maintain supportive relationships that can help them navigate challenges to obtain optimal wellbeing. 3) Those relationships should consider LGBTQIA+ youth's diverse experiences, including their SOGIESC, race/ethnicity, mental and physical health, religious background, and socio-economic condition. 4) Refer youth to formal programs that help them secure basic services such as education, housing, employment, and mental and physical health care, within and when they leave the CWS. 5) Create and refer youth to SOGIESC-related services such as LGBTQ community centers and trans-affirming organizations that address their specific needs.

Researchers, care professionals, and policymakers have the responsibility of developing studies, programs, and policies that focus on resilience not only at the individual level, but also at the relational and social domains, which include social support, access to institutional services, social acceptance, community building, and affirming practices. These efforts could help reduce

the health inequalities experienced by LGBTQIA+ youth in out-of-home care. Furthermore, for resilience research to truly take a social justice approach, knowledge must be co-created along with studied individuals and communities, aim to dismantle social inequalities; and empower participants to take control, whenever possible, of their wellbeing (Hart et al., 2016).

LGBTQIA+ youth in out-of-home care are subjected to numerous ways of violence rooted in pervasive homophobia, transphobia, racism, and other systemic forms of discrimination in societies, cultures, and institutions. Although most research among LGBTQIA+ youth in out-of-home care has centered on describing their adversities and negative outcomes, little research has focused on their capacity to use individual, relational, and community resources to overcome their challenges. Our study findings suggest that youth in out-of-home care can thrive through the unique adversities they are subjected to through, for example, friendships and romantic relationships, foster family acceptance, LGBTQ centers, and developing an LGBTQ positive identity. Resilience research can create a knowledge base from which to develop policies and practices that advance the human rights of LGBTQIA+ individuals, consequently, creating a more just society.

3

Chapter 3

"I actually know that things will get better": The many pathways to resilience of LGBTQIA+ youth in out out-of-home care

This chapter is based on: González-Álvarez, R., ten Brummelaar, M. D. C., Orwa, S., & López López, M. "I actually know that things will get better": The many pathways to resilience of LGBTQIA+ youth in out-out-of-home care (2021). Children and Society. *36*(2), 234-248. https://doi.org/10.1111/chso.12464

Abstract

Research on the lives of LGBTQIA+ youth in care has mainly examined their experiences from a risk-based approach, while few studies have explored their resilience experiences. Using in-depth interviews, the present study aims to illuminate the resilience experiences of 13 LGBTQIA+ young people in out-of-home care in the Netherlands. Four themes emerged from their narratives: relationships that support and empower; construction of a positive identity around their sexual orientation and gender identity and expression (SOGIESC), community involvement, and self-relying strategies. Our findings support the view of resilience as a complex process that shows at an individual, interpersonal and social level.

Keywords: resilience, identity, child protection, out-of-home care, youth, LGBTQIA+

Introduction

LGBTQIA+ youth in care

The lives of LGBTQIA+ (for a detailed explanation of these terms see LGBTQIA Resource Center Glossary, 2021) youth in out-home-care have received little attention from the academic and practice fields of child protection until recent years (Kaasbøll & Paulsen, 2019; McCormick et al., 2017). The available knowledge shows that LGBTQIA+ youth in out-of-home care are often confronted with a system that does not meet their basic needs. Besides the multiple challenges they might experience due to being placed in out-of-home care, they might also need to deal with a CWS that fails to protect them against discrimination and violence based on their SOGIESC. Research has documented the prejudice, discrimination, harassment, bullying, and barriers to participation in the decisions that affect their lives, that LGBTQIA+ youth often encounter in the care system (Cossar et al., 2017; Gallegos et al., 2011; González- Álvarez et al., in press; Mallon, 2019; McCormick, 2018; Paul, 2018; Wilber et al., 2006; Woronoff et al., 2006).

LGBTQIA+ youth are overrepresented in the CWS. Studies in the US have shown that, compared to heterosexual or cisgender peers, LGBTQIA+ youth are nearly 2.5 times more likely to experience foster care (Fish et al., 2019). Other studies have come to similar numbers (Baams et al., 2019; Dettlaff et al., 2018; Irvine & Canfield, 2016; Wilson & Kastanis, 2015). Yet, they constitute a largely invisible population (McCormick et al., 2017). Furthermore, LGBTQIA+ youth, when compared to their heterosexual and cisgender peers, show less permanency in out-of-home care: higher number of placements, higher risk to age out of foster care without having adequate preparation for transitioning to adulthood, and an overreliance on congregate care or group home settings (Jacobs & Freundlich, 2006; Mallon & Woronoff, 2006; Mallon et al., 2002; McCormick, 2018).

The inability of some families to accept the young person's SOGIESC is one of the reasons for many of them to enter out-of-home care services (Mallon, 2001; 2019; Mountz & Capous-Desyllas, 2020; Woronoff et al., 2006). Despite this, a recent study exploring the families of origin of LGBTQ youth in care has also found that although some youth access the system due to reasons directly related to their SOGIESC, many of them also access care because of family and community problems, poverty, racism, and intergenerational substance abuse and mental illness in the family (Mountz & Capous-Desyllas, 2020).

In the Netherlands, where the CWS leans towards a family service orientation and considers out-of-home care measures as a last resource, the situation for LGBTQIA+ youth in care is also complicated. Despite the Netherlands holding the 13º position in Europe in terms of the best human rights and policies for LGBTQIA+ individuals (ILGA Europe, 2022), research points to the negative experiences that LGBTQIA+ youth still go through. LGBTQIA+ youth are marginalized in society compared to hetero-cisgender peers (Bos & Sandfort, 2015), and within the care system, they lack professionals' awareness and sensitivity to their SOGIESC (De Groot et al., 2018; Emmen., 2014; Taouanza & Felten, 2018).

Resilience of LGBTQIA+ youth in care

Youth living in out-of-home care are subject to enormous adversities and are more prone to physical and mental health negative outcomes (Suárez-Soto et al., 2019). Although research has emphasized their problems and risks, strength-based approaches that study their resilience have also more often emerged in the last years. Recent studies have documented the several ways in which youth in care are resilient. A study in foster care youth reported their high levels of resilience and highlighted the role of individual resources and parental acceptance (Davidson-Arad & Navaro-Bitton, 2015). In a systematic review by Lou et al. (2018), internal and external resilience factors in youth in residential care are summarized (e.g., availability of caring relationships, sense of future, self-reliability). The authors also concluded that resilience persists as a "fundamentally internal attribute" and that this "remains a popular, if not reductive, conceptualization".

Resilience of LGBTQIA+ youth in care has barely been studied. Although a research overview on LGBTQIA+ youth refers to them as "a population with much more resilience than risk" (McCormick et al., 2017, pp. 28), this idea does not seem to be substantiated in much research. However, a handful of studies have uncovered the role of several resilience factors: the value of education in LGBTQ former foster youth (Capous-Desyllas & Mountz, 2019), the importance of social support among LGBTQ youth in transitional living shelters (Forge., 2012), and the important role of foster carers acceptance (McCormick et al., 2016), and their provision of nurturing relationships with youth (Schofield et al., 2019). It seems that LGBTQIA+ youth relationships with care professionals and especially with foster carers are of utmost importance for their resilience development.

Despite these previous resilience studies, research on LGBTQIA+ individuals, including youth in care, has often followed a "risk-based approach", focusing on their negative outcomes, such as mental or physical health problems and the experience of social disadvantages and stressors (Gahagan & Colpitts, 2017; Kwon, 2013; Meyer, 2015; Russell, 2005). Although this approach has certainly brought important knowledge regarding the unfair and preventable differences in LGBTQIA+ people's health inequalities and their causes, it also presents several disadvantages. Firstly, the LGBTQIA+ community could experience further stigmatization resulting from overly risk-based research (Millum et al., 2019). Secondly, its strong biomedical approach has mainly searched for individual-level health determinants, where risk factors are conferred to personal characteristics, without paying much attention to the role of structural or systemic factors such as social marginalization, experienced for example, as violence and discrimination, or the access to social resources that promote health (Gahagan & Colpitts, 2017; Russell, 2005). Lastly, this approach ignores that, despite the exposure to challenges, the majority of LGBTQIA+ individuals do not develop significantly higher mental or physical health difficulties compared to heterosexual or cisgender peers (e.g., Herrick et al., 2013)

To overcome these limitations, researchers must not only study the risk factors but also the determinants of health and wellbeing, while considering the contextual and cultural determinants. A more comprehensive resilience-based approach could provide a useful framework to understand how individuals and communities prevent, face, and resolve stressors to avoid health problems and maintain successful functioning and wellbeing (Gahagan & Colpitts, 2017).

The use of the social ecology resilience model with LGBTQIA+ youth

Caution is warranted when using a resilience approach to understand the health of the LGBTQ community due to the absence of a globally accepted definition, the emphasis on individual traits that potentially reinforce stigma, and the ethnocentric White-Western perspective of the concept (Colpitts & Gahagan, 2016). Because of these reasons, broad understandings of resilience that consider individual, social and structural, and cultural factors, might especially be relevant to study the resilience of LGBTIA+ individuals.

We have decided to use Ungar's social ecology model of resilience (2011), as it accounts for the complexity of resilience processes, from individual to social ones, while recognizing the importance of culture and context in shaping the ways resilience shows. The social ecology model of resilience (Ungar, 2011)

proposes: to shift the attention from the individual-based perspective to the interaction individual-environment, to acknowledge that resilience shows in complex ways depending on context and time, to understand that resilience can take atypical and unexpected paths and endpoints depending on contextual factors, and to recognize resilience as context-culturally defined processes.

The objective of this study is to explore the resilience of LGBTQIA+ youth in out-of-home care. The overall research question is: "What are the ways in which LGBTQIA+ youth in out-of-home care experience resilience?" The ecological resilience approach will provide us with information on the ways LGBTQIA+ youth in out-of-home care, prevent, confront and overcome their adversities, through the interaction with their environments to achieve a successful adaptation within their context and culture. This knowledge has the potential to inform individual and systemic-based interventions to make the life of LGBTQIA+ youth in out-of-home care better.

Method

This study used data collected in the framework of a larger research study in the Netherlands to investigate the needs and experiences of LGBTQIA+ youth in out-of-home care and the perspectives of their care professionals.

Procedure and interview

We used several techniques to recruit LGBTQIA+ young people (e.g., snowball sampling, recruitment via social media, personal contacts). All of the participants gave informed consent and one of them also had to ask for parental informed consent due to their age (15 years old). A semi-structured interview guide was developed including several topics, such as experiences before care, coming out process, experiences of discrimination, and future perspectives. All interviews were face-to-face (except one via telephone). Before the interview, the purpose of the study was explained to the young person, as well as the voluntary and confidential character of their participation, and that they could stop the interview at any moment without giving any reason. Most interviews were conducted at the young person's preferred location. In one case this was not possible, as the person was in secure residential care. The interviews were audio-recorded with the consent of the participants.

Participants

In total, 13 young people participated in the study (ages 15 to 28 years old, mean age 18). Regarding their gender identity, our study included: four transwomen, one transman, one person who sometimes identified as a woman, and one non-binary person; the remaining six people did not mention their gender identity. Regarding their sexual orientation, our study included: four gay people, one lesbian (she sometimes also referred to herself as gay), two bisexual, one pansexual, one questioning, one who liked women, one who liked both men and women; three people did not disclose their sexual orientation. Young people were also diverse with regard to their cultural background, health, education, and other characteristics: four of them had a bi-cultural background, one had a chronic illness, and another had autism. Their experiences with care were also heterogeneous; most of them experienced both foster care and residential care, while only a few of them experienced only foster care. Other forms of care were: secure residential care placements, independent living programs, assisted living arrangements, inpatient hospital wards, and living and treatment groups.

Analytical approach

Interviews were transcribed verbatim using the audio transcription program "F4 transkript" and uploaded to Atlas ti, version 8.4. Data were analyzed using a Reflexive Thematic Analysis (Reflexive TA) (Braun & Clarke, 2006; Braun et al., 2018; Braun & Clarke, 2019). The reflexive approach of TA has a more organic and iterative process that does not search for a consensus or reliability in the coding process, compared to other forms of TA. Reflexive TA puts in the foreground the active role of the researcher in the interpretation of the data, thus when differences are found between researchers during the analysis process, a reflexive dialogue is used to solve the differences and agreeing on the best codes and themes (Braun & Clarke, 2019).

We read the interviews and discussed notes and impressions to gain a rich first insight into the data. Afterward, we constructed the codes with an approach that fluctuated between deduction (from theory to data) and induction (from data to theory); we attempted to generate codes by using theories as a compass while at the same time, remaining flexible to generate codes which were close to the direct experiences of the youth. The theoretical framework guiding our analyses was the social ecology resilience model. In the next step, we used the constructed codes to generate the first set of preliminary themes and represented them in a thematic map. As the last step, we revised, redefined, and described the themes. We met multiple times to discuss the analysis focused on

the different ways LGBTQIA+ youth prevented, confronted, and resolved their adversities making use of several individual and social resources to achieve and sustain their wellbeing.

Ethics

The ethics committee of the University of Groningen approved the study in November 2017. Ethical issues were deemed of utmost importance in the designing and conducting of the study, and addressed in a reflexive approach prior, during, and after the interviews. Young people interviewed were compensated for their time and energy through an incentive. In addition, the team prepared a resource guide about LGBTQIA+ organizations for the participants. After each interview, they could decide if and how they wanted to be included in the project, and how they wanted to be updated about the research process and results. The team reflected on how the research process went after each interview. The research team reached out to the young people to see how they were doing after the interview. In addition, participants were informed that they could contact the research team after the interview if they wished. Furthermore, one member of the research team was a trained care professional who offered consultation when needed.

Findings

Loving and caring relationships: supporting and empowering

LGBTQIA+ young people interviewed experienced a wide range of adversities in their life, such as difficult relations within their family, violence at school, mental health problems, and unsafe and unsupportive care services. However, through caring and loving relationships that offered support and empowered them, young people could withstand these stressors. These caring relationships took place sometimes in their family, sometimes with their friendships, and sometimes with their care professionals and foster parents.

Young people's narratives about their family relationships were rather brief. They mentioned different difficulties at home before their placement, sometimes reasons for their care placement: an abusive father, parents with addictions or mental health problems, and family conflicts. Despite young people did not elaborate much on the ways their family relationships supported them, it seemed that maintaining a family bond was important for some of them. A young person mentioned the unconditional love from his brother:

> *And family has never been this important to me. And not just the idea of family, it's just the idea of that unconditional love. Just, I see my brother for example. I don't know why I love him, yes they do have blood, bond, but that .. I see him, it's just inexplicable. That inexplicable love.*

Other young people mentioned the need of limiting the contact with their parents or lowering the expectations of what they could obtain from them to prevent getting hurt: "just good relationship": (referring to the mother) "The contact is fine. Not that I can go to her with everything, she is also very evangelical. But the contact is now just good. And that is the most important."

Some young people were able to form meaningful friendships that offered them resources to face adversity. They described how their friends cared for them in many different ways: by listening and understanding their problems, by providing them with instrumental support like a temporary place to live, or by just being their life companions with whom they enjoyed their hobbies.

Some young people experienced a lack of support from care professionals and foster carers and expressed how much they wished to receive more help from them. Others considered that their relations with care professionals and foster carers were an essential source of support. This support came in different shapes: fostering in young people a sense of optimism, being available to answer all their practical questions, or comforting them emotionally. Moreover, young people appreciated care professionals that provided them with honesty, humor, trust, and even physical comfort (e.g., a hug). They felt that this made a sharp contrast with the "business-like bureaucratic" relations that they sometimes encountered in care. Beyond the provision of practical help, young people needed care that was given in a more "human way":

> *Here you just have a lot of people who just, care providers, who just treat you in a human way, who are happy to go with you to the hospital, if necessary, still hold your hand if they should, they would still do, and yes [silence] just normal people. Yeah... who just still have a heart [laughs].*

Care professionals' care could also take the form of empowering the young person, for instance, by letting young people be able to take part in the important decisions that concerned their life. Although young people valued

professionals' involvement in their lives, they also claimed space and time to be themselves. As a young person illustrates it, good care is a balance between protection and empowerment: "And protective at the same time. Not so much that you don't … take too few steps, and not too many, but just good."

Building a positive identity around SOGIESC: Understanding, accepting, and affirming

An important way for young people to overcome some of the adversity in their life was by building a positive identity around their SOGIESC. Two processes seemed to be key: understanding/ accepting, and affirming their SOGIESC. The construction of a positive identity around SOGIESC was a co-construction, as young people's social acceptance and affirmation were crucial.

For most young people, understanding their SOGIESC was a hard process. Although some of them are mentioned to have always known their SOGIESC, others came to realize it later in life. This realization was experienced by most of them as a life stressor: "I really worked on it a lot in my head last year... What am I going to do with this?". The difficulty of dealing with their SOGIESC was especially hard as they sometimes had to face other life difficulties at the same time: "And it was a really bad year for me... It really couldn't come at a worse time."

Their stories show how our society lacks cultural or media LGBTQIA+ role models that offer a cultural guide for LGBTQIA+ youth to understand their SOGIESC. A young person struggling to understand their own gender identity put the feeling in these words: "And seeking like, who am I? Because I am not a woman myself, I would like to be, but also I don't want to. Are there more people like me?" Young people found on online resources important information to understand their SOGIESC. For a bisexual young person, the search for self-understanding was especially hard, as he encountered mainly gay and lesbian representations in the media. Eventually, he found online resources:

> *I had looked and searched a lot on the internet and at one point I came across a YouTuber and that man, his entire channel is about ehh, bisexual... he explains that very nicely. And that really helped me a lot. So basically a YouTuber who has helped me a lot.*

Many young people interviewed experienced unacceptance of their SOGIESC and discrimination based on it from their families, peers, foster carers, care

professionals, and society. The coming out process and the reactions to it were some of the most crucial moments that determined the acceptance and affirmation, or the lack thereof. Stress and fear prevailed, even in the period before coming out. To counteract these difficult processes, some young people found ways to first test the acceptance of their SOGIESC in their nearby relations by using jokes, games, or other subtle ways before coming out: "... I yelled for a very long time' I'm gay 'and if someone asked, are you gay, no, no, I'm not gay, I'm not gay, it's a joke."

Negative reactions to their coming out were deeply hurtful and could potentially cause young people to completely reject their SOGIESC. A young transgender person on coming out to their foster parents: "But they ignored me head-on and laughed at me. So then my body, or my brain then thought, yes, but you know, just look at it ... I just put it back in quietly." Conversely, reactions of acceptance were highly appreciated by young people and helped them to accept their SOGIESC: "My friends were just like, we really don't care. Everyone is like 'whatever', no one really makes it a big problem. The only one who made a big deal of it was myself."

Coming out had the potential of not only bringing up acceptance from their relations but also offered other benefits, such as the relief from not having to hide their SOGIESC anymore, experiencing less homophobia in their classroom, encouraging others to come out, and putting them in contact with other LGBTQIA+ youth: "And yes ... and the more I came out the better it was and all."

Some care professionals and foster carers had an important position as young people's SOGIESC affirming figures through educating themselves on SOGIESC issues, giving young people space and time to understand themselves, protecting them from bullying, connecting them with LGBTQIA+ organizations, and calling them with their real/preferred pronouns: "She was like 'okay, we have to change your name in the system now, to woman and to [own name]. I just don't see a man in you, so we just have to... 'and that really just really helped me." Getting in contact with LGBTQIA+ organizations, often put in contact through care professionals, also offered some young people a safe space to understand their SOGIESC, be themselves without receiving judgment, and form supportive relationships: "But in the beginning, I was like, yes I just want to make friends who understand me, so I went there... and just felt at home, and I still go there now."

For most trans young people, medical transitioning was a big and important step towards the construction of positive gender identity. Young people wished that care professionals could offer more help in this process. Supporting them with access to medical transitioning in a timely manner could prevent them from suffering mental health issues:

> *B: No, no. No, I haven't been thinking about suicide since I've been at the [name of transitioning clinic]... No, I don't have to jump in front of the train. I have, I have faith, but um, if the waiting times get longer and I really have to wait, it will be a bit more serious.*

Eventually, some young people encountered in their social environment the resources to develop a positive identity around their SOGIESC. Pride in their SOGIESC was a frequent way in which this positive identity showed during the interviews: "I am also very proud of who I am and how I became."

Community involvement: understanding and engaging

For some young people interviewed, their resilience developed through their community involvement. This quest for an involvement with society expressed in two main ways: understanding of social injustice and development of their social values, and an active engagement in promoting social change through activism and taking care of others.

Young people's difficult experiences in life, and the witnessing of the struggles of significant others, made them especially sensitive and thoughtful about certain social problems and injustices. One young person who emigrated to the Netherlands searching for a safer place for himself and his family shared his understanding of the social problems around refugees in the country. He mentioned how the media is partially responsible for the bad image of the refugees: "the media does take care of the bad sides, for what happened wrong", and how crucial it is for Dutch society to work on changing this negative image. This same person reflected on the fact that he did not belong to a "white culture" that relates to certain privileges:

> *they really have a wonderful life, a big house, business, they go on vacation every year and they want to keep it that way. And just like that in that 'white culture' circle, and okay then I don't fit in.*

Social injustices and inequalities for the LGBTQIA+ community were also mentioned by some young people. The contrast between how far society has progressed when it comes to LGBTQIA+ issues and the need at the same time for further steps was evident in some of the young people's discourses. For example, some young people mentioned the urgent need for SOGIESC education at schools: "And then I know yes but guys, why haven't you looked at this before [referring to SOGIESC education at school] ... It`s fucking 2019. Go learn that."

Some young people reflected on the hetero-cis-normative ideology in our society. A young trans person that had endured transphobia expressed that the Netherlands was not a safe country for trans people. Another young person expressed that discrimination based on SOGIESC was associated with specific geographical locations: "In that sense, it is just a dry peasant culture. But yes, go to [another place] and [another place] and it is very different there. But that is also a bit more urban and developed differently."

For a number of young people interviewed, their life stories and their early understanding of social injustice gave them the motivation to seek a social transformation through their active involvement in society. They took diverse ways to make a difference: working in the youth care system, participating in youth councils or LGBTQIA+ activist groups, or even by their participation in this research study itself. Changing the care system and the inequalities faced by the LGBTQIA+ community were the two most frequent narratives of social change.

Many young people expressed their desire to be involved in some way or another with the care system. Their experiences with youth services gave them knowledge and motivation to work towards a change. Some young people wanted to become foster parents, and others were studying or wanted to study to become social workers. They shared some examples of their success making a difference in the system; a young person who worked as an "expert by experience" in a youth organization managed to implement some of his ideas in the organization. Moreover, by giving back to society, they felt they received something as well: "And to help other clients, and also to support care providers... that also gives me a lot."

Some young people managed to raise their voice about LGBTQIA+ issues and effect a change, individually or through their involvement with LGBTQIA+ organizations. A young non-binary person took the effort of educating people

about the diversity of SOGIESC and the non-binary experience. Other young people were involved in LGBTQIA+ organizations and joined demonstrations and training activities. Despite being aware of the social inequalities that several groups face, some young people remained positive and hopeful for a change: "I actually know that things will get better then, that we will take really good steps, ehh for a better future. All together."

If you don't care for me, I will stand for myself: resist, escape and fight

Young people mentioned experiences of lacking competent adults who could protect them and help them to deal with stressors such as discrimination and violence based on their SOGIESC, family conflicts, and unwelcoming care systems. This lack of help was met by some young people with a self-relaying attitude. Young people relied on themselves to confront adversities using at least three main strategies: escaping or avoiding, resisting, and fighting.

When confronted with fights with family members or unsafe care systems, some young people opted for avoiding or escaping. Escaping could take the form of a runaway when they flee from the negative environments seeking relief in a safer or less stressful place. Escaping from home was even interpreted by one young person as a form of self-care: "just making sure that my stress becomes less." Sometimes they secluded themselves in their rooms and personal spaces, or spent most of their time at school, outside with friends, or at work, in order to avoid problems. According to them, being by themselves provided them a double benefit, a way of keeping them away from problems with others, and at the same time a space that brought them joy. Escape was not only physical, it also meant an emotional or psychological avoidance of potential stressors, such as painful emotions. Some young people told us to have few emotions or to hide them away; for example, by putting up a wall so "nothing comes out".

For some young people, an alternative to escaping from their stressors was to resist them. They referred to several ways of resisting, a prominent one was by "being strong". Personal strength signified for them to be able to experience hardships without being affected (or being less affected): "You can, you can mentally give me a really hard blow.... I stay upright. You won't get me down anymore". It seems that this strength was acquired after experiencing stressors and difficulties: "All in all, I've been through a lot. And yes, that makes you strong. And yes, you don't get it, how do you say that, you don't just get hit hard anymore". Downplaying or decreasing the importance of the violence

experienced was another way for some of them to resist their stressors: "I had a fight with a guy and he called me a 'lesbian whore' or something, but that, you should not take that too seriously".

Another option for some of them was to fight against their stressors. Some young people admitted having used physical and verbal aggression as a way to defend themselves from their aggressors. They considered this an effective strategy in certain contexts, as this trans young person who would not allow transphobic comments in her town: "They really would not dare, because I would really go at them." However, she would choose not to fight back at the care agency, because she could get into trouble with the care professionals. Their capacity to engage in discussions or difficult negotiations could also be seen as a fighting back strategy for some of them. When these negotiations were successful for the young person, they could regain a sense of control and power over their life: "And when I went to war [discussing with the care system], 9 times out of 10 I got what I wanted"

Discussion

Our findings highlight the importance of relationships to foster resilience, with families, friendships, foster carers, care professionals, and school staff. These relationships are a source of social support and empowerment for all young people, but for LGBTQIA+ youth they are also key to the construction of a positive identity around their SOGIESC. In this vein, studies have shown that the acceptance and integration of the identity around SOGIESC is a great predictor of resilience in LGBTQIA+ youth (Herrick et al., 2014; Mountz et al., 2018). Although *pride in their identity* has sometimes been understood as an important individual resilience factor in other studies, our findings show how relevant the other's acceptance and support are to come to positive terms with their SOGIESC.

The social/community nature of resilience becomes evident through the narratives of young people making sense of their social reality and getting involved in their communities. This social connectedness, expressed through group affiliation and collective action or activism, has been linked to the experience of resilience (DiFulvio, 2011). In a recent study with LGBTQ migrant Latinas, resilience was also expressed through community building and activism; creating better living conditions for others was a way of healing the wounds that oppressive systems created (Borges, 2019).

When we compare our results to youth living in care, we naturally encounter overlaps. In our participants, we could also see the importance of individual resources and the support from relationships that resilience studies with youth in care have found (Davidson-Arad & Navaro-Bitton, 2015; Lou et al., 2018). But in contrast with those studies, we also found that identity formation processes around SOGIESC and the understanding and engaging with society were additional relevant resilience processes. Questions remain; are these identity and social resilience processes unique or more relevant in LGBTQIA+ youth populations? Or are there other similar resilience processes that could be explored in youth in care?

Our results highlight the central role of care professionals in fostering the resilience of LGBTQIA youth and complement the work of other researchers (McCormick et al., 2016; Schofield et al., 2019). Cate professionals were an important source of support (emotional, instrumental) for youth. From youth narratives, we realize the power of relations based on love. Youth yearn for true connections beyond cold and bureaucratic ones, relations full of emotion and empathy; care given in a "human way". It is of great importance that these relations embrace a balance between protection in the sense of getting actively involved in their lives and empowerment, as stepping aside to let them take steps for themselves. Furthermore, it is also important that these relationships promote a positive SOGIESC identity and connect to the larger community in positive ways.

Ungar's social ecology model of resilience was used in this study as a guide to understanding the ways resilience presented in LGBTQIA+ young people. Our findings support the view of resilience as a complex process that shows at an individual, interpersonal and social level. The many pathways to resilience observed in young people's narratives ranged from psychological resources (self-reliance), interpersonal (building a positive identity around SOGIESC, and loving and caring relationships), to a more socio-cultural resilience (social understanding and community involvement).

This study presents several limitations. The use of personal interviews and the type of questions selected might have resulted in overly individual accounts of resilience. Other research methods, such as focus groups, participatory observations, or family or community evaluations, could offer a complementary picture of the social ecology nature of resilience. In addition, studies incorporating professionals' perspectives would be a valuable and rich source of insight. The Audre study has actually interviewed care professionals and foster

carers but we did not incorporate them in the current analysis. This will certainly be a future option for our research team. Moreover, using a cross-sectional design limits our understanding of resilience as a process. Future research in this field should include longitudinal studies with individuals, relationships, or communities. Concerning our participants, although our study does not seek to generate generalizable results, our results might have failed to incorporate all the different voices in the LGBTQIA+ community, as to our knowledge, we did not hear intersex, queer or aromantic/asexual perspectives in our interviews. Lastly, although our study aimed to be as participative as possible, we did not incorporate participants' feedback on the results of our study.

This study also exhibits a number of strengths. The use of a qualitative approach with in-depth interviews gives us a rich understanding of strategies dependent on contextual and social factors that might be missed using quantitative instruments (e.g., escaping as resilience). The research team also followed a strict ethical and participatory stance in this study, which is especially relevant when working with marginalized communities (Graham et al., 2013; International Collaboration for Participatory Health Research - ICPHR, 2013). Lastly, although we had little information over other aspects of their identity, such as their racial or ethnic identity, we acknowledged that their challenges came from different oppressive systems and we strived to incorporate these different social categories in an intersectional way (Crenshaw, 1989; Konstantoni & Emejulu, 2017).

This study can offer some practical recommendations that child protection systems and all care professionals involved in them could put in action in order to promote the resilience of the LGBTQIA+ young people in care. Child protection services and their professionals should promote caring relations that support and empower LGBTQIA+ young people. These relationships should seek a balance between actively providing them resources, while also allowing them the capacity to influence their life. Care professionals should also foster these caring relations between LGBTQIA+ young people with their peers, friends, family, and school staff.

Child protection services and their professionals should offer LGBTQIA+ young people resources to construct a positive identity around their SOGIESC. For this purpose, child protection services should implement clear policies that address bullying and any discriminatory practices within the organization. Child protection services should also offer training on SOGIESC to all staff to help them increase their supportive capacity.

Child protection services and their professionals should help LGBTQIA+ young people to make sense of the difficult situations they have gone through, and to connect and engage with their community in positive ways for them and their society. Care professionals should discuss with young people about relevant societal issues, such as social justice and inequalities; this can be done in everyday conversations, but also through workshops or lectures. Care professionals have a key role in fostering the young person's community involvement; for instance, through connecting them with LGBTQIA+ advocacy groups.

LGBTQIA+ youth in care are subject to different forms of violence rooted in our hetero-cis-normative society. Despite the enormous challenges they are confronted with in care and the broad contexts they live in, LGBTQIA+ young people find many personal, interpersonal, and social resources that allow them to overcome their difficulties and achieve happiness, pleasure, success, and other positive outcomes. It is indispensable to realize that their care professionals and the different systems they navigate during their pathway in care comprise a vital part of their resilience.

4

Chapter 4

Care professionals' perspectives and roles on resilience among LGBTQIA+ youth in out-of-home care: a multidimensional perspective

This chapter is based on: González-Álvarez, R., Hofman, S., ten Brummelaar, M. D. C., & López López, M. (2022). Care professionals' perspectives and roles on resilience among LGBTQIA+ youth in out-of-home care: a multidimensional perspective. (Accepted with minor changes)

Abstract

There is a dearth of scientific evidence on the lives of LGBTQIA+ youth in out-of-home care, particularly about their experiences of resilience. Moreover, no studies until now have inquired about the perspective of their care professionals on LGBTQIA+ young people's resilience resources. The purpose of this study was to explore the care professionals' perspectives and roles in resilience among LGBTQIA+ youth in out-of-home care. We carried out 21 in-depth interviews with care professionals with experience working with LGBTQIA+ youth in out-of-home care. Results showed that: 1) some professionals conceived resilience as the result of youth's traits, particularly their strength and their LGBTQIA+ pride; 2) most professionals mentioned the relevance of conversations with youth as a way to achieve their SOGIESC affirmation; 3) professionals stressed the importance of supportive and affirmative relationships between youth and professionals; 4) although some professionals were unsure about the relevance of care agencies' SOGIESC specific practices and policies to help youth confront their adversities, other professionals stressed its importance to increase the wellbeing and resilience of LGBTQIA+ youth. The results of this study highlight the significant role of care professionals to foster the resilience of LGBTQIA+ youth in out-of-home care.

Keywords: LGBTQ youth, Out-of-home care, Resilience, Care professionals, Child Welfare

Introduction

A recent scoping review concluded that despite the increasing attention, there is a dearth of peer-reviewed empirical studies on the lives of LGBTQ youth in out-of-home care (Kaasbøll et al., 2021). Research shows that LGBTQIA+ youth in out-of-home care are overrepresented (Fish et al., 2019) and that they experience multiple adversities, such as discrimination (Mallon, 2019), and negative well-being outcomes like mental health problems (Wilson & Kastanis, 2015). Few studies have explored the resilience of this population, mostly studying it from the perspectives of the LGBTQIA+ youth themselves (González-Álvarez et al., 2021; 2022). Despite care professionals having an essential role in the lives of LGBTQIA+ youth in out-of-home care (González-Álvarez et al., 2021, 2022; Paul, 2020), there is little research about care professionals' perspectives and roles in the development of resilience among this youth. Bridging this knowledge gap would help us to understand more comprehensively how LGBTQIA+ youth in out-of-home care deal with adversities and achieve better wellbeing.

LGBTQIA+ youth in out-of-home care

In severe cases of child abuse and neglect, the Child Welfare System (CWS) might resort to family separation where children and youth are placed in the care of the State, in out-of-home care: alternative living arrangements such as foster care or residential care. Although care agencies do not usually register the SOGIESC of youth, studies in the USA have consistently pointed to an overrepresentation of LGBTQIA+ youth in the CWS, particularly in out-of-home care. The estimates show a prevalence ranging from 19% to 39% (Baams et al., 2019; Dettlaff et al., 2018; Fish et al., 2019; Greeno et al., 2018; Irvine & Canfield, 2016; Sandfort, 2020; Wilson & Kastanis, 2015). Despite the large overrepresentation, LGBTQIA+ youths remain a rather invisible population for care professionals (Mallon, 2019). Research has also shown the multiple adversities that LGBTQIA+ youth in out-of-home care are confronted with. They experience physical and verbal harassment based on their SOGIESC (Mallon, 2019), have a higher number of placements, present a higher risk to age out of foster care without having adequate preparation for transitioning to adulthood, and show an overreliance on congregate care or group home settings (Capous-Desyllas & Mountz, 2019; Jacobs & Freundlich, 2006; Mallon et al., 2002; Mallon & Woronoff, 2006; McCormick, 2018). They also experience particular obstacles to participating in decisions that affect their lives (Gonzalez-Alvarez et al., in press) and report barriers to housing, education, employment, and

gender-affirming medical care (Mountz et al., 2018). The adversities faced by LGBTQIA+ youth in out-of-home care might contribute to well-being inequalities such as their lower educational attainment, higher substance use, heightened mental health challenges (Fish et al., 2019), and their increased likelihood to experience homelessness, and emotional distress when compared to their non-LGBTQIA+ counterparts (Wilson & Kastanis, 2015).

Resilience among LGBTQIA+ youth in out-of-home care

Most research on LGBTQIA+ youth in out-of-home care has followed a risk-based approach, revealing their negative experiences and their impact on their wellbeing. However, few studies have addressed their resilience: how LGBTQIA+ youth in out-of-home care confront their adversities to maintain and regain their wellbeing. Although early understandings of resilience mainly focused on the individual traits (e.g., self-efficacy and self-esteem) that offered protection against adversities (Cicchetti et al., 2000; Ungar et al., 2013), the concept has expanded to incorporate the influence of the social environment (e.g., family acceptance), and wider socio-cultural factors (e.g., access to health care services) (Masten, 2014; Ungar et al., 2013, Ungar, 2012). In this study, we operationalize resilience as a dynamic and multidimensional process of drawing from individual (e.g., optimism), relational (e.g., close social ties), sociocultural (e.g., social identity), and ecological (e.g., access to housing or community services) resources by any given person or community to regain, sustain, or improve their wellbeing in contexts of significant adversity (Ungar & Theron, 2020; Ungar, 2011).

A review study scoped the current research on resilience among LGBTQIA+ youth in out-of-home care (González-Álvarez et al., 2022). The study operationalized resilience as a multidimensional concept, with individual, socio/relational, and community dimensions. The results showed individual characteristics associated with LGBTQIA+ youth resilience, for example, LGBTQ youth aging out of foster care resorted to self-relying strategies to face their significant barriers to housing, education, and employment (Banghart, 2013); LGBTQ youth in the out-of-home care were able to leave behind stigma and shame and move towards self-acceptance and pride through the development of positive LGBTQ identity (Capous-Desyllas & Mountz, 2019). At the community level, studies from a scoping review (González-Álvarez et al., 2022), showed that access to SOGIESC specific services such as LGBTQ centers, trans-affirming organizations and community groups, and LGBTQ affirming mental and behavioral health care services were pivotal resources

for the maintenance of wellbeing among LGBTQ youth in the out-of-home care (Coolhart & Brown; Erney & Weber, 2018; Mountz et al., 2018). The importance of the relationships of LGBTQIA+ youth to sustain their wellbeing when facing adversity has received special attention in the literature, particularly in their relationships with care professionals (González-Álvarez et al., 2022).

Care professionals' roles and perspectives on resilience among LGBTQIA+ youth in the out-of-home care

Research shows the special relevance of care professionals to the lives of LGBTQIA+ youth in out-of-home care. Forge (2018) reported that among homeless youth with a history of out-of-home care, care professionals were more often a source of support among LGBTQ youth, compared to heterosexual cisgender youth. Mallon and colleagues (2002) showed that some LGBTQ youth in out-of-home care maintain distance with their families, mainly due to SOGIESC-based rejection, and instead rely on relationships of support with other adults, including care professionals. Additionally, few studies have explored how the relationships between care professionals and LGBTQIA+ youth are a source of youth resilience. For example, our research team has found that general support and empowerment, and support and affirmation of youths' LGBTQIA+ identities, are essential elements for good relationships between youth and care professionals, and for youth to confront their adversities (González-Álvarez et al., 2021). Ragg and colleagues (2006) identified care workers' competencies that had a positive effect on the identity development of gay and lesbian youth in foster care; empowering and advocating for youth, validation of youth as individuals, and workers' acceptance were the main competencies identified.

Whereas professionals hold a considerable position to improve the lives of LGBTQIA+ youth in out-of-home care, they might also lack important skills and knowledge to support them, for example, many professionals cannot provide youth with support for their SOGIESC-related needs (Paul, 2020). This lack of SOGIESC-related support could explain why despite that most LGBQ youth in foster care perceive that social workers are supportive of their general needs, youth still feel the need to conceal their LGBQ identity from them (Gallegos et al., 2011). In fact, one important and lacking skill among care professionals is the capacity to engage in SOGIESC-related conversations with youth (Emmen et al., 2014; de Groot et al., 2018; Mountz et al., 2018; Rossenberg, 2013). Additionally, some care professionals might hold negative attitudes and prejudices towards LGBTQIA+ youth and in consequence provide less support to them (Greeno et al., 2021).

Although we know that care professionals exert a significant influence on the well-being of LGBTQIA+ youth in out-of-home care, there is little to no information about care professionals' roles and perspectives on youths' resilience to date. Most studies on LGBTQIA+ youth in out-of-home care have focused on the perspective of youth, and we lack information on their care professionals' knowledge and experiences (Kaasbøll et al., 2021). "However, prior research has shown that professionals are extremely important in fostering resilience of LGBTQIA+ youth in out-of-home care (González-Álvarez et al, 2021; 2022). Therefore, the current study aims at increasing our understanding of resilience development among this group by looking at the role and perspective of care professionals. For this purpose, the current study posed the following research question: "What are the care professionals' perspectives and roles on resilience among LGBTQIA+ youth in out-of-home care?"

Method

This study used data collected in the Audre project. The Netherlands-based Audre project investigated the experiences of LGBTQIA+ youth in out-of-home care and the perspectives of their care professionals (For more information Audre project see López López and colleagues 2021).

Procedure and interviews

We conducted 19 interviews with a total of 21 care professionals who had direct contact with LGBTQIA+ youth in out-of-home care. We developed a semi-structured interview guide including topics such as their professional and personal background, their professional experiences with LGBTQIA+ youth, their perception of care agencies and their policies regarding LGBTQIA+ youth, their access to LGBTQIA+ training, and their experiences with youth achieving positive outcomes in care. Most interviews were individual, and in two cases, two care professionals were interviewed simultaneously. Before the interview, we informed the care professionals of the purpose of the study, the voluntary and confidential character of their participation, and that they could stop the interview whenever they desired without having to provide any reason. The interview location was mostly chosen based on the care professionals' preferred location, which included care facilities, university rooms, public spaces, or their homes. The interviews were audio-recorded with the consent of the participants. All interviews were held face-to-face with the care professionals' informed consent.

Participants

Our convenience sample consisted of 21 care professionals with direct experience working with LGBTQIA+ youth in out-of-home care[10]; we only included professionals who answered yes to the question "Have you ever had any experiences with LGBT youth in your care?" We chose to approach care professionals with different backgrounds and with different job roles. Care professionals' varying positions were: professional foster parents[11], behavioral experts, a director of a care agency, foster care workers, a nurse, and social workers. Care professionals worked in various fields of youth care such as foster care, (secure) residential care, ambulatory care, child protection services, and organizations for professional foster care. Four care professionals identified within the LGBTQIA+ umbrella.

Analytical Approach

We transcribed the interviews using the audio-transcription program "F4 transkript" and uploaded them to the software Atlas ti, version 8.4. The chosen methodology to analyze data was Reflexive Thematic Analysis (TA), a method to capture themes or patterns of meaning across qualitative datasets (Braun & Clarke, 2006, 2019; Braun et al., 2018). Reflexive TA is a specific thematic analysis approach that, compared to other approaches, does not seek consensus or reliability during the coding process. Importantly, Reflexive TA takes into consideration the active role of the researcher in making sense of the data. Two of the authors performed the data analysis (SH and RG) following the six-step guideline provided by Braun and colleagues (2018). The data analysis was performed in two phases, first, SH performed the whole data analysis process with feedback from RG, and afterward, RG carried out the same process with feedback from SH; authors reflected on the influence of their own identities and background on the analysis. In the first step of the analysis, the authors read all the interviews to familiarize themselves with the data. Afterward, authors assigned codes to data trying to keep a balance between using their theoretical knowledge as a guide, while at the same time, keeping the coding close to the experiences as narrated by the youth. The multidimensional resilience model by Ungar and Theron (2020) was the main theory guiding our analyses, therefore we searched for individual, relational, and socio/cultural resources that promote wellbeing in the context of adversity among youth in out-of-home

10 The Audre study interviewed 29 professionals in total. For these analyses only 21 professionals were included, since they also provided information on their direct experience working with LGBTQIA+ youth.

11 The term in Dutch is "Gezinshuizen" and is a form of more professional and specialized type of foster care.

care. Thereafter, we used our codes to create the first set of preliminary themes and organized them in a thematic map. Later on, we reviewed the themes and their definitions. In the final step, we reported the results.

Ethics

The Ethics Committee of the University of Groningen approved the Audre project in 2017. Ethical considerations were always a top priority for the research team during the whole process. We ensured that all participants gave informed consent before participation and that they received comprehensive information about the study. They all received our final research report and were invited to join several events related to the project. We maintained contact with participants and they could always reach us (e.g., via email, telephone, and WhatsApp) in case they had doubts or required any information. Participants were aware of their right to terminate their participation at any moment. Participants' information was securely stored at the University of Groningen and data was pseudonymized.

Results

Care professionals identified a wide range of experiences and actors that fostered the resilience of LGBTQIA+ youth in out-of-home care. From professionals' narrations we recognized four main sources of resilience among LGBTQIA+ youth in out-of-home care: 1) the individual traits of LGBTQIA+ youth such as their strength and LGBTQIA+ pride; 2) open and honest conversations between professionals and youth about SOGIESC issues; 3) relationships that affirmed and supported youth's SOGIESC and their overall self, and; 4) the capacity of organizations to implement SOGIESC affirming practices.

"It also has a lot to do with how you're put together." Resilience conceptualized as a result of personal traits

Care professionals mentioned individual traits of LGBTQIA+ youth as relevant resources for youth to confront the adversity in their lives. Among some of the most cited characteristics were youth's strength and capacity to defend themselves, and their LGBTQIA+ pride.

Youth's strength as their capacity to defend themselves from their aggressors was regarded by some professionals as a way to be resilient. A professional spoke of a transgender girl who would not "let herself be bullied" by others

when, for example, sitting at "Christmas dinner at the care facility, dressing in a long black dress and with beautiful stiletto heels." The same professional continued recalling this experience: "She wasn't scared either. She also didn't let herself be cornered. That also means that she had it easy at that time and that she was not bullied so much." Another professional concluded that youth' insecurities were the reason, at least partially, why they were bullied: "But then she started being bullied more and more. Very sorry. And then I think, yes, is it because you are so insecure..." For professionals who followed this reasoning, the solution to bullying relied on the young person becoming stronger to defend from and resist the bullying. As a professional told a young person: "So you must also grow little calluses on the soul, no matter how annoying it is that I say that."

For some professionals, being strong meant that youth were able to protect themselves by taking important life decisions. A care professional mentioned a lesbian girl who distanced herself from her parents due to their constant judgment. Another lesbian girl with a history of involvement in psychiatric institutions ran away from home and showed up at the door of the out-of-home care services herself. At a very young age and with the heavy baggage of personal adversities, this young person decided to leave a dangerous environment, searching for a safe haven. The professional recalled the girl's words: "I'm not going back home. I'm not going back home. I really want contact with my mother, my mother is super important to me, I love her, but I can't live there. I can't grow up there."

Youth's pride in their LGBTQIA+ identity was deemed by some professionals as an important factor in the acceptance of youth, and hence in their resilience. Professionals mentioned that youth who openly and strongly expressed their SOGIESC (e.g., through their clothes) were perceived by others as being proud of their LGBTQIA+ identity, and being strong and "with character". In consequence, and according to some professionals, these perceptions protected them from being bullied. Conversely, youth who were questioning their SOGIESC were perceived by some professionals as insecure, and in consequence, lacked affirmation. A professional talked about a young person who was questioning their gender identity and who sometimes desired to be called with the pronoun "he", and sometimes with "she." For this professional, if the young person could have asserted a fixed gender identity, it would have resulted in acceptance from others: "We also thought, at a certain point, if you have made your mind up [coming out as a specific gender], that's how it will be, then you will also radiate that and then people will also accept that"

According to some professionals, youth who expressed their SOGIESC in a more "exaggerated" or "lively" manner would often be perceived by others as more secure in themselves and their LGBTQIA+ identity. According to these professionals, youths' willingness and openness to talk about and show their SOGIESC helped them to clearly express and meet their needs. A professional recalled an experience with a gay young person that was quite open about his sexual orientation: "And this guy was very interesting, too. Very intelligent boy. And uhm, very outspoken in things... He was able to articulate well what he wanted and didn't want." However, some professionals also realized the drawbacks of youth openly expressing their SOGIESC. A care professional mentioned the experience of a 5-year-old young person[12] who went to school in girl's clothes and "runs the risk of being left out of the group." Interestingly, the professionals reflected that the choice of allowing the young person to wear or not to wear girl's clothes actually depended on the youth's strength: "when is it allowed?... Well, yes, that also depends a bit on the child, how strong they are."

The belief that resilience among LGBTQIA+ young people in out-of-home care is the result of personal traits is shown more explicitly in the narration of a care professional who compared two gay boys. According to the professional, the two boys had experienced "everything to be damaged" in their lives, and while, for one of them, the adversities affected his well-being, the other boy fared relatively well. The professional explained this discrepancy as the result of youth's different "character," and described resilience as a process that has to do "...with how you're put together."

"Yeah, I don't know what's worse. That you have a banging argument about it or that it is kept silent." Conversations as a way toward SOGIESC affirmation

A prominent theme in professionals' narratives was the importance of conversations about SOGIESC issues with LGBTQIA+ youth and other adults in contact with these youth. Resilience was expressed through open, honest, and deep conversations that helped professionals to understand and affirm youth's SOGIESC.

Open, honest, and deep conversations between youth and professionals served as a way to understand, and eventually, affirm youth' SOGIESC. A professional mentioned the experience with a young person's exploration of their gender

12 The professional referred to the young person as a "boy." However, the professional mentioned ignoring if the young person actually identified as a boy.

identity. The young person was 16 years old, assigned female at birth, and living in residential care. The family of origin was having difficulties understanding that the young person was exploring their identity as a boy. In this exploration, the young person sometimes used "he", and sometimes "she" as pronouns. According to the professional, the young person and the professional engaged in a conversation to help the young person to understand their identity, feelings, needs, and fears: "...just looking along, thinking along, Yes, what do you like? What would you want, why would you want that? Why here and there [the use of he or she pronouns]?" After this conversation, the professional could also understand that the young person's use of different pronouns was partially caused by the difference in acceptance in the different social environments the young person lived in. As the young person said to the professional: "Yeah, because they don't accept it there [male's name and pronoun] yet so I`m a bit more careful with it." The understanding developed after this conversation helped the professional to better affirm the youth's SOGIESC while considering the different social environments they moved through.

SOGIESC-related conversations with youth were often the first step on the pathway to affirmation; by making the topic of SOGIESC visible, the process of understanding and acceptance could unfold. After foster parents downplayed, for a long time, the need for a trans boy to be called by his chosen name, professionals pushed foster parents to start a conversation about it. As the professional put it: "Yeah, I don't know what's worse. That you have a banging argument about it or that it is kept silent." According to another professional, a young person got in trouble with their foster parents because of wearing girl's clothes. Foster parents had great difficulty starting a conversation with the young person or other professionals about this topic. It was then that the professional had to instigate foster parents to open a conversation. Once the conversation opened, the process of affirmation began: "And that took a very long time, so that was difficult. Once the foster parents said, okay, let's talk about it, then things went fast in that sense."

SOGIESC-related conversations also helped professionals to navigate the difficult balance between affirming youth's SOGIESC and protecting them from SOGIESC-based violence. For example, a professional narrated how an openly gay boy in the care system expressed his desire, but hesitancy, of coming out at school. The professional talked to the gay boy, and together, they reflected on the possible scenarios he could face and the best way to deal with them. Another professional began a conversation with a young person who was

exploring gender identity and liked wearing girl's clothes. Although this was accepted within the foster care house, the professional started a conversation with the young person about the possible dangers he could face in the outside world and how to deal with them. The professional reflected:

> *You almost want to protect him or something. For the outside world. And that's not realistic, so you have to teach him how to deal with the outside world. And he can practice that by openly talking about it with the foster family.*

Despite the relevance of discussing SOGIESC issues, this was regarded by some professionals as a difficult conversation for them, foster carers, and parents. As a professional said: "it's not really a topic that I think is discussed very easily." Professionals identified several barriers to SOGIESC conversations, one of the most prevailing, the fear of "focusing too much" on this topic. Professionals feared that highlighting youths' SOGIESC would put them into an "exceptional position," making them more visible and, in consequence, making them an object of marginalization and discrimination. Yet, when conversations about the young person's SOGIESC were avoided or postponed, professionals realized the detrimental consequences. A professional expressed regret about not having discussed earlier the gender identity of a trans boy in foster care: "And you don't want to push anyone, do you… But, then we should at least have explored it more with his mother… So looking back, we could have done that sooner."

Professionals could also identify facilitators for SOGIESC conversations. The most significant factors were the professionals' skills, their LGBTQIA+ identities, and the quality of the relationship they established with the youth. The ease to talk about SOGIESC issues depended more, from their own perspective, on their personal experiences than their professional skills. As a professional described it: "And I think if you want to talk about sexuality, you should at least figure it out for yourself." It appeared, from professionals' narratives, that professionals who identified themselves as LGBTQIA+ were perceived by youth as safe and open to engaging in conversations that other professionals would avoid. LGBTQIA+ professionals felt much more ready and knowledgeable to have SOGIESC conversations. "Because I think I belong to that target group myself, I don't know. It never really comes as a surprise to me. So that it is just in general an easy subject for me to talk about with children." Moreover, according to professionals, creating a good connection with youth helped them to be more able to have conversations about SOGIESC issues with

them. A professional's reflection on this: "I think you uhm, it's always about, how do you connect? And if you have good contact, you can talk about anything.... I think that's the most important." Amidst the hardships that LGBTQIA+ young people experienced in their past, their trust in adults and others was often damaged. Therefore, trust was a quintessential element to start a conversation with youth about their SOGIESC. As a professional reflected:"...that also takes time. That's trust. And a child must have experienced that indeed, that you matter, that you are valuable just the way you are."

Overall, professionals were aware of the importance of conversations to understand and affirm youth's SOGIESC. Importantly, as some of them expressed, the initiative to start these conversations must lie on the professionals as this is part of their professional duty. And although some professionals do have the ability to talk about SOGIESC issues, a question remains in the head of most of them: "How do you have those kinds of conversations?"

"...if you think you feel good about that and you want to do that, just do it. Because this is who you are." Affirming and supportive relationships

The development of affirming and supportive relationships between professionals and youth appeared as an essential element for LGBTQIA+ youth' resilience. Professionals reflected on how important it was for youth to receive professionals' validation of youth's choices in terms of clothes, hairstyles, and personal pronouns. A professional described how he encouraged a trans girl to dress as she wished: "...if you think you feel good about that and you want to do that, just do it. Because this is who you are."Professionals mentioned that the pronouns and names professionals and peers used to refer to LGBTQIA+ youth served to validate their gender identity. Moreover, professionals had to be sensitive enough to address youth according to their needs, while taking into account the limitations of their specific circumstances. For example, a professional mentioned a trans boy who at first wanted to be called by his male name and later preferred to re-take his female name due to experiencing difficulties with their mother. The professional recalled the conversation with the young person: "Professional: Would you like to stay [male's name] or should I give you your other name [girl's name]? Young person: Well, I really want you to give me my other name [girl's name] right now."

Besides their LGBTQIA+ identity, youth's body, race and ethnicity, and individual characteristics such as autism also required affirming and supportive

professionals. For example, a professional helped a lesbian girl to come to terms with her body by referring to positive role models in the media: "…you happen to be slightly heavier than someone else? So then I watched Queen Latifah with her on the internet. And then I also said, but do you know that Queen Latifah, she is a very beautiful woman." Another professional witnessed the great efforts of professional foster parents of a lesbian girl who was born outside of the Netherlands, to validate her cultural roots. The foster parents threw a big party for people from her country of origin and people from several regions of the Netherlands showed up. For the girl, this was an amazing experience that reinforced her cultural identity and strengthened her relationships with her community.

Professionals' affirmation was also about advocating for, and protecting LGBTQIA+ youth when their SOGIESC was invalidated by foster parents, families, peers, and other professionals. A professional talked about a trans girl who liked to wear girls' clothes and whose foster parents did not accept it. The trans girl started to hurt herself and the professional had to step over and push the foster parents to talk about gender identity with her. Thanks to the intervention of the professional, foster parents could slowly move towards acceptance: "So I think that's a success story in that sense. You all unite together for the child, like: 'it is good, and you can be who you are'."

Affirming professionals were often placed in a difficult position when trying to validate LGBTQIA+ youth. For these professionals, dealing with unaccepting parents required courage and tact. Professionals feared that direct confrontation with parents could hurt the relationship and collaboration. One of the professionals had decided to stand for the LGBTQIA+ young people who sometimes were bullied by parents or foster parents.

> *But also say that a parent is not allowed to say that. …Parents could say terrible things to their children, even in front of us. And then say right away, you can't say this to your child. If you don't say anything, you give permission.*

Professionals also witnessed foster parents, peers, and families who were very affirming of LGBTQIA+ youth. A professional narrated how he was astonished to see how, after some time, parents accepted their trans boy and gave him the space and freedom to be himself. Parents accompanied the trans boy along his whole gender identity process: "They gave all the space for that. They chose

with him, all the moments where he went, as if with his boy's name, where he went to school as a boy, how that trajectory went…" Peers could also be affirming and, in the eyes of the professionals, often more than adults. A professional mentioned how the group in the child protection agency reacted so positively to a trans girl: "… it doesn't feel like it should be hidden. No, it's interesting, but it's nothing to be ashamed of, apparently. It's more, like… more something to be proud of."

Overall, affirmation was about letting young people know that they could live their SOGIESC and other identities as they desired; and that professionals would accept, protect and celebrate this. Importantly, in the eyes of the professionals, youth who felt their overall self was affirmed, were also more confident and happier. A professional exemplified the well-being improvement after parents were more accepting of their trans kid: "So parents got more and more ready and they noticed that he was thriving because there was just no pressure and no expectations that fit the girl pattern."

Some professionals discussed the lack of strong social networks or social support among LGBTQIA+ youth in care. Often, LGBTQIA+ youth's relationships with their parents were especially affected. As a professional mentioned: "Interviewer: Is there also a difference or not [in terms of the source of social support]? Professional: Yes, most heterosexuals would say parents. The majority of LGBT young people would not. They would say friends or professionals." According to some professionals, for many young people, professionals were the only "anchor points" in their lives. In some cases, professionals created strong relationships of support with youth, connections that could linger after the youth left care. A professional suggested that professionals should also act more "like family", and in this way, compensate for the lack of support youth receive from their families: "And so I think what we need to do in terms of being professionals and supporting them in their networks, is to de-professionalize ourselves a little bit, to provide a little more family type based support." Creating deep relationships with LGBTQIA+ youth was seen by some professionals as the best way to support them. According to a professional, although organizations might push professionals to keep their distance from youth, she was determined to keep working with her "soul and heart": "they [professionals] said you just have to get harder. Yes, yes, well, I'm not going to grow a callus on my heart because then things won't feel right anymore."

"I wonder... I don't think we really have a policy on this." - The capacity of organizations to implement SOGIESC affirming practices.

Resilience does not steam only from individual traits or from supportive relationships; social policies and the availability of institutional resources are essential to fight adversity and achieve wellbeing (Ungar & Theron, 2020). Resilience resources located at a macro level, refer to the cultural backdrop that influences individuals' well-being, and includes, for instance, cultural beliefs, values, and practices that are expressed through institutions and their policies (Ungar et al., 2013). In this vein, researchers working on policies and human rights have used the concept of resilience to link social structures to individual and communities' well-being outcomes in the context of adversity (e.g., Betancourt et al., 2010). In the current study, care professionals spoke of the relevant role that care organizations played in promoting the resilience of LGBTQIA+ youth in out-of-home care. Care organizations influenced LGBTQIA+ youth resilience through their policies and practices.

Among care professionals, the relevance of specific policies concerning LGBTQIA+ youth was a controversial topic. For most professionals, having clear SOGIESC policies was needed to protect LGBTQIA+ youth, for example, a professional reflected on how SOGIESC policies could create awareness: "we've never actually talked about it [SOGIESC issues], we should also include that in our policy." Professionals expressed that the adversities that LGBTQIA+ youth go through are often related to their SOGIESC and therefore require particular policies. Other professionals were not sure about the need for SOGIESC policies; they argued that there were other priorities, or that organizations were overwhelmed and workers were overworked: "I don't know if there is still the energy to just put that [SOGIESC issues] in a policy document." Beyond being pro or against specific SOGIESC policies, the most common experience was uncertainty about the existence and the details of such policies in their care agencies. Most professionals answered similarly when asked about SOGIESC policies in their agencies "I wonder... I don't think we really have a policy on this."

Few professionals were certain about the existence of policies regarding SOGIESC and how they benefited LGBTQIA+ youth. For example, a professional working for an LGBTQIA+ care agency mentioned that their code of conduct required that professionals are "accepting and open to youth's SOGIESC." According to the professional, these types of policies go beyond being symbolic,

as they also compel professionals to be affirmative of youth's SOGIESC. Other types of policies in care agencies included clear procedures to engage in conversations with young people about their SOGIESC, and matching and intake procedures. A professional at another care agency mentioned that within six weeks of the intake, professionals had to engage with youth in conversations about sexual development, including SOGIESC. Guidelines on best practices to meet the needs of LGBTQIA+ youth in out-of-home care in the US have stressed the importance of specific SOGIESC policies, for example, policies that state clear procedures to select the most appropriate placement (Child Welfare League of America; 1991; Wilber et al., 2006). According to some professionals, their organizations had clear policies for matching LGBTQIA+ youth with the right carers. These policies prescribed that professionals screen foster parents on how accepting and open they were to LGBTQIA+ youth. A professional mentioned:"[...]we do take into account that if someone, uhm, belongs to that target group [LGBTQIA+ youth], then you are looking for a place or foster parent who are open-minded about it."

The aforementioned guidelines for LGBTQIA+ youth in out-of-home care also mention the importance of care professionals training on SOGIESC issues (Child Welfare League of America; 1991; Wilber et al., 2006). In this study, most professionals agreed on the importance of care organizations providing training on SOGIESC issues. According to them, training on SOGIESC issues would help professionals gather a knowledge base from which they could better affirm and support LGBTQIA+ youth. Despite this, most professionals had not received any specific training on SOGIESC issues. This gap of knowledge meant that most professionals were not prepared to meet the needs of LGBTQIA+ youth in care. "So I think ...There is a real gap in knowledge and expertise and practice [LGBTQIA+ issues]" When professionals took sexuality training, these were mostly focused on issues regarding safety and sexual intercourse, but seldom incorporated SOGIESC issues. Moreover, these training were often developed for straight and cisgender youth and did not fit the needs of LGBTQIA+ youth. "A lot of the tools that we have available come from different organizations. So we've got board games and stuff like that. They are all heterosexual." Some professionals found ways around traditional sexuality training. For example, a professional realized that the well-known "flag system" (Frans and Franck, 2013) that helps set boundaries for sexual relationships was not LGBTQIA+ inclusive and therefore decided to give it a twist to include LGBTQIA+ youth: "take the flag system. I say, yes, very nice, that doesn't appeal to me. I do that in a different way. It's about the outcome, isn't it?" Additionally, professionals

expressed that providing training on SOGIESC issues was seldom an organizational goal. Instead, it came from professionals' own motivation to learn about the topic, because of curiosity or because they dealt with LGBTQIA+ youth experiences that pushed them to gain knowledge and skills.

It is known that connectedness to the LGBTQIA+ community serves as a resilience resource among LGBTQIA+ individuals, for example, reducing internalized homophobia and providing several forms of social support (Herrick et al., 2014; Shilo et al., 2014). Some care organizations and professionals tried to better address the needs of LGBTQIA+ youth by connecting them to LGBTQIA+ organizations and communities. These professionals and organizations made efforts to connect with LGBTQIA+ organizations such as COC (the largest and oldest LGBTQIA+ rights organization in the Netherlands), gender clinics, and trans-affirming organizations. In this way, care organizations could get support from other organizations that specialized in SOGIESC issues, benefiting from their expertise. Sometimes these LGBTQIA+ organizations offered training at the care agencies, and sometimes they invited youth or professionals to their offices: "And we also try to invite the COC through theme meetings so that we can exchange experiences." A professional mentioned that despite the existence and support of these external parties, there was a lack of an organization that focused exclusively on LGBTQIA+ youth in the care system. Although professionals tried to connect LGBTQIA+ youth to the LGBTQIA+ community, there were several barriers to their efforts. For example, some child protection placements were located in rural areas distant from the big cities where LGBTQIA+ organizations had their offices. To tackle this problem, some professionals highlighted the relevance of the presence and accessibility of LGBTQIA+ organizations in online spaces.

Discussion

The narratives of care professionals revealed four main resilience resources among LGBTQIA+ youth in out-of-home care: 1) youth individual traits such as strength and LGBTQIA+ pride; 2) conversations on SOGIESC issues; 3) relationships that affirmed and supported youth's SOGIESC and their whole self; 4) care organizations' capacities to implements SOGIESC affirming practices.

Previous studies show that individual resources such as self-relying strategies (Banghart, 2013) and LGBTQ positive identity (Capous-Desyllas & Mountz,

2019; Mountz et al., 2018) serve LGBTQ youth in out-of-home care to confront adversities. In one of our previous studies, we explored resilience, in a multidimensional way, among LGBTQIA+ youth in out-of-home care in the Netherlands. At the individual level, youth resorted to self-relying strategies such as resisting, escaping, and fighting their adversities (González-Álvarez et al., 2021). In line with the aforementioned studies and the more traditional resilience perspective, some care professionals in the present study conceptualized resilience as a personal trait, meaning that they are strong and have pride in their LGBTQIA+ identity. Although professionals were aware of the several social and organizational factors that impacted the well-being of LGBTQIA+ youth in out-of-home care, they mostly reserved the term resilience when referring to youth's traits. This might be a consequence of the long history of resilience understood as an individual trait (Masten, 2014; Ungar, 2012).

Care professionals' role in the resilience of LGBTQIA+ youth in out-of-home care was in line with previous research. For instance, LGBTQIA+ youth in out-of-home care in the Netherlands mentioned the importance of having relationships of support and empowerment, including one with their care professionals. Additionally, youth also mentioned how much they relied on their relationships to form a positive identity around their SOGIESC, through processes of understanding, acceptance, and affirmation (González-Álvarez et al., 2021). We could notice a similarity between the aforementioned relational resilience resources by youth and the ones mentioned by care professionals in the current study. From both perspectives, support for their diverse needs, and affirmation of their whole identities, seem to be basic resilience elements for LGBTQIA+ youth in out-of-home care. However, there were some subtle differences between youth and care professionals' perspectives; while youth highlighted the relevance of being empowered, in the sense of professionals allowing them and encouraging them to take care of important decisions that concerned their life, professionals barely mentioned the way they fostered this process. And while professionals mentioned the significance of conversations to achieve SOGIESC affirmation, youth paid more attention to professionals' reactions to their coming out process. The differences in the perspectives of youth and professionals could, at least partially, arise from the use of different interviews with youth and professionals. However, these differences could also show the differences in their perspectives and needs. Several other studies have identified care professionals' support and affirmation of their LGBTQIA+ identities as essential elements for LGBTQIA+ youth in out-of-home care resilience (Banghart, 2013; Forge et al., 2018; Mallon et al., 2002; Paul, 2020;

Ragg et al., 2006). Overall, results point to the outstanding relevance of care professionals to fostering LGBTQIA+ youth resilience.

Current multidimensional perspectives on resilience take into account the impact of social policies and institutional capacities to tackle adversities and promote wellbeing among minoritized populations (Ungar et al., 2013; Ungar & Theron, 2020). For example, a study on the Canadian shelter system showed how the existence and lack of policies created inequalities for LGBTQ2S youth (Abramovich, 2017). Within the CWS, a set of agency practices that would help organizations to better serve LGBTQ youth have been identified and clearly delineated, first by the Child Welfare League of America (1991), and later on by Wilber and colleagues (2006) who developed the Model Standards Project, describing care agency and care professionals' standards to work with LGBTQ youth. However, these SOGIESC policies do not seem to be sufficiently implemented in care agencies, at least, according to a US study (Rosenwald, 2009). More specifically in the Netherlands, the organization "Roze Zorg" provides certifications called the "Roze Loper" to organizations that prove to be SOGIESC inclusive and affirming with their clients (Rozezorg, 2022). Although care professionals did not mention it, we are aware of at least one care organization that is certified with the "Roze Loper". Despite findings in the aforementioned literature and the existence of SOGIESC certifications for organizations, most care professionals in the present study were in doubt about the need and importance of policies and organizational practices aimed at LGBTQIA+ youth in out-of-home care. Overall, most professionals were unsure about the existence of these policies, if they were needed, and in which way they could help youth. Given the existence of guidelines for the best care of LGBTQIA+ youth in out-of-home care, it is surprising that most care agencies have not yet incorporated the SOGIESC affirming practices recommended, specifically when it comes to bullying, SOGIESC registration, matching, and training. Interestingly, our previous studies on resilience among LGBTQIA+ youth in out-of-home care, from the youth's perspective, have not identified care agencies' SOGIESC policies as the main resilience resources (González-Álvarez et al., 2021, 2022). Instead, youth have mentioned the relevance of access to external SOGIESC-specific services such as LGBTQ youth centers as means to confront their adversities and sustain their wellbeing (Coolhart & Brown, 2017).

In a previous study of resilience among LGBTQIA+ youth in out-of-home care (González-Álvarez et al., 2021), youth talked about how their understanding and engagement with their communities was an important way to confront

their adversities, for example, by reflecting on social inequalities and by being involved in activism and social justice. In the current study, despite care professionals realizing the potential in youth confronting their adversities, professionals did not mention youth' community engagement or activism. This might as well be the result of our interview guide and the specific questions we posed, or that professionals indeed did not perceive youth community engagement, or did not deem it as an important topic to discuss. Research on LGBTQIA+ youth resilience suggests that community building and activism are important ways to confront adversities and create better living conditions (Borges, 2019; DiFulvio, 2011). Given the disempowerment LGBTQIA+ youth experience and how traditional perspectives of resilience can hold them responsible for their adversities, it is important to recognize and encourage youth capacities to shape the environments they live in, by addressing social injustices within their communities (Hart et al., 2016).

The current study has several strengths; the use of in-depth interviews allowed us to explore resilience resources at their several ecological levels, from individual to organizational factors, something that would prove difficult using standardized quantitative resilience instruments (Ungar, 2003). Analyzing the interviews with a Reflexive TA allowed us to perceive and understand the influence of our beliefs and backgrounds when interpreting professionals' narratives (Braun & Clarke, 2006, 2019). As for the limitations, the study focused only on the care professionals working directly with LGBTQIA+ in out-of-home care, further studies incorporating the perspectives of foster parents, families of origin, and peers would be of added value. Additionally, we have only included the perspectives of care professionals who were open to participating in our study and who might belong to the professionals with a more SOGIESC-positive perspective. Including care professionals with all types of perspectives and experiences might be of added value to further studies. Our interview guide did not contain explicit questions on resilience, further studies could explore resilience perspectives using more explicit questions. Finally, the use of a cross-sectional design restricts us from grasping how resilience unfolds over time; longitudinal designs are therefore needed.

Based on our findings, we offer several recommendations for care professionals and care organizations to promote the resilience of LGBTQIA+ youth in out-of-home care:

1) Care organizations and care professionals must develop a more comprehensive understanding of the factors that buffer the impact of adversities on the wellbeing of LGBTQIA+ youth in out-of-home care, especially in terms of organizational policies and youth activism. This will pave the way for creating more SOGIESC-affirming care organizations and for the participation of youth in addressing their structural inequalities;

2) Care professionals are strongly encouraged to sharpen their communication skills around SOGIESC issues with youth. Training in SOGIESC issues could not only increase their knowledge on the topic but also give them tools to have these conversations with youth;

3) Care organizations and care professionals must delve into, and implement, the current guidelines and standards to serve LGBTQIA+ youth in out-of-home care. To date, there is knowledge available on policies and practices to create a safe and affirming care environment for LGBTQIA+ youth in out-of-home care;

4) Care professionals and care organizations must provide LGBTQIA+ youth in out-of-home care with the opportunity to get in contact with the LGBTQIA+ community, for instance, by strengthening collaboration with LGBTQIA+ advocacy groups.

The exceptional role of care professionals in the resilience of LGBTQIA+ youth in out-of-home care is undeniable and perceived by both, youth (González-Álvarez et al., 2021) and professionals alike. Care professionals realize that their support and affirmation of LGBTQIA+ youth in out-of-home care is essential for youth to confront their adversities and increase their wellbeing. Nevertheless, care professionals must still increase their understanding of how SOGIESC-affirming care organizations, as well as the community involvement of LGBTQIA+ youth, are crucial elements to empowering and fostering youth's resilience.

5

Chapter 5

The Participation of LGBTQIA+ Children and Youth in Care in the Netherlands

This chapter is based on: González- Álvarez, R. V., ten Brummelaar, M. D. C., van Mierlo, K. R. O., Mallon, G. P., & López López, M. (In press). The Participation of LGBTQIA+ Children and Youth in Care in the Netherlands. In K. Križ, & M. Petersen (Eds.), *Children's Participation in Child Protection: International Research and Practice Approaches*. Oxford University Press.

Introduction

The United Nations reported that the progress in the achievement of human rights during the last decade was highly uneven (United Nations Human Rights Council, 2016). The 2030 Agenda for Sustainable Development promises to prioritize human rights for groups that are more vulnerable and marginalized, including children. The agenda stresses the importance of preventing discrimination and inequality based on distinctions of any kind (United Nations Human Rights Council, 2016). Member states have made advances to end the discrimination and violence against individuals based on their SOGIESC. However, much work is still needed, as severe human rights violations are still committed against people based on their SOGIESC (United Nations Human Rights Council, 2015). Human rights violations based on SOGIESC also affect children and adolescents. According to Article 2 in the United Nations Convention on the Rights of the Child (CRC), no young person should be discriminated against or excluded based on their age, race, sex, language, religion, political opinion, nationality, ethnic or social origin, disability, or another status (United Nations Committee on the Rights of the Child, 1989). Although the Dutch government has made significant progress in achieving children's rights over the last 30 years, there is still more work to be done. So far, progress has been uneven and often inequitable, as the most marginalized children are disadvantaged in terms of their material well-being, health and safety, education, behaviors and risks, and housing (UNICEF, 2013).

Children's right to be heard is considered one of the four general principles of children's rights. However, this right is affected by inequality and systemic discrimination. Article 12 in the CRC claims that states must ensure to the child who is capable of forming their own views "the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child" (Article 12, pp. 3, Convention on the Rights of the Child 1989, n. p.). Unfortunately, children's right to express their views on the wide range of issues that affect them remains unfulfilled due to systemic discrimination based on their identities and statuses (United Nations Committee on the Rights of the Child, 2009). Provisions such as Article 12 are essential elements supporting the children's participation movement.

The children's participation movement has had a strong reverberation within child protection systems (CWS) in several countries. This movement has resulted in increased interest in research and development of policy and

legislation (see, for example, Bessell, 2011; Cossar et al., 2014; Cudjoe et al., 2019; Healy & Darlington, 2009; Toros et al., 2013; van Bijleveld et al., 2014). Various studies stress the importance and benefits of youth participation in the CWS. Children who participate in decisions affecting their lives experience more connection and commitment to decisions by the CWS (Woolfson et al., 2010) and an increase in self-esteem (Vis et al., 2011). Children's participation is associated with children experiencing agency and feeling in control (Bell, 2002; Leeson, 2007; Munro, 2001). Despite the current evidence showing the possible benefits of children's participation, children's involvement does not occur often enough in child protection. There is little evidence pointing to children's views making a difference in the decisions about their lives (Bessell, 2011; van Bijleveld et al., 2015). Several studies have shown the many barriers that impede that children's participation go into practice (Dillon et al., 2016; Gallagher et al., 2012; Healy & Darlington, 2009; Holland, 2001; ten Brummelaar et al., 2018; van Bijleveld et al., 2019; Vis et al., 2012; Woolfson et al., 2010). These researchers have identified challenges at the individual level and the group and system levels. For example, one challenge at the personal level is for children to overcome prior negative experiences with participation. At the group level, prior research found that one challenge was a lack of safe and supportive environments, which are crucial in fostering children's participation. At the system level, one challenge includes the need for laws and policies concerning children's participation and rights. These barriers limit children's opportunities to participate in decision-making processes (Abdullah et al., 2018; Bouma, 2019; Gal, 2017; Horwath et al., 2012; van Bijleveld et al., 2015).

Although most children in the CWS experience the difficulties and barriers of children's participation, specific groups are subjected to substantial disadvantages and marginalization within the system, including LGBTQIA+ children and youth. Therefore, they could face challenges to be heard (Horwath et al., 2012; López López et al., 2021; Macpherson, 2008; Mallon, 2021; Shelton & Mallon, 2021). Children's SOGIESC are potential sources of discrimination for these children. Discrimination might challenge accomplishing their fundamental rights, including their right to participation (Mallon, 2019; McCormick, 2018). Children need a safe, supportive, and friendly environment to participate (Cudjoe et al., 2019; Horwath et al., 2012). It is of utmost importance that child protection caseworkers and other care professionals develop a trusting and positive relationship with children to enable their participation (Cossar

et al., 2014; Husby et al., 2018). However, research has recognized the CWS system as a mostly unsafe and unwelcoming place for LGBTQIA+ children and youth (Mallon, 2021; McCormick, 2018). Except for some pioneering literature published in the 1990s (Mallon, 1998; Sullivan, 1994), the experiences and lives of LGBTQIA+ children and youth in the CWS have not received attention from social work researchers until recently (Kaasbøll & Paulsen, 2019; McCormick, 2018). Furthermore, most social work research about this topic published in English has been conducted in the United Kingdom and United States (Carr & Pinkerton, 2015; Cossar et al., 2017; McCormick et al., 2017; Wilson et al., 2014; Wilson & Kastanis, 2015). However, no studies explicitly address the participation of LGBTQIA+ children and youth in the CWS in the Netherlands.

This study seeks to fill the gap in the literature by examining how LGBTQIA+ youth in the Netherlands experience participation while they are involved with the child protection system. The findings show that although the Dutch CWS is increasingly oriented towards the recognition and practice of children's and young people's participation, LGBTQIA+ youth experiencing out-of-home care still face challenges to meaningful involvement. This chapter will discuss a positive perspective, where care professionals were affirming and supportive of the needs of LGBTQIA+ youth, and a negative mindset, where they did not hear and consider children's voices and opinions.

LGBTQIA+ Children and Youth in the Child Welfare System

The scarce evidence about the experiences of LGBTQIA+ children and youth in the CwS leads us to four crucial conclusions (Mallon, 2019; McCormick, 2018). First, LGBTQIA+ children and youth seem to be overrepresented in the CWS and overlooked (Mallon, 2019; Mallon, 2021; McCormick, 2018). Second, there is a systemic inability and unwillingness to recognize the presence of the LGBTQIA+ community in the CWS (McCormick et al., 2017). LGBTQIA+ youth often feel pressured to remain invisible and isolated. They feel like society and its institutions do not want to recognize their presence (Paul, 2018). Paradoxically, LGBTQIA+ youth are overrepresented in child welfare services and out-of-home placements (Baams et al., 2019; Fish et al., 2019; Irvine & Canfield, 2016; Mallon & Perez, 2020; Wilson & Kastanis, 2015). Third, identifying as LGBTQIA+ is often a reason that youths encounter the CWS. Although, at first glance, the reasons why children access CWS do not seem related to their SOGIESC, studies found that the cases involving youth's SOGIESC play a significant role in their referrals for services (Mallon, 2001; Mallon, 2019; Mountz & Capous-Desyllas, 2020; Woronoff et al., 2006). Many of these youth enter the CWS because they have

experienced difficulties with their birth families related to their SOGIESC (Mountz, & Capous-Desyllas, 2020; Capous-Desyllas et al., 2018). Their families' lack of acceptance is one of the reasons LGBTQIA+ leave their birth families and out-of-home placements (Mallon, 1998; Wilber et al., 2006; Woronoff et al., 2006).

Third, LGBTQIA+ children and youth are often exposed to adverse and unwelcoming experiences in the CWS. LGBTQIA+ youth in care frequently need to hide their sexual identity and sexuality; they might become victims of harassment, violence, bullying, discrimination, lack of acceptance, and abuse (Cossar et al., 2017; Gallegos et al., 2011; Mallon, 1998; Mallon, 2019; Mallon, 2021; McCormick, 2018; Wilber et al., 2006; Woronoff et al., 2006). Staff and peers perpetuate this exposure to harassment and violence, and at times it is permitted by caretakers who are inclined to blame LGBTQIA+ youth for their mistreatment (Greeno et al., 2021; Mallon, 1998; Wilber et al., 2006; Woronoff et al., 2006). Moreover, LGBTQIA+ youth experience double standards. They are not allowed the same privileges, rights, and relationships as heterosexual youth (McCormick, 2018).

The limited research conducted by professionals in the field suggests that child protection systems are frequently not well suited to providing a safe and affirming environment for LGBTQIA+ children and youth. As a result, they fail to protect this group of young people from harassment and violence. For instance, certain states in the US require LGBTQIA+ youth to participate in reparative or conversion therapies (Estrada & Marksamer, 2006). This creates a double standard that permits disciplining LGBTQIA+ youth for behaviors that hetero and cisgender youths are not accountable for (Mallon, 2019). Overall, CWS fails to identify community support for LGBTQIA+ youth (Mallon, 1998; Mallon et al., 2006; Mallon & Woronoff, 2006; Wilber et al., 2006). Moreover, the support for LGBTQIA+ young people by child protection systems appears limited by professionals' lack of knowledge and confidence in working with LGBTQIA+ children and youth (Cossar et al., 2017).

Lastly, LGBTQIA+ children and youth face permanency challenges. They experience a higher number of placements and instability, a higher likelihood to age out of foster care without adequate preparation for transitioning to adulthood, an overreliance on congregate care or group home settings, and a chronic shortage of competent staff and caregivers equipped to provide affirming care for them (Jacobs & Freundlich, 2006; Mallon, 2011; Mallon, 2019; Mallon et al., 2002; McCormick, 2018). Therefore, young people's SOGIESC affects their pathway into care and the stability of their trajectories in care.

Developing the knowledge base about the experiences of LGBTQIA+ children and youth growing up in out-of-home care is an essential step in creating safe and welcoming environments where children and youth can fully develop and thrive.

Children's and youth participation in the Dutch Child Welfare System

The Dutch CWS is a family service-oriented system that focuses on strengthening family relationships and prefers voluntary out-of-home placements. When a placement is needed, family foster care is preferred above placing the child in a residential setting (López López et al., 2019). One of the most critical features of the Dutch CWS is its growing attention to policies and practices related to the participation of children, young people, and parents in child protection-related decision-making (Bouma et al., 2018; van Bijleveld et al., 2019).

Research shows that the professionals working in the Dutch CWS value children's participation, although they face challenges to implement it fully (Bouma, 2019; Rap et al., 2019; van Bijleveld et al., 2014; van Bijleveld et al., 2019). First, there is a lack of clarity among professionals about what full participation entails and the specific ways in which the child should be provided with information, heard, and involved in care services. In addition, there are no clear guidelines in Dutch legislation and policy about how to engage children in decisions, and a coherent participation policy is still lacking (Bouma et al., 2018). Second, possibilities for children's participation differ depending on several factors and contexts; for example, there are more legal opportunities (via court orders) for children's participation in the cases of compulsory youth care when compared to voluntary youth care services (Rap et al., 2019). Additionally, older children seem to have more possibilities to participate than younger children (Bouma, et al., 2018).

Third, professionals' views are vital in determining the implementation of children's participation. Professionals often see children's participation as a means to ensure the child's cooperation (as instrumental participation) while young people think that professionals should consider their opinions and explain their decisions clearly (van Bijleveld et al., 2014). Furthermore, professionals' image of children as vulnerable can hamper the participation process, although this vulnerability can also be a reason to advocate for child participation (Bouma et al., 2019; van Bijleveld et al., 2019). Finally, child protection conferences are still in development, and the whole process depends heavily on the organization in each municipality and professionals' commitment (Rap et al., 2019). Thus, despite the Netherlands introducing progressive

legislation and policies to encourage children's and youth participation in care, and non-governmental organizations and academia actively advocating for children's participation, there is still a long way to go for its full implementation in the child protection system (Bouma et al., 2019; van Bijleveld et al., 2019).

LGBTQIA+ Children and Youth in the Dutch CWS

The Netherlands is considered an LGBTQIA+ friendly country, yet LGBTQIA+ communities experience discrimination and marginalization in Dutch society (ILGA-Europe, 2019). Regarding young people, research shows that LGBTQIA+ youth still have a marginalized position compared to their peers and experience discrimination and other forms of oppression (Bos & Sandfort, 2015; Felten et al., 2010; Kuyper, 2015; Pizmony-Levy, 2018). Within the CWS, the absence of a systematic registration makes it difficult to know the number of LGBTQIA+ individuals growing up in care (de Groot et al., 2018; Emmen et al., 2014). According to different studies conducted in the Netherlands, professionals in the CWS usually do not register or discuss the young person's SOGIESC (de Groot et al., 2018; Emmen et al., 2014; Taouanza & Felten, 2018). Systematic registration can be a controversial measure: on the one hand, it can make visible and normalize SOGIESC. On the other hand, if not done sensitively, it could lead to more stigmatization. Furthermore, research suggests that professionals are not sensitive enough towards LGBTQIA+ young people and do not offer LGBTQIA+ youth affirmative practice (de Groot et al., 2018; Emmen et al., 2014).

In summary, the research evidence indicates that the Dutch CWS remains a relatively unwelcoming place for LGBTQIA+ children and youth which could create additional barriers for the participation of this group in care. However, studies exploring the impact of their disadvantaged position and vulnerability on their participation and decision-making in the Dutch CWS are lacking.

Research Method

This chapter explores the challenges and prerequisites associated with the participation of care experienced LGBTQIA+ young people using data gathered from the Audre project (see also López López et al., 2021; González-Álvarez et al., 2021). The Audre project took a reflexive, flexible, and participatory approach. It included care experienced LGBTQIA+ young people and care professionals as project advisors throughout the research process (see, for

example, Bramsen et al., 2019; Schofield et al., 2019). The project sought to cast light on the experiences, needs, and wishes of Dutch LGBTQIA+ youth growing up in care. In addition, the project explored the opportunities and challenges for their participation while in care.

The ethics committee of the Department of Pedagogy and Educational Sciences at the University of Groningen approved the study in November 2017. The salient ethical elements were informed consent, privacy (pseudo anonymity or personal information), termination and withdrawal, the component of choice, compensation (gift card and travel cost), what happened after the interview, and data storage. One member of the research team was a trained care professional whom the Audre team relied on for consultation. After each interview, the group reflected as much as possible on how the interview process went. Later, the team reached out to see how the youth were doing. The research team informed all participants that they could contact the research team after the interview if they wished to do so.

The Audre team consisted of a group of people (care-experienced young people, students, care professionals, and researchers) across the SOGIESC spectrum, brought together by a moral commitment to reduce social inequality. The research team began recruiting participants in 2017 and finalized the interviews in 2019. The team utilized multiple recruitment techniques, including snowball sampling, recruitment via social media, personal contacts, youth care organizations, youth groups, and LGBTQIA+ advocacy groups to identify youth who were willing to participate in an in-depth interview about their experiences with the CWS. These efforts allowed the researchers to find 13 young people willing to share their life stories, these are the same youth who were interviewed for the study on the chapter 2 of this thesis. The sample consisted of youth ages 15 to 28 years. Only one participant, who was 15 years old, required parental consent to participate in the study, which the team obtained. The young people had experienced different out-of-home services, including foster care, secure residential care, group homes, and independent living programs. Some participants were born into care or had been in care from a very young age; others entered care as adolescents.

Of the 13 youths we interviewed, four were transwomen, one a transman, one sometimes identified as a woman, and one was non-binary. The other six young people did not discuss their gender identity in the interview. Additionally, regarding sexual orientation, four young people were gay, one was lesbian (she

sometimes also referred to herself as gay), one bisexual, one was pansexual, one was questioning, one "liked women," and one liked both men and women. Three did not disclose their sexual orientation. To our knowledge, no young person in the study identified as intersex or asexual/aromantic.

Other characteristics of the sample included four young people having a bi-cultural background, one an unaccompanied migrant person who only stayed shortly in an asylum seekers' center, one of them dealing with a chronic illness, and another young person having autism. The study participants possessed a range of educational backgrounds, such as vocational education, secondary education, higher vocational education, higher professional education, and university education.

The research team used a semi-structured interview guide that included questions about the period before CWS, the participants' time in care, coming out, contact with family and their social support network, experiences of discrimination, and their future perspectives. With a focus on flexibility in their interviewing style, the research team remained open to following the young persons' topics during the interview. The researchers used open-ended questions such as these: Can you tell us something about why you left your home or were placed into care? (Focus on: did gender identity or sexual orientation play a role in this process?) Are people around you aware of your sexual orientation/gender identity? If so, how did they deal with it (family, network, wider environment)? Have you ever been discriminated against (if so, how did you experience it?), or have you had negative experiences? How do you deal with it? What does your social network look like (friends and broader social environment)?

The interviewers conducted all but one interview (which took place via telephone) face-to-face. Each interview averaged 81 minutes. One participant was interviewed twice and shared multiple documents with the team, such as autobiographical writings. The research team asked the young people to choose where the interview should occur (for example, at home, a park, or a restaurant). All the interviews were recorded with the participants' consent. After the interviews, the recordings were transcribed verbatim using the audio transcription program T4 and uploaded to Atlas.ti, version 8.4. Finally, the research team performed a Reflexive Thematic Analysis (Braun & Clark, 2019). The team members met multiple times to discuss their analyses. In the analyses, the team focused on the young person's stories about their participation in decision-making while in care, especially receiving information, being heard, and being involved.

Results

In this section, we will discuss four main themes around the participation of LGBTQIA+ young people in out-of-home care. The first theme is the importance of a supportive and affirmative environment for LGBTQIA+ young people and how this acts as a prerequisite for participatory practices. Second, we identified the youth's need to connect with care professionals (caseworkers or other staff members) to participate. The third theme that emerged from our data was how participation could occur by professionals preparing and informing young people before decisions. The fourth theme is the request of young people to have their own space and be supported by care professionals trained to address the needs of LGBTQIA+ youth. It is important to note that the following information refers to youths' lives while in out-of-home care, not their experiences before or after it.

An LGBTQIA+ Affirmative and Supportive Child Welfare Practice

It is a prerequisite for the participation of LGBTQIA+ youth that care professionals in social work and education affirm their SOGIESC. For instance, many young people expressed the need for an open, knowledgeable, and affirming social climate within their out-of-home care and school settings. One young person described it this way: "some foster families, they don't know, and they cannot help you. My foster parents also didn't know, they couldn't help me, but they did their best to make me happy. They treated me as a real child. That is the most beautiful thing about them."

Some youths experienced supportive environments where they could be themselves, felt respected, and had "casual conversations" about SOGIESC. Quite often, these affirmative environments were provided by affirmative care professionals, as this young person suggests:

> *[…] That woman, I had a woman there [name of woman], and she, with her it was really, she was like 'okay, we have to change your name in the system right now to a woman and to [own name]. 'I just don't see a man in you, so we have to do it now.' And that has really helped me. If she hadn't been there, I wouldn't have come this far. And she has really, you know, she has really helped me a lot.*

Despite these caring and supportive environments, some young people expressed that some care professionals and organizations did not provide

the support they needed and showed a lack of awareness, knowledge, and sensitivity towards LGBTQIA+ youth. For example, this youth stated, "they're often not used to it" or "those people don't know better, they just don't think about it." Care professionals did not know how to react appropriately, such as thinking in prejudicial ways, such as thinking that every LGBTQIA+ person is the same. Alternatively, some care professionals made heteronormative cisgender assumptions. The youths said that "they assumed I was a boy," or "they thought I wasn't sexually interested." The care professionals did not intervene when other youths made inappropriate or discriminatory remarks or inappropriate jokes and negative comments, like homophobic slurs. One of the participants had this suggestion about how care professionals should react in this situation:

> *Interviewer: How should it be done better [responding to negative comments by other kids in the group]?*
>
> *Young person: Be stricter towards this. Just like bam! If they make a comment, bam, go directly to their room, you know. For half an hour, directly. Then, they know instantly, yeah, this is not possible. This is not possible.*

Care professionals' lack of awareness, knowledge, and sensitivity impacted youths' openness about their SOGIESC and the care they received. Youth sometimes were not allowed to be or chose not to be open about their SOGIESC with peers or care professionals. The former was especially the case for young trans people living in group care. Their care professionals did not allow some of them to be themselves and forced them to sign a contract that stipulated they could not be open about their gender identity. If they did, care professionals would take away their toys because they were not considered gender appropriate. Sometimes staff justified these actions by saying that other youth "cannot handle it" or that "it wasn't allowed by the church." One young person provided this illustration:

> *I wasn't allowed to talk about being a girl. I wasn't allowed to dress this way. Otherwise, I had to go back to my parents, where I was maltreated. Yes, I was allowed to talk about it with my supervisors, but they were like, yeah, they didn't entirely believe it. So, they denied it, and I wasn't allowed to be [a girl].*

The young people felt that their lives were "put on hold." They found themselves either acting out or conforming. They had difficulties being themselves around care professionals and making meaningful connections and did not feel "at home" or wanted to leave the care settings. One young person highlighted this dilemma with the following quote:

> *So with everything, in the group, I was someone else. And upstairs, in my room, I was myself. I was in my room every day after school. After dinner, I was upstairs, even after breakfast. I went to breakfast, and after that, I went upstairs again ... just because, I mean, because I didn't want any difficulties with the head of the staff. I mean, I didn't want any problems with her, so I stayed upstairs.*

Some participants suggested that care professionals be open about their lack of knowledge and expertise. The youths believed that the care professionals should then refer them to LGBTQIA+ organizations or support groups. The participants mentioned it was necessary to provide LGBTQIA+ youth training to care professionals and social work programs. Universities should add courses introducing human values to their curriculum. One young person observed:

> *And then again, some subjects within the humanistic, philosophical courses, here and there a course should be added in [students'] education, I would really say that that would really be a good thing. [...] I think it would really achieve something good, that more people would benefit from it [courses] than they thought in advance. Anyway, it helped me a lot. I think it really helps to find peace within yourself. And by dealing with certain life questions in an academic setting, especially in the context of youth care, [...] or something like that, also by creating your own image of how you feel about it, that you can find more tranquility and respect for the person you are treating. To offer room for that, because again, it's not just about what you want to do with your life. But also, how do you stand in life.*

Positive Connections with care professionals

The young people felt it was crucial to connect with a care professional who takes time for them and shows interest, makes an effort on their behalf, advocates for them, and sees them for who they are. This is how one of the participants described one of the care professionals she had a meaningful

relationship with: "And she was so sweet [...] we always talked and laughed and laughed and laughed." Most of the meaning and impact of their relationships with care professionals only emerged when we examined the youths' personal stories in more depth. Some young people talked highly about care professionals who "stuck their neck out for them" or "went the extra mile," as this participant noted:

> *It was just like, like yeah, I had to, it [my placement] kept being extended and extended, and otherwise I had to go to a residential group somewhere in [name province], or [name province], or something like that. And then my foster dad said something like, "Yes, we're not going to do that so you can stay here."*

When young people knew care professionals for a more extended period, they felt more comfortable opening up to them. One of the participants told us: "One of them I've known for eight years, and the other one I've known for ten years, so I've known them already quite long. So, then talking about stuff goes easier." In addition, finding a care professional who openly identified as LGBTQIA+ was helpful, as this young person pointed out:

> *[The care professional] is also gay, coincidentally. I only figured that out about half a year ago [...] So in that way, I really can talk with him about this, about everything, everything I had surrounding me, you know. My environment was very suitable for this.*

Not all young people we interviewed felt that the care professionals or decision-makers "heard" them or took them seriously in decisions while they were in out-of-home care. When they did not have a good connection with their care professionals, youths felt that some decisions were made for them as if they did not have a genuine choice. Some young people expressed that they did not dare to speak up because they felt powerless, feared the consequences or caregivers told them not to. Other young people indicated that they felt heard when they spoke up or stood up for themselves.

> *Back then, I didn't dare to say what I wanted. It was like everything I wanted to say was in my head and I, if I said something, it was something else. Now that I have matured, I have learned a lot of things. I have learned to give my opinion.*

Most young people experienced multiple care professionals and environments before and during care: "the staff comes and goes," one of the participants said. The different contexts differed in restrictiveness, influencing the decision-making space the young person enjoyed. Some young people had experienced these changes from a young age. The instability resulted in a lack of trust in people or in becoming selective about whom to trust. For example, one young person suggested using the staff turnover to his advantage by telling them "What they wanted to hear."

Information and Preparation

Many of the study participants expressed that they were not sufficiently informed or prepared for decisions about their lives. They said there was a lack of information about why care professionals made decisions about their care trajectory or life course. Often, the youths did not feel well-prepared for the next step in their care trajectory, such as being placed out-of-home care, into a new facility or foster family, or transitioning out-of-home care because these decisions felt sudden or abrupt to them. One of them recalled: "It didn't go well at my mother's place. It also didn't go well at my father's place. So they placed me in a secure facility. I'm like, well, that's quite a dramatic turn of events." A lack of information and preparedness often led to the young person's lack of understanding about what motivated the care professionals to make certain decisions. One of the young people who had just recently transitioned out of foster care felt betrayed by her care professional and foster parents. She felt like the care professional did not give much thought to her decision's impact and "stepped over" her feelings. She said, "it's like…being stabbed in the back with a knife. It came completely out of nowhere. […] go and live on your own, have fun, goodbye! Yes, that's weird."

Young people had different experiences with receiving information on the topic of their SOGIESC. Some of them did not express the need to receive information. They said that they had their resources, figured it out themselves, or felt "comfortable in their skin." Others would have found it helpful to have been able to select useful resources. For instance, according to one of the young people who stayed in residential care, it would have been helpful if care professionals of the facility would have taken the time to provide information or explore the information about the topic of gender identity together. She stated, "just informing [me] about, looking for [information] together on identity, also what is healthy information and that sort of stuff." Another young person explained that he received information about sexual orientation from his therapist after he

transitioned out of foster care. Some young people expressed frustration about being on a "waiting list" or having to wait for others to make decisions, such as receiving mental health care or starting their transition process while in care. "So yeah, shitty [names of the medical experts who helped with transitioning] to move on things. However, yeah, I have to wait for that. Furthermore, nothing special. Just waiting, waiting, and waiting."

Space for LGBTQIA+ Youth to Be Themselves

Another way young people expressed their need to have their views taken into consideration was by having "their space" and being supported to be themselves. As one young person said: "give me my pride." The youths also stated that they wanted two things: deciding what personal information to disclose and deciding what the time frame looked like when disclosing that personal information. "They should have given me space, to be myself, to support me in this, to build a trusting relationship." For instance, some young people sometimes felt pushed by caseworkers. One of the participants said:

> *You should, I mean, give them [children] the chance a bit to say it themselves. And not, I mean, push them, like "how are you?", and okay, it can come from a good heart, but you shouldn't push them. And that is what they did with me. They really pushed me, and it was like, they knew, they didn't know what to do with it. So, I had to explain while I just started figuring things out myself. And I didn't know everything yet, exactly, so I had to explain to them.*

Discussion

Based on our interviews with LGBTQIA+ youth in out-of-home care, we suggest four critical prerequisites for enabling participatory practices that have a notable impact on these youth: an LGBTQIA+ affirmative and supportive environment; a positive connection between care professionals or peers and LGBTQIA+ youth; information and preparation for decision-making processes, and giving LGBTQIA+ youth space to be themselves while having informed and trained care professionals, or at least care professionals who are willing to be trained.

Although LGBTQIA+ youth in the child welfare system have experienced greater acceptance and understanding in the past 30 years, many child protection

systems still actively discriminate against LGBTQIA+ youth (Cossar et al., 2017; Mallon, 2019; McCormick, 2018). In other cases, the inattentiveness of the systems to the needs of LGBTQIA+ youth will send a clear signal that they are not welcome or that the caseworkers are not fully competent to address their needs. As our findings suggest, although some LGBTQIA+ youth in out-of-home care in the Netherlands encounter experiences of affirmation and acceptance, others still face negative experiences while in care, from denial of their identity to overt acts of aggression against them. Besides directly adversely affecting the well-being of youths, these experiences impede their participation in the CWS.

A public child protection system's commitment to LGBTQIA+ youth involves more than quick and shallow solutions, such as one-off training sessions, affirming posters, and books. It is critical to recognize that the internal structure of the system, as reflected in its written policies and public information materials, be evaluated, and changed (Estrada & Marksamer, 2006; Mallon, 2019; Wilber et al., 2006). Training and educational efforts may assist care professionals in developing their competence in working with a particular population. However, written policies, supportive supervision of child welfare care professionals and the outside community's knowledge about the organization must change to effect genuine and long-lasting change for LGBTQIA+ youth.

Regardless of the systemic changes that must occur, the most potent influence in LGBTQIA+ youth's life is the personal contact with the people around them, including care professionals, peers, and other competent and caring adults. The structure of the CWS system can set the stage for an LGBTQIA+ affirming environment, where young LGBTQIA+ people can heal from trauma, socialize, learn, and find a safe place to be themselves. However, it is the LGBTQIA+ competent care professionals who ensure that LGBTQIA+ youth experience an affirming setting. The youth will engage, connect with, and possibly disclose the most personal information to their care professionals. As previous research demonstrated, nurturing and enduring connections are fundamental to allowing meaningful participation (Cossar et al., 2014; Husby et al., 2018)

Child protection systems seeking to improve their services by removing barriers to meaningful participation can do so by cultivating LGBTQIA+ affirming environments where youth can be most fully and authentically themselves. This mission is vital for supporting LGBTQIA+ youth in care who often experienced trauma within their family systems and communities so they will never have to undergo additional trauma from the system designed to protect them.

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Chapter 6

General Discussion

The main aim of this dissertation was to understand the resilience resources among LGBTQIA+ youth in out-of-home care. We took a multidimensional resilience approach in order to comprehensively grasp resilience resources at the individual, relational, social, and ecological levels (Ungar & Theron, 2020). The main research question of this dissertation was: "What does resilience look like among LGBTQIA+ youth in out-of-home care?" The previous chapters presented: a scoping review of the literature on resilience among LGBTQIA+ youth in out-of-home care (chapter 2); an empirical study on the resilience resources among LGBTQIA+ youth in out-of-home care in the Netherlands, from the perspective of the young people and their care professionals (chapter 3 & 4); an empirical study on the barriers and facilitators of a specific resilience resource, the possibility of participatory practices, among LGBTQIA+ youth in out-of-home care in the Netherlands (chapter 5). The main two methodologies used in this dissertation were a scoping review for the literature study, and qualitative in-depth interviews analyzed with a Reflexive Thematic Analysis with youth and care professionals. In this final chapter, we will summarize and discuss the main findings of the aforementioned studies. Moreover, we will reflect on several methodological questions concerning the different studies. We end this chapter by discussing the implications of our findings for research, policy, and practice.

Summary of findings

In **Chapter 2** we conducted a scoping review of resilience among LGBTQIA+ youth in out-of-home care. The general research question of this study was: "What does existing empirical research suggest about resilience among LGBTQIA+ children and youth in out-of-home care?" Two more specific research questions unfolded: 1) What are the general characteristics of the existing research studies (e.g., specific types of populations, study locations, theories, methodologies) on resilience among LGBTQIA+ youth in out-of-home care? and 2) What are the resilience resources among LGBTQIA+ youth in out-of-home care? The review found 14 empirical studies on resilience among LGBTQIA+ youth in out-of-home care. Studies were mainly qualitative, cross-sectional, US-based, and centered on gay youth. Most of the studies on resilience focused on socio-relational level resources, such as foster family acceptance and social support; fewer studies revolved around individual resources (e.g., LGBTQ positive identity) or community levels (e.g., LGBTQ centers). No studies explored the interaction of these resilience resources across their different levels.

Chapter 3 explored resilience among LGBTQIA+ youth in out-of-home care in the Netherlands. The main research question was: "What are the ways in which LGBTQIA+ youth in out-of-home care experience resilience?" Through in-depth interviews with 13 LGBTQIA+ youth in out-of-home care, four themes came to the foreground. 1) LGBTQIA+ youth's loving and caring relationships. These relationships were essential in the lives of youth and offered them support and empowerment. 2) Positive identity around their SOGIESC. The construction of a positive identity was a co-construction with their social environment and helped them confront many adversities related to their SOGIESC. This positive identity was nurtured through understanding, acceptance, and affirmation, from youth themselves and from people around them. 3) Community involvement. Their interaction with the community around them was a relevant way through which LGBTQIA+ youth confronted their adversities. LGBTQIA+ youth developed an understanding of social (in)justice in their lives and in the lives of others, and engaged in multiple ways (e.g., activism) to change society. 4) Self-relying strategies. LGBTQIA+ youth resorted to self-relying strategies to confront their adversities, for example by resisting (experiencing hardships without being affected), escaping (running away from home or school), or fighting (using physical or verbal reactions to defend themselves).

Chapter 4 explored resilience among LGBTQIA+ youth in out-of-home care in the Netherlands from the perspective of their care professionals. The main research question was: "What are the care professionals' perspectives and roles on resilience among LGBTQIA+ youth in out-of-home care?" The study used in-depth interviews with 21 care professionals and four themes were constructed on their common narratives. 1) Some professionals conceptualized resilience as a result of personal traits, for example, youth's strength and capacity to defend themselves, and their LGBTQIA+ pride. 2) Most professionals discussed the importance of open, honest, and deep conversations as a way to achieve SOGIESC affirmation and confront youth's adversities. 3) Professionals also talked about the relevance of supportive and affirming relationships between youth and professionals. This support and affirmation could take many forms, for example, professionals' validation of youth's choices in terms of clothes, hairstyles, and personal pronouns, or professionals' validation of the diverse identities of youth, for example, their race/ethnicity or body shape. 4) Professionals reflected on the capacities of their care agencies to implement SOGIESC affirming practices. Professionals were divided in this respect, some professionals thought that specific SOGIESC policies and practices were needed to improve the lives of LGBTQIA+ youth in out-of-home care, while other

professionals did not find this important. SOGIESC training and care agency collaboration with LGBTQIA+ organizations were among the most significant SOGIESC affirming practices agencies could adopt.

Chapter 5 delved into a specific resilience resource among LGBTQIA+ youth in out-of-home care: their participation in the decisions that concern their lives. The study explored the challenges and prerequisites for participation using in-depth interviews with the same 13 LGBTQIA+ youth in out-of-home care in the Netherlands interviewed for the chapter 3. Results showed four main themes: 1) supportive and affirmative environments for LGBTQIA+ youth are a prerequisite for participatory practices; 2) meaningful connections between LGBTQIA+ youth and care professionals are needed to foster youth participation; 3) LGBTQIA+ youth being informed and prepared to make decisions is in itself an important part of participation; and 4) LGBTQIA+ youth request to have their own space and to be supported by care professionals in addressing their diverse needs.

Discussion of main findings

Multidimensional resilience

For a long time, scholars' descriptions of the lives of LGBTQIA+ individuals have revolved around their experiences of minority stress and their related negative well-being outcomes. However, the way in which LGBTQIA+ populations confront their adversities and sustain their health throughout their life has been neglected (Russell, 2005; Lyons, 2015). This lack of resilience research is particularly noticeable among LGBTQIA+ youth in out-of-home care, which so far has been mostly described in terms of their overrepresentation in the care system, their adversities within the out-of-home care system, and their negative well-being outcomes (e.g., Capous-Desyllas & Mountz, 2019; Cossar et al., 2017; Gallegos et al., 2011; Mallon, 1998; 2019; McCormick, 2017; 2018; Wilber et al., 2006; Wilson & Kastanis, 2015; Woronoff et al., 2006). Therefore, the four studies contained in this dissertation make an important and needed contribution to the exploration of resilience among LGBTQIA+ youth in out-of-home care.

In recent years, scholars have called attention to the need of taking strength-based perspectives, such as resilience approaches, when researching LGBTQIA+ and other minoritized populations (Gahagan & Colpitts, 2017). Understanding the resources that help LGBTQIA+ individuals to withstand their

adversities could inform care professionals on the development of practices to prevent and restore the well-being of LGBTQIA+ populations (Colpitts & Gahagan, 2016). What is more, resilience research must progress beyond its traditional individual-based conception, to a broader one that incorporates the relevant influence of multiple ecologies (Ungar, 2008). Individual-based resilience approaches might increase the burden on individuals by placing the responsibility of resilience on their shoulders (Munch et al., 2021). Multidimensional perspectives of resilience, on the other hand, realize that resilience heavily relies on social and cultural ecologies, and therefore, places responsibility on society (Hart et al., 2016). The multidimensional perspective on resilience used in this dissertation departs from the assumption that resilience is a process of the individual using inner, relational, social, and community resources to sustain and increase their well-being in contexts of significant adversity. The results of the present dissertation explored resilience in a broad way, looking for the ways in which LGBTQIA+ youth used their individual resources, relationships, social environments, and their access to institutional services to fight their adversities and achieve well-being.

Overall, our results confirm the multidimensional nature of resilience. LGBTQIA+ youth in out-of-home care found resilience in self-relying strategies and LGBTQIA+ pride (individual based resilience); relationships of support and affirmation (social-relational based resilience); and LGBTQIA+ community services, community engagement, and LGBTQIA+ affirming organizational practices (community-systemic based resilience).

Individual-based resilience

This thesis found several individual-based resilience resources that LGBTQIA+ youth in out-of-home care used to cope with their adversities. Results from the scoping review described the importance of LGBTQIA+ youth' self-relying attitudes or beliefs, such as "keep moving forward", "never giving up", and "having pride in their LGBTQIA+ identity". LGBTQIA+ youth in out-of-home care in the Netherlands described how they also resorted to self-relying strategies to protect themselves. These strategies fell into three categories: resisting, escaping, and fighting. When care professionals talked about the resilience of LGBTQIA+ youth in out-of-home care in the Netherlands, they mentioned youths' strength, their capacity to protect themselves, and their LGBTQIA+ pride. Furthermore, the participatory practices of LGBTQIA+ youth in out-of-home care required that youth had their own space and time, and that they could have a certain agency, for instance, in how and when to disclose their

SOGIESC. Our study on youth' participatory practices highlights the importance of care professionals and care organizations preparing and supporting youth in being empowered; on youth having the capacity to rely on themselves, on their capacity to make decisions, to shape their lives. In summary, our results indicate that LGBTQIA+ youth in out-of-home care are strong (in diverse ways), and possess a wide range of individual-based strategies to confront their adversities. These results are in line with previous literature showing similar individual-based resilience resources among LGBTQIA+ individuals (de Lira & de Morais, 2018), LGBTQIA+ youth (Grossman et al., 2011; Shelton et al., 2018; Singh & McKleroy, 2011), and youth in out-of-home care (Davidson-Arad & Navaro-Bitton, 2015). It is important to notice that youth strength and pride are sustained and nurtured through their relationships. For instance, LGBTQIA+ youth in out-of-home care in the Netherlands described how LGBTQIA+ pride is a co-construction between youth, their care professionals, and other people around them. Moreover, as discussed by care professionals, pride in youth' LGBTQIA+ identity is best achieved when it is accompanied by pride in their other identities, such as racial and ethnic identities, a finding that has been corroborated in previous research with LGBTQIA+ youth in foster care (Mountz, et al., 2018).

Social-relational based resilience

Results from the four studies of this dissertation point to an important conclusion: resilience among LGBTQIA+ youth in out-of-home care is closely dependent on the availability of caring relationships. This conclusion aligns with ample literature on the relevance of relationships to nurture resilience among LGBTQIA+ youth (de Lira & de Morais, 2018; Grossman et al., 2011; Singh et al., 2013; Tankersley et al., 2021), young people who have sought refuge (Sleijpen, et al., 2015), youth in out-of-home care (Lou et al., 2018), and youth in general (Fritz et al., 2018). In fact, studies on practically all populations find that resilience is highly dependent on the resources provided by human relationships (Southwick et al., 2016). The scoping review found that the most studied resilience resource among LGBTQIA+ youth in out-of-home care was their relationships with others, namely care professionals, foster carers, family, friends, and peers. Among all these relationships, their connections with care professionals and foster carers were the main focus of resilience research. These results confirm and complement the current research on the relevance of the caregiver relationship with (non)LGBTQIA+ youth in out-of-home care to nurture their resilience and well-being (e.g., Bell & Romano, 2015; McMurray et al., 2008; McCormick et al., 2016; Schofield et al., 2019). However, there

is little research on how friendships foster resilience in LGBTQIA+ individuals (e.g., Singh et al., 2014; Shilo et al., 2014). We suggest that further research explores these important relationships.

The study with LGBTQIA+ youth in out-of-home care in the Netherlands showed the power of caring and loving relationships to foster youth resilience. Caring relationships offered support in diverse ways (e.g., financial, practical, emotional) while at the same time, made space and time for youth to cope by themselves. This balance between protecting and empowering is a recurrent topic in youth resilience and child protection literature (Daniel, 2010). As the concepts of risk and vulnerability have stretched in the last years, youth, particularly marginalized youth, are conceived as "at-risk" and in need of protection (Daniel, 2010). But what happens when the preoccupation with protecting them actively damages them? It is important to recognize that LGBTQIA+ youth deserve the right to influence the way they want and need to be protected. For instance, care professionals or family members might deny LGBTQIA+ youth the expression of their SOGIESC, in an attempt to protect them from risk. However, doing this might be damaging their self-esteem and affecting their well-being. In the same line, our study on participation shows that an important way for facilitating youth participation is to give them the "space to be themselves". This meant, for example, that LGBTQIA+ youth demanded to have control over when, how, and whom to disclose their SOGIESC. Although these youth desired to have an LGBTQIA+ affirming environment they also did not want to feel pressured to talk about their SOGIESC. As one of the young people wisely requested from care professionals "give me my pride".

Care professionals and foster carers are key to developing a healthy and positive LGBTQIA+ identity among youth in care. Our scoping review identified studies that taped into the ways professionals and foster carers can contribute to a positive LGBTQIA+ identity. For example, Ragg and colleagues (2006) report that SOGIESC competent professionals must accept and validate youths' diverse identities, and empower and advocate for them in their process of SOGIESC affirmation. McCormick and colleagues (2016) describe similar characteristics among foster carers who are accepting of their LGBTQIA+ youth. Importantly, LGBTQIA+ accepting foster carers are also those who intervene when youth are being maltreated based on their SOGIESC and help them to connect to the larger LGBTQIA+ community. In our studies with LGBTQIA+ youth and their care professionals in the Netherlands, they both mentioned the relevance of care professionals' LGBTQIA+ affirmative care. Care professionals

showed LGBTQIA+ affirmation by using the right pronouns to address LGBTQIA+ youth, respecting their gender identity expression, intervening when bullying, advocating for LGBTQIA+ youth, and helping them connect with LGBTQIA+ organizations. These results are in line with the recommendations of current guidelines for the best care of LGBTQIA+ youth (Mallon, 1997; Wilber, et al., 2006). Unfortunately, we also learned from literature, and from interviews with youth and care professionals, that professionals often do not have the knowledge, skills, and right attitudes to be LGBTQIA+ affirming, this partially stems from their lack of formal preparation on this topic. Therefore, an important reflection and conclusion is that care professionals urgently require training on LGBTQIA+ issues. This urgency is supported by other scholars and care professionals in the field (Greeno et al., 2021; Paul, 2020; Rosenwald, 2009; Schofield et al., 2019)

A strong relationship between care professionals and LGBTQIA+ youth in out-of-home care was also essential to foster the participatory practices of youth. LGBTQIA+ youth often experience damaged trust in their relationships with adults such as members of their family and other relevant caregivers (Mallon, 2019). They also experience a greater placement instability than non-LGBTQIA+ youth in out-of-home care (Mallon et al., 2002). For these reasons, care professionals might require to pay extra attention to creating stable and trustful relationships with LGBTQIA+ youth in care. These meaningful relationships will be the base from which participatory practices can arise. For example, when care professionals had a long relationship with the youth, when they went "the extra mile", and were affectionate, youth felt more comfortable opening up and speaking up their minds. In turn, as we have previously described, participatory practices might lead to several positive outcomes such as a better connection and commitment to the decisions taken by the CWS (Woolfson et al., 2010), better self-esteem in children and youth (Vis et al., 2011), and feelings of mastery and self-control (Bell, 2002; Leeson, 2007; Munro, 2001).

Community- systemic based resilience

It is clear that beyond individual and socio-relational factors, resilience among LGBTQIA+ youth in out-of-home care highly depends on systemic factors at different levels. Current understandings of resilience acknowledge the relevance of community resources, and societal systems such as organizations and their policies for the well-being of individuals facing significant adversities (Ungar & Theron, 2020). The out-of-home care has for long been recognized as a system that is inadequate in providing safe and affirming services to LGBTQIA+

youth (Mallon et al., 2006; Mallon & Woronoff, 2006; Mallon, 1998; Wilber, et al., 2006). In order to change it, the system needs more than superficial fixes, it requires a complete cultural and structural shift (Wilber, et al., 2006).

Results from this dissertation revealed that LGBTQIA+ youth in out-of-home require that care organizations provide services that match their diverse needs. We know that the LGBTQIA+ community experiences systemic barriers associated with the rejection of their SOGIESC and which limit their access to basic social services and needs such as education, work, and housing (Conron & Wilson, 2019). The scoping review, for example, revealed the positive influence of care agencies' programs for LGBTQIA+ to secure education, housing and work, and extended foster care services that prepared them to live independently. These results are in line with previous literature suggesting that institutional resources are vital for youth's wellbeing, especially when they are tailored to youth's specific marginalized identities and needs (Betancourt, 2008; Ungar & Theron, 2020).

The results of the scoping review, and the professionals' perspectives on resilience among LGBTQIA+ youth in out-of-home care, stressed the importance of care organizations offering SOGIESC-specific services and implementing SOGIESC affirmative practices. Beyond the tailored programs to access general services, care agencies can foster the resilience of LGBTQIA+ youth by incorporating diverse structural practices tailored to the needs of LGBTQIA+ youth, such as SOGIESC policies, complying with current LGBTQIA+ care guidelines, SOGIESC training, and partnership with the LGBTQIA+ community. However, some care professionals working in diverse positions ignore the existence or question the importance of implementing these SOGIESC-specific services and SOGIESC affirmative practices at their care agencies. Similarly, previous literature has evaluated care agencies' uptake and following of guidelines for LGBTQIA+ affirming care in the US and concluded that despite most care agencies knowing these guidelines, they fall short of implementing them (Rosenwald, 2009). To date there are several guidelines for working with LGBTQIA+ in out-of-home care such as the recommendations from the Child Welfare League of America (1991), the "Triangle tribe" basic premises, guiding principles, and practices (Mallon, 1997), and the Model Standard Project (Wilber, et al., 2006). It is noteworthy that all these guidelines are created based on the US socio-cultural context. In the Netherlands, the organization "Roze Zorg" provides certifications called the "Roze Loper" to (care) organizations that meet the requirements for LGBTQIA+ inclusive

care13. Interventions for care agencies and professionals have also been developed, for example, SOGIESC training for administrators (Quinn, 2002), self-guiding curriculums for foster families (Salazar et al., 2019), and the Recognize, Intervene, Support, and Empower (RISE) program for care agencies (Weeks et al., 2018). It is vital that care agencies and care professionals are informed about these guidelines and interventions and their positive influence on LGBTQIA+ youth.

Both, LGBTQIA+ youth in out-of-home care and their care professionals agree on the relevance of youth connecting and getting involved with the community overall, and with the LGBTQIA+ community specifically. In the Netherlands, care professionals make efforts to connect LGBTQIA+ youth to organizations such as COC (the oldest and most well-known national LGBTQ organization), to benefit from their expertise on SOGIESC issues. LGBTQIA+ youth seek an engagement with the community by making sense of their social reality, and joining LGBTQIA+ activist groups, youth councils, or influencing the care system as "experts by experience". LGBTQIA+ youth also express the desire and importance of meaningfully participating in the decisions that concern their lives within the out-of-home care system. Literature has shown that connectedness to the LGBTQIA+ community serves as a resilience resource among LGBTQIA+ individuals; for instance, it reduces internalized homophobia and provides diverse forms of social support such as emotional support, knowledge, and advocacy for them (Herrick et al., 2014; Shilo et al., 2014). As for the connection with the overall community, studies have explored and proposed how social connectedness, such as group affiliation and collective action or activism, is a form of resilience (DiFulvio, 2011). Recently, authors have proposed, in an attempt of uniting resilience with an inequalities and social justice approach, that resilience must empower participants to "take action to address political inequities and social injustice within their relationships, settings, communities, or even internationally" (Hart et al., 2016, pp.7). Moreover, LGBTQIA+ youth in out-of-home care can only exert a real influence in their communities, including the care agencies, if they are meaningfully involved in the decisions that affect their lives; from being fully informed to their perspectives being listened to and considered. Taken together, these results are an expression of "community resilience", on "how communities further the capacities of individuals to develop and sustain well-being" (Meyer, 2015, pp. 211).

13 The "Roze Loper" framework is mostly developed for elderly homes. There is only one youth care organization in The Netherlands that has implemented the Roze loper in youth care.

As discussed before, the capacity of care agencies to create LGBTQIA+ affirmative environments has an important impact on the well-being of LGBTQIA+ youth in out-of-home care. This positive effect of LGBTQIA+ affirmative environments might be partially related to being a fundamental prerequisite for participatory practices. In our study about the participation of LGBTQIA+ youth in out-of-home care, youth mentioned how they needed SOGIESC informed and trained care professionals, and an open and LGBTQIA+ affirming climate in order for them to feel at home and take decisions over their lives. Previous literature has delved into the barriers that youth experience to meaningfully participate in the decisions concerning their life, including the presence or absence of safe and supportive environments (Abdullah et al., 2018; Bouma, 2019; Gal, 2017; van Bijleveld et al., 2015).

Although this dissertation did not result in much information about the role of LGBTQIA+ state or national policies, it is important to recognize their influence as a source of adversity and resilience. LGBTQIA+ youth in out-of-home care in the Netherlands expressed their worry about the social injustices and inequalities for the LGBTQIA+ community. Their care professionals also expressed the concern that despite the current media openness to LGBTQIA+ topics, this does not immediately translate into LGBTQIA+ affirming practices in society and the care system specifically. In this line, research has shown that the national and state political climate and associated legislation have a great impact on the lives of LGBTQIA+ youth. For example, a community-based qualitative study in the US found that transgender and gender diverse youth (TGD) expressed distress about the proposal and passage of anti-TGD policies and associated rhetoric (Paceley et al., 2021). Although 67% of US states have statutes, regulations, or agency policies that protect LGBTQIA+ youth in out-of-home care, it is worrisome that there are currently no federal laws or policies that are specifically designed to protect and support LGBTQ+ youth involved in the CWS (Movement Advancement Project 2022). In the Netherlands, despite the popular belief in the nation's LGBTQIA+ friendliness, ILGA-Europe has ranked it in the 13th position, with only 56% progress in terms of LGBTQIA+ protecting policies (ILGA-Europe, 2022). The report also shows the increase in bias-motivated speech and anti-trans rhetoric in media, and that LGBTQ+ hate crimes are still a serious issue. Even with this daunting political panorama, it is important to recognize that political bodies such as the United Nations and the Europe Union, and non-governmental organizations such as ILGA and many more, continue proposing, drafting, and fighting for the implementation of LGBTQIA+ affirming policies.

In conclusion, LGBTQIA+ youth in out-of-home care experienced resilience resources at the individual, the socio-relational, and the community systemic level. Figure 1 summarizes all the resilience resources among LGBTQIA+ youth in out-of-home care found in this thesis.

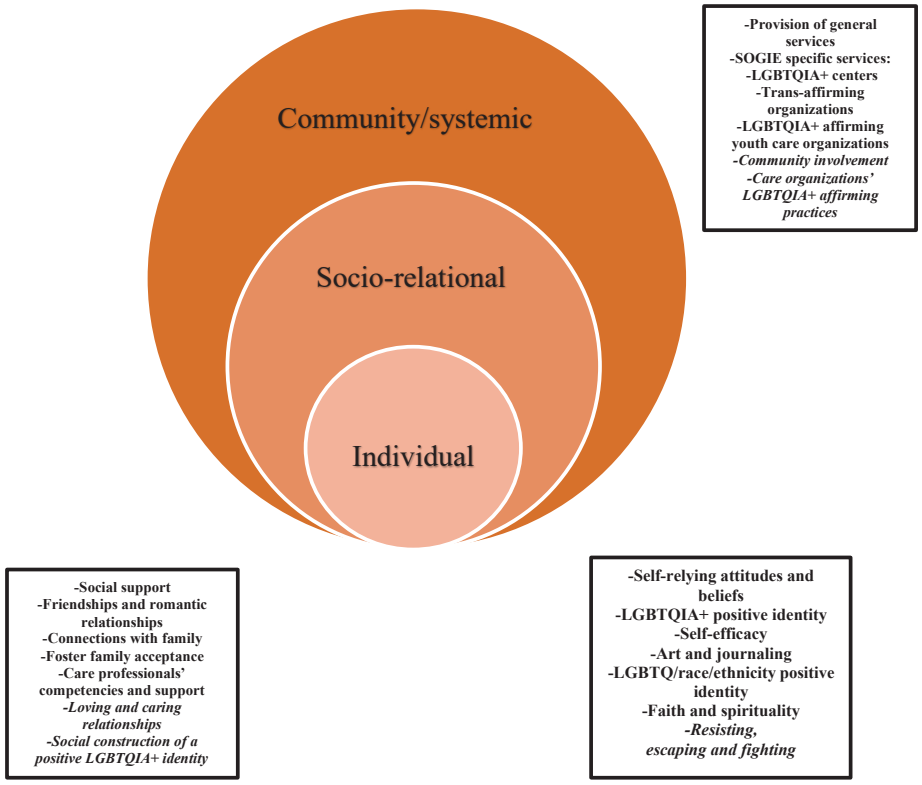

Fig 1. A multidimensional model of resilience. Italicized resilience resources come from empirical studies with LGBTQIA+ youth and their care professionals. Non-italicized resilience resources come from the scoping review.

Methodological reflections

The study of resilience comes with several methodological difficulties. Resilience is a complex concept that so far has resisted a universal definition and has been described as of "amorphous nature" by some researchers (Siriwardhana et al., 2014, p.11). Despite no single theory, model, or definition of resilience, resilience science seems to be converging, at least in some considerations and relevant principles to consider, for example, its occurrence in the context of adversity and its dynamic process nature (Ungar, 2018). In the light of this homogeneity and ambiguity in the study of resilience, it is of extreme

relevance that researchers are crystal clear in their conceptual stances and methodological procedures when conducting resilience research (Cicchetti et al., 2000). In consequence, one of the strengths of this dissertation is its clear conceptual definition of resilience as a dynamic and multidimensional process of drawing from individual (e.g., optimism), relational (e.g., close social ties), sociocultural (e.g., social identity), and ecological/sociocultural (e.g., access to housing or community services) resources by any given person or community to regain, sustain, or improve their wellbeing in contexts of significant adversity (Ungar & Theron, 2020; Ungar, 2011).

The application of current resilience theories and models to the LGBTQIA+ community has been questioned by some researchers. It is argued that our current understandings and methods to evaluate resilience are overly individual, mainstream, heteronormative, and cis-normative and that LGBTQIA+ populations require specific LGBTQIA+ resilience models and resilience evaluation instruments to account for their unique lived experiences (Colpitts & Gahagan, 2016). Our studies with LGBTQIA+ youth in out-of-home care in the Netherlands and their care professionals used in-depth interviews to explore youth' general experiences in care; the exploration of resilience was a post data collection focus topic in their stories. As Ungar mentions (2003), qualitative approaches have the potential of making a substantial contribution to the study of resilience. Qualitative approaches can address two important shortcomings of traditional quantitative resilience research, the arbitrariness in the selection of outcome variables, and the challenge of accounting for the sociocultural contexts where resilience occurs. In this way, the use of in-depth interviews helped us to explore youth' lives, including their resilience, in a sociocultural sensitive way, and therefore, avoid forcing their resilience into a traditional mainstream understanding. However, we recognize that the use of personal interviews and the type of questions selected could have resulted in overly individual accounts of resilience. Using other research methods, for example, focus groups, participatory observations, family or community evaluations, and organizational and policy analysis could reveal more information on the community and systemic nature of resilience.

We used two different specific research methodologies for our studies, a scoping review and reflexive thematic analysis for the qualitative interviews; we offer a couple of reflections on our experience with these methodologies. The scoping review is a useful methodology that summarizes available research in an explorative way (Colquhoun et al., 2014). Given that resilience

is an underexplored topic among the LGBTQIA+ youth in out-of-home care, a scoping review was a suitable first approximation to reviewing this field. We had to balance the breadth of our scope against the quality of the research reviewed. We opted for only including peer-reviewed empirical studies and thesis dissertations but acknowledge that we might have missed relevant literature in book chapters and other outlets. Furthermore, consultation with stakeholders for knowledge translation of the scoping review results is a last optional step in the scoping review guidelines. Although one of the co-authors had extensive experience in the practice field, in hindsight, our study could have benefited from more extensive consultation with diverse stakeholders. Interviews with LGBTQIA+ youth in out-of-home care were analyzed using a Reflexive Thematic Analysis (TA) (Braun & Clarke, 2006, 2019; Braun et al., 2018). Reflexive TA does not search for a consensus or reliability in the coding process as other forms of TA (codebook or coding reliability). This approach highlights the subjectivity of the researcher in contact with the subject of study and the analytical process; this is the definitory characteristic of the reflexive approach. During our research process, we constantly discussed, in formal and informal meetings, the ways in which the research impacted us personally and professionally, and how our beliefs and emotions influenced the whole research process. This reflection was fundamental as it made us realize the iterative nature of the interplay of our subjectivities and our research topics. Reflexive TA proved to be a complex methodology that deserved constant reflection as well. Since its early conception in 2006 (Braun & Clarke), reflexive TA has been constantly scrutinized by its authors and other researchers (Braun & Clarke, 2019). For our research team, this meant a constant, and ultimately fruitful, update and discussion of the rightful use of this methodology.

The use of our qualitative approach represented the vision and implemented the practices of a social justice perspective. Our studies had as ultimate goal questioning the power structures of the current CWS in order to dismantle their oppressive practices, and promote out-of-home care services that are more just and caring for all youth, including LGBTQIA+ youth. Despite previous quantitative research has offered important insights to this endeavor, for example, by revealing the striking overrepresentation of LGBTQIA+ youth in out-of-home care (Fish et al., 2019), qualitative research was and is still needed to shed light into the specific lived experiences of LGBTQIA+ youth in out of-home care. In this sense, qualitative approaches like ours can zoom in and deepen into the human experiences of this marginalized community. Furthermore, our qualitative research was well suited for a participatory

approach in which we managed to give voice to a diverse community of youth which has been for long invisible and unheard. Although LGBTQIA+ youth had an important role in the designing and carrying out of the research process, we acknowledge that the participation could have gone further, for example, giving them more opportunities to collaborate in the data analysis process. In addition, the research participatory practices we implemented fostered relationships of care between researchers and participants, relationships that are still nowadays a source of support and advocacy. Some LGBTQIA+ youth who participated in our research felt empowered and moved to take advocacy and activist roles in their communities and care organizations. We believe that these positive outcomes would have been difficult to reach if not using a qualitative approach.

Recommendations and implications for research, policy, and practice

Our studies can inform future research on resilience among LGBTQIA+ youth in out-of-home care. As evidenced in our scoping review study, most studies of resilience among LGBTQIA+ youth in out-of-home care are of cross-sectional nature. We have pointed out that resilience is considered a dynamic process of the individual in interaction with their environments (Cicchetti et al., 2000). Therefore, it is essential that the following research evaluates resilience along the time, for example, along youth development. Youthhood is a developmental phase full of quick and drastic changes in the individual and their ecologies, for LGBTQIA+ youth is an especially sensitive phase that defines their identity and wellbeing. Research studies would highly benefit from following LGBTQIA+ youth for some years on their development, analyzing their adversities and resilience. Upcoming research should also look at the interaction between resilience resources within and across ecological levels.

Most studies, including our empirical studies, have explored resilience resources at the individual, social, and community levels separately. However, these divisions are not more than a fictitious heuristic. In reality, we expect resilience resources to interact and influence each other constantly along the time (Ungar, 2018). For example, how do self-relying strategies such as escaping or fighting, affect the relationships between youth and their care professionals? Or how do care organization practices regarding SOGIESC issues affect the relationships between youth and their care professionals or between youth and their peers? These types of questions require a multidimensional, interactive, and longitudinal approach to be answered.

Importantly, understanding how these resilience factors interact with each other would inform the design of prevention and intervention efforts.

It was evident from our studies that the experiences of certain identities within the LGBTQIA+ community were underrepresented. For instance, in our scoping review, the main identities represented were those of gay youth while the perspectives of lesbian, bisexual, transgender, and gender non-conforming youth were scarce. Our empirical studies in the Netherlands did incorporate a wide diversity of identities but to our knowledge we failed to include intersex or aromantic/asexual perspectives in our interviews. Moreover, even when the less visible identities are included in LGBTQIA+ studies, their stories usually end up being a small fraction of the data. Therefore, studies that explicitly search for the experiences of the less visible and prevalent LGBTQIA+ identities are needed to fully account for the incredible diversity of the LGBTQIA+ community.

We can offer several recommendations to the practice field, for care professionals, foster parents, care organizations, and all relevant stakeholders involved in the care of LGBTQIA+ youth in out-of-home care to promote resilience:

1. The results from our study listening to the perspectives of LGBTQIA+ youth in out-of-home care in the Netherlands show that some youth use certain self-relying strategies to protect and defend themselves from their unsafe environments. Care professionals and care agencies should understand that some behavior such as running away and verbal and physical aggression can be actually a form of resilience, a form of defense. Care professionals should seek the roots of these "acting out" to properly intervene. For example, instead of blaming LGBTQIA+ youth for defending themselves or for "provoking" the aggressors, as it sometimes happens, care professionals should seek a restorative approach in which bullies understand their wrongdoing and fix it in a suitable manner.

2. LGBTQIA+ youth in out-of-home care mentioned their need for meaningful participation in the decisions that concern their lives. Care agencies and care professionals should foster the participation of youth in all processes of care, from the intake, out-of-home care matching, and following decisions during care. Four specific actions to improve participation are 1) creating LGBTQIA+ affirmative spaces; 2) fostering meaningful connections between care professionals and youth; 3) providing youth enough information and

preparation; 4) allowing youth to have their own space and time, giving them agency to be themselves. Promoting participatory practices will consequently have a beneficial effect on the resilience of youth.

3. LGBTQIA+ youth in out-of-home care highly appreciated care professionals who stroke the right balance between protecting and supporting and empowering them, and giving them freedom. Care professionals and care agencies should promote relationships with LGBTQIA+ youth that, on the one hand, offer direct support to them (e.g., financial, administrative, and emotional support), and on the other hand, allow them to take care of themselves and exert their freedom and agency. This balance is essential in creating loving and caring relationships between care professionals and youth, relationships that serve as a source of resilience.

4. LGBTQIA+ youth experience systemic barriers associated with the rejection of their SOGIESC and other minoritized identities, which prevent them from accessing basic social services such as education, housing, health, and work, and prepare them to live independently. Care agencies and care professionals should offer programs that reflect on these inequalities and offer them the tools to secure these basic needs. Having the resources to access basic social services is essential for youth to sustain their well-being, especially in situations of adversity.

5. The construction of an LGBTQIA+ positive identity is essential for LGBTQIA+ youth to counteract the pervasive discrimination in their social environments and sustain their wellbeing. Care agencies and care professionals have a vital role to play in the creation of youth' positive LGBTQIA+ identity.

    5.1 First of all, care agencies must be a safe place for the arrival of LGBTQIA+ youth. This means, for example, signaling in obvious ways that care agencies are LGBTQIA+ affirming (e.g., with a rainbow flag or posters or stickers symbolizing the respect of all LGBTQIA+ identities).

    5.2 Care agencies and care professionals should ensure that LGBTQIA+ are safe from bullying and violence from peers and adults. Clear anti-bullying policies should be drafted and implemented. It is important that care agencies search and implement existing guidelines and resources to offer affirmative care for LGBTQIA+ youth.

5.3 Care professionals should use respectful and inclusive language and use the right pronouns to address LGBTQIA+ youth. It is fundamental that care professionals consult directly with youth before addressing them with certain pronouns or identity labels. LGBTQIA+ youth know best how they want to be treated and referred to.

5.4 Care agencies must offer constant training on SOGIESC issues to all the staff. Care agencies could partner with LGBTQIA+ or educational institutions to constantly form competent staff on SOGIESC issues. Moreover, it is essential that care agencies follow up on the implementation of the lessons learned in these training.

6. LGBTQIA+ youth in care embodied diverse identities, some of them minoritized identities that intersect to create specific experiences of discrimination and exclusions, but also of resilience. Care agencies and care professionals must be aware of youth's multiple identities and the unique ways they merge, express, and determine their wellbeing. For example, LGBTQIA+ youth rely on their LGBTQIA+ pride as a source of resilience. However, care agencies and care professionals must also explore and nurture youth pride and belonging to their racial and ethnic identities, or any other identities.

7. LGBTQIA+ youth experience resilience by engaging with their community in diverse ways. Care agencies and care professionals should help youth to understand and reflect on their social reality and social inequalities, for example by providing open discussions on relevant societal issues such as social justice, inequalities, racism, poverty, and migration. At the same time, care professionals and care agencies should help youth to connect with the community, for instance, with youth councils, LGBTQIA+ organizations, or neighborhood associations. Youth's connection to their community is a source of resilience as it brings them a sense of belonging but also tangible resources such as health care services, opportunities for jobs and education, and relationships of support among others.

References

Abdullah, A., Cudjoe, E., & Frederico, M. (2018). Barriers to Children's Participation in Child Protection Practice: The Views and Experiences of Practitioners in Ghana. *Children Australia*, 43(4), 267–275. https://doi.org/10.1017/cha.2018.41.

Abramovich, A. (2017). Understanding How Policy and Culture Create Oppressive Conditions for LGBTQ2S Youth in the Shelter System. *Journal of Homosexuality*, *64*(11), 1484-1501, https://doi.org/10.1080/00918369.2016.1244449

Álvarez, R. G., Parra, L. A., Ten Brummelaar, M., Avraamidou, L., & López López, M. (2022). Resilience among LGBTQIA+ youth in out-of-home care: a scoping review. *Child Abuse & Neglect*, *129*. https://doi.org/10.1016/j.chiabu.2022.105660

Arksey, H., & O'Malley, L. (2005). Scoping studies: Towards a methodological framework. *International Journal of Social Research Methodology: Theory and Practice, 8*(1), 19–32. https://doi.org/10.1080/1364557032000119616

Baams, L., Wilson B. D. M, &. Russell S. T. (2019). LGBTQ youth in unstable housing and foster care. *Pediatrics, 143*(3), 1-9. https://doi.org/10.1542/peds.2017-4211

Banghart, M. (2013) Exploring the transition to adulthood by youth who have aged of foster care and identify as lesbian, gay, bisexual, or transgender. Doctoral dissertation. Michigan State University.

Bell, M. (2002). Promoting children's rights through the use of relationship. *Child & Family Social Work, 7* (1), 1–11

Bell, T., & Romano, E. (2015). Child resilience in out-of-home care: Child welfare worker perspectives. *Children and Youth Services Review*, 48, 49–59. https://doi.org/10.1016/j.childyouth.2014.12.008

Bessell, S. (2011). Participation in decision-making in out-of-home care in Australia: What do young people say? *Children & Youth Services Review, 33*(4), 496–501. https://doi.org/10.1016/j.childyouth.2010.05.006

Betancourt, T. S. (2008). Child soldiers: Reintegration, pathways to recovery and reflections from the field. *Journal of Developmental & Behavioural Pediatrics*, 29, 138–141

Borges, S. (2019). "We have to do a lot of healing": LGBTQ migrant Latinas resisting and healing from systemic violence. *Journal of Lesbian Studies*, *0*(0), 1–16. https://doi.org/10.1080/10894160.2019.1622931

Bos, H., & Sandfort, T. (2015). Gender nonconformity, sexual orientation, and Dutch adolescents' relationship with peers. *Archives of Sexual Behavior, 44*(5), 1269-1279.

Bouma, H. (2019). Taking the child's perspective. Exploring children's needs and participation in the Dutch child protection system. Doctoral dissertation. Groningen: University of Groningen.

Bouma, H., López López, M., Knorth, E. J., & Grietens, H. (2018). Meaningful participation for children in the Dutch child protection system: A critical analysis of relevant provisions in policy documents. *Child Abuse & Neglect*, 79, 279–292. https://doi.org/10.1016/j.chiabu.2018.02.016.

Bramsen, I., Kuiper, C., Willemse, K., & Cardol, M. (2019). My path towards living on my own: Voices of youth leaving Dutch secure residential care. *Child and Adolescent Social Work Journal*, *36*(4), 365-380.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

Braun, V., & Clarke, V. (2019). Reflecting on reflexive thematic analysis. *Qualitative Research in Sport, Exercise and Health*, *11*(4), 1–9. https://doi.org/10.1080/2159676X.2019.1628806

Braun, V., Clarke, V., Terry, G., & Hayfield, N. (2018). Thematic Analysis. In P. Liamputtong (Ed.), Handbook of Research Methods in Health and Social Sciences (pp. 843– 860). Springer.

Bryant, K., Jacob, C.W., & Minorities, S. (2020). Introduction. Gender and Sexual Minority Health: History, Current State, and Terminology. In K.B. Smalley, J.C. Warren & K.N. Barefoot (Eds.), LGBT Health: Meeting the Needs of Gender and Sexual Minorities. (1st ed., pp.1–42). Springer.

Burdge, H., Licona, A. C., & Hyemingway, Z. T. (2014). LGBTQ youth of color: Discipline disparities, school push-out, and the school-to-prison pipeline. San Francisco, CA: Gay-Straight Alliance Network and Tucson, AZ: Crossroads Collaborative at the University of Arizona.

Cabaj, R. P. (2014). Substance use issues among gay, lesbian, bisexual, and transgender people. In M. Galanter, H. D. Kleber, & K. T. Brady (Eds.), *Textbook of substance abuse treatment* (pp. 707 – 721). American Psychiatric Association.

Capous-Desyllas, M., & Mountz, S. (2019). Using Photovoice Methodology to Illuminate the Experiences of LGBTQ Former Foster Youth. *Child and Youth Services, 40*(3), 267–307. https://doi.org/10.1080/0145935X.2019.1583099

Capous-Desyllas, M., Pourciau, E., & Mountz, S. (2018). "Because we're fighting to be ourselves:" Voices from former foster youth who are transgender and gender expansive. *Child Welfare, 96*(1), 103–126.

Carr, N., & Pinkerton, J. (2015). Coming into view? The experiences of LGBT young people in the care system in Northern Ireland. In J. Fish & K. Karban (Eds.), *Lesbian, Gay, Bisexual and Trans health inequalities*. Policy Press.

Chang, C. J., Feinstein, B. A., Meanley, S., Flores, D. D., & Watson, R. J. (2021). The Role of LGBTQ Identity Pride in the Associations among Discrimination, Social Support, and Depression in a Sample of LGBTQ Adolescents. *Annals of LGBTQ Public and Population Health*, *2*(3), 203-219.

Charmaz, K. (2011). Grounded theory methods in social justice research. In N. K. Denzin & Y. E. Lincoln (Eds.) The Sage handbook of qualitative research (4th ed.) (pp. 359–380). Sage.

Child Welfare Information Gateway. (2022) How the Child Welfare System Works. https://www.childwelfare.gov/

Child Welfare League of America. (1991). *Serving gay and lesbian youths: The role of child welfare agencies*. Child Welfare League of America.

Cicchetti, D., Luthar, S., & Becker, B. (2000). The Construct of Resilience: A Critical Evaluation and Guidelines for Future Work. *Child Development*, *71*(3), 543–562.

Colpitts, E., & Gahagan, J. (2016). The utility of resilience as a conceptual framework for understanding and measuring LGBTQ health. *International Journal for Equity in Health*, *15*(1), 1–8. https://doi.org/10.1186/s12939-016-0349-1

Colquhoun, H. L., Levac, D., O'Brien, K. K., Straus, S., Tricco, A. C., Perrier, L., Kastner, D., & Moher, D. (2014). Scoping reviews: Time for clarity in definition, methods, and reporting. *Journal of Clinical Epidemiology*, *67*(12), 1291–1294. https://doi.org/10.1016/j.jclinepi.2014.03.013

Conron, K. J. & Wilson, B. D. M. (Eds.) (2019). *A Research Agenda to Reduce System Involvement and Promote Positive Outcomes with LGBTQ Youth of Color Impacted by the Child Welfare and Juvenile Justice Systems*. Los Angeles, CA: The Williams Institute.

Coolhart, D., & Brown, M. T. (2017). The need for safe spaces: Exploring the experiences of homeless LGBTQ youth in shelters. *Children and Youth Services Review*, *82*, 230–238.https://doi.org/10.1016/j.childyouth.2017.09.021

Cossar, J., Brandon, M., & Jordan, P. (2014). "You've got to trust her and she's got to trust you": Children's views on participation in the child protection system. *Child & Family Social Work, 21*(1), 103–112. https://doi.org/10.1111/cfs.12115

Cossar, J., Schofield, G., Belderson, P., Ward, E., Keenan, J., Larsson, B., Dodsworth, J., & Cocker, C. (2017). *SpeakOut: A study of the experiences and identity development of lesbian, gay, bisexual, transgender and questioning young people in care and the support they receive*. Research Briefing. Norwich: Centre for Research on Children and Families, University of East Anglia.

Courtney, M., Dworsky, A., Brown, A., Cary, C., Love, K., & Vorhies, V. (2011). *Midwest evaluation of the adult functioning of former foster youth: Outcomes at age 26*. Research Report. Chapin Hall at the University of Chicago.

Craig, S. L., McInroy, L., McCready, L. T., & Alaggia, R. (2015). Media: A Catalyst for Resilience in Lesbian, Gay, Bisexual, Transgender, and Queer Youth. *Journal of LGBT Youth, 12*(3), 254–275. https://doi.org/10.1080/19361653.2015.1040193

Crenshaw, K. (1989). Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics. *Desalination*, *1989*(1), 147–156. https://doi.org/10.1016/0011-9164(90)80039-E

Cudjoe, E., Abdullah, A., & Chua, A. A. (2019). Children's participation in child protection practice in Ghana: Practitioners' recommendations for practice. *Journal of Social Service Research, 0*(0), 1–13. https://doi.org/10.1080/01488376.2019.1596196

Daniel, B. (2010). Concepts of adversity, risk, vulnerability and resilience: a discussion in the context of the 'child protection system'. *Social Policy and Society*, 9(2), 231-241.

Davey, A., Arcelus, J., Meyer, C., & Bouman, W. P. (2016). Self- injury among trans individuals and matched controls: Prevalence and associated factors. *Health & Social Care in the Community*, *24*(4), 485 – 494. https://doi:10.1111/ hsc.12239

Davidson-Arad, B., & Navaro-Bitton, I. (2015). Resilience among adolescents in foster care. *Children and Youth Services Review, 59*, 63–70. https://doi.org/10.1016/j.childyouth.2015.09.023

De Groot, N., Vijlbrief, A., & Emmen, M. (2018). *Out on the streets. Onderzoek naar de hulp aan Amsterdamse lhbti jongeren die thuisloos zijn*. Research Briefing. Amsterdam: Movisie.

De Lira, A. N., & de Morais, N. A. (2018). Resilience in Lesbian, Gay, and Bisexual (LGB) Populations: An Integrative Literature Review. *Sexuality Research and Social Policy, 15*(3), 272–282. https://doi.org/10.1007/s13178-017-0285-x

Del Valle, J. (2013). Out of home care in child protection: An international overview. *Psychosocial Interventions, 22*(3), 161- 162.

Dettlaff, A. J., Washburn, M., Carr, L. C., & Vogel, A. N. (2018). Lesbian, gay, and bisexual (LGB) youth within in welfare: Prevalence, risk and outcomes. *Child Abuse and Neglect*, *80*(March), 183–193. https://doi.org/10.1016/j.chiabu.2018.03.009

Diemer, E. W., Grant, J. D., Munn- Chernoff, M. A., Patterson, D. A., & Duncan, A. E. (2015). Gender identity, sexual orientation, and eating- related pathology in a national sample of college students. *Journal of Adolescent Health*, *57*(2), 144 – 149.

DiFulvio, G. T. (2011). Sexual minority youth, social connection and resilience: From personal struggle to collective identity. *Social Science and Medicine, 72*(10), 1611–1617. https://doi.org/10.1016/j.socscimed.2011.02.045

Dillon, J., Greenop, D., & Hills, M. (2016). Participation in child protection: A small-scale qualitative study. *Qualitative Social Work, 15*(1), 70–85. https://doi.org/10.1177/1473325015578946

Dürrbaum, T., & Sattler, F. A. (2019). Minority stress and mental health in lesbian, gay male, and bisexual youths: A meta-analysis. *Journal of LGBT Youth, 0*(0), 1–17. https://doi.org/10.1080/19361653.2019.1586615

Dworsky, A. (2013). *"Issue Brief: The Economic Well-Being of Lesbian, Gay, and Bisexual Youth Transitioning Out of Foster Care."* Research report. Washington, DC: Mathematica Policy Research.

Emmen, M., Addink, A., & Felten, H. (2014). Jong en anders. Onderzoek naar aandacht voor lesbische, homo-en bi-jongeren, transgenderjongerenenjongerenmeteenintersekseconditie (LHBTI) in jeugdwelzijn, jeugdzorg en jeugd-(L)VB. Utrecht: NJi en Movisie.

Emmen, M., Addink, A., & Felten, H. (2015). Jong en anders. Onderzoek naar aandacht voor lesbische, homo-en bi-jongeren, transgenderjongeren en jongeren met een intersekse conditie in jeugdsector. *Journal of Social Intervention: Theory and Practice, 24*(3), 21–42 http://doi.org/10.18352/jsi.454

Erney, R., & Weber, K. (2018). Not all Children are Straight and White: Strategies for Serving Youth of Color in Out-of-Home care who Identify as LGBTQ. *Child Welfare*, *96*(2), 151–177. http://search.ebscohost.com.proxy-ub.rug.nl/

Estrada, R., & Marksamer, J. (2006). The legal rights of LGBT youth in state custody: What child welfare and juvenile justice professionals need to know. *Child Welfare, 85*(2), 171–194.

Factor, R. J., & Rothblum, E. D. (2007). A study of transgender adults and their non-transgender siblings on demographic characteristics, social support, and experiences of violence. *Journal of LGBT health research*, *3*(3), 11–30. https://doi.org/10.1080/15574090802092879

Felten, H., Hoof, J. & Schuyf, J. (2010). Weesjezelfmaarweesnietanders: heterojongeren over homo- en biseksualiteit (Be yourself but don't be different: hetero youth about homosexuality and bisexuality). In S. Keuzenkamp, S. (Ed.), *Steeds gewoner, nooit gewoon. Acceptatie van homoseksualiteit in Nederland (More and more ordinary. Never ordinary. Acceptance of homosexuality in the Netherlands), pp. XX-XX.* Sociaal en Cultureel Planbureau.

Fish, J. N., Baams, L., Wojciak, A. S., & Russell, S. T. (2019). Are sexual minority youth overrepresented in foster care, child welfare, and out-of-home placement? Findings from nationally representative data. *Child Abuse and Neglect, 89*: 203–211. https://doi.org/10.1016/j.chiabu.2019.01.005

Fluke, D.J. & Merkel-Holguin, L. (2019). Introduction. In L. Merkel-Holguin, J. D. Fluke, & R. D. Krugman (Eds.), National systems of child protection: Understanding the international variability and context for developing policy and practice (pp. 1-7). https//doi: 10.1007/978- 3- 319-93348-1

Ford, T., Vostanis, P., Meltzer, H., & Goodman, R. (2007). Psychiatric disorder among British children looked after by local authorities: Comparison with children living in private households. *British Journal of Psychiatry, 190*(4), 319-325. https://doi:10.1192/bjp.bp.106.025023

Forge, N., Hartinger-Saunders, R., Wright, E., & Ruel, E. (2018). Out of the system and onto the streets: LGBTQ-identified youth experiencing homelessness with past child welfare system involvement. *Child Welfare, 96*(2).

Frans, E., & Franck, T. (2013). *Vlaggensysteem-Set: Boek en kaartenset in opbergmap: Reageren op seksueel (grensoverschrijdend) gedrag van kinderen en jongeren*. Maklu.

Freitas, D. F., Coimbra, S., & Fontaine, A. M. (2017). Resilience in LGB youths: A systematic review of protection mechanisms. *Paideia, 27*(66), 69–79. https://doi.org/10.1590/1982-43272766201709

Fritz, J., de Graaff, A. M., Caisley, H., van Harmelen, A.-L., & Wilkinson, P. O. (2018). A Systematic Review of Amenable Resilience Factors That Moderate and/or Mediate the Relationship Between Childhood Adversity and Mental Health in Young People. *Frontiers in Psychiatry*, 9(June). https://doi.org/10.3389/fpsyt.2018.00230

Gahagan, J., & Colpitts, E. (2017). Understanding and Measuring LGBTQ Pathways to Health: A Scoping Review of Strengths-Based Health Promotion Approaches in LGBTQ Health Research. *Journal of Homosexuality, 64*(1), 95–121.

Gal, T. (2017). An ecological model of child and youth participation. *Children and Youth Services Review, 79*, 57–64. https://doi.org/10.1016/j.childyouth.2017.05.029.

Gallagher, M., Smith, M., Hardy, M. & Wilkinson, H. (2012). Children and families' involvement in social work decision making. *Children & Society, 26*(1), 74–85.

Gallegos, A., White, C. R., Ryan, C., O'Brien, K., Pecora, P. J., & Thomas, P. (2011). Exploring the experiences of lesbian, gay, bisexual, and questioning adolescents in foster care. *Journal of Family Social Work, 14*, 226– 236. https:// doi.org/10.1080/10522 158.2011.571547

Garcia, A. R., Gupta, M., Greeson, J. K., Thompson, A., & DeNard, C. (2017). Adverse childhood experiences among youth reported to child welfare: Results from the national survey of child & adolescent wellbeing. *Child Abuse & Neglect*, *70*, 292-302.

Gilbert, N. (2012). A comparative study of child welfare systems: Abstract orientations and concrete results. *Children and Youth Services Review*, *34*(3), 532–536. https://doi.org/10.1016/j.childyouth.2011.10.014

González Álvarez, R., ten Brummelaar, M., Orwa, S., & López López, M. (2021). "I actually know that things will get better:" The many pathways to resilience of LGBTQIA+ youth in out-out-of-home care. *Children & Society*. *36*(2), 234-248. https://doi.org/10.1111/chso.12464

González- Álvarez, R., ten Brummelaar, M., van Mierlo, K. R. O., Mallon, G. P., & López, M. (In press). The Participation of LGBTQIA+ Children and Youth in Care in the Netherlands. In K. Križ, & M. Petersen (Eds.), *Children's Participation in Child Protection: International Research and Practice Approaches*. Oxford University Press.

Graham, A., Powell, M., Taylor, N., Anderson, D. & Fitzgerald, R. (2013). Ethical Research Involving Children. Florence: UNICEF Office of Research – Innocenti.

Greeno, E., Matarese, M., & Weeks, A. (2021). Attitudes, beliefs, and behaviors of child welfare workers toward LGBTQ youth. *Journal of Public Child Welfare*, 00(00), 1–20. https://doi.org/10.1080/15548732.2021.1940415

Grossman, A. H., D'Augelli, A. R., & Frank, J. A. (2011). Aspects of psychological resilience among transgender youth. *Journal of LGBT Youth*, *8*(2), 103–115. https://doi.org/10.1080/19361653.2011.541347

Hart, A., Gagnon, E., Eryigit-Madzwamuse, S., Cameron, J., Aranda, K., Rathbone, A., & Heaver, B. (2016). Uniting resilience research and practice with an inequalities approach. *SAGE Open*, 6(4). https://doi.org/10.1177/2158244016682477

Healy, K., & Darlington, Y. (2009). Service user participation in diverse child protection contexts: Principles for practice correspondence. *Child & Family Social Work, 14*, 420–430. https://doi.org/10.1111/j.1365-2206.2009.00613.x

Henderson, B. (2019). Queering Language. In Henderson, B., *Queer studies: beyond binaries*. Harrington Park Press.

Herbst, J. H., Jacobs, E. D., Finlayson, T. J., McKleroy, V. S., Neumann, M. S., & Crepaz, N. (2008). Estimating HIV prevalence and risk behaviors of transgender persons in the United States: a systematic review. *AIDS and Behavior*, *12*(1), 1-17.

Herrick, A. L., Egan, J. E., Coulter, R. W. S., Friedman, M. R., & Stall, R. (2014). Raising sexual minority youths' health levels by incorporating resiliencies into health promotion efforts. *American Journal of Public Health*, *104*(2), 206–210. https://doi.org/10.2105/AJPH.2013.301546

Holland, S. (2001). Representing children in child protection assessments. *Childhood, 8*(3), 322–339.

Horwath, J., Kalyva, E., & Spyru, S. (2012). "I want my experiences to make a difference" promoting participation in policy-making and service development by young people who have experienced violence. *Children and Youth Services Review, 34*(1), 155–162. https://doi.org/10.1016/j.childyouth.2011.09.012.

How the Child Welfare System Works. https://www.childwelfare.gov/

https://doi.org/10.1016/j.childyouth.2014.12.008

Humphreys, K. L., LeMoult, J., Wear, J. G., Piersiak, H. A., Lee, A., & Gotlib, I. H. (2020). Child maltreatment and depression: A meta-analysis of studies using the Childhood Trauma Questionnaire. *Child abuse & neglect*, *102*, 104361. https://doi.org/10.1016/j.chiabu.2020.104361

Husby, I. S. D., Slettebø, T., & Juul, R. (2018). Partnerships with children in child welfare: The importance of trust and pedagogical support. *Child & Family Social Work, 23*(3), 443–450. https://doi.org/10.1111/cfs.12435

ILGA-Europe. (2018). Annual review of the human rights situation of Lesbian, Gay, Bisexual, Trans and Intersex people in Europe. Brussels, Belgium. Retrieved on January 31, 2020, from https://ilga-europe.org/sites/default/files/Attachments/annual_review_f inal2018_web.pdf.

ILGA-Europe. (2019) Annual Review of the Human Rights Situation of Lesbian, Gay, Bisexual, Trans and Intersex People in Europe. Brussels, Belgium. Retrieved from https://ilga-europe.org/sites/default/files/Attachments/annual_review_f inal2020_web.pdf

ILGA- Europe. (2022). Annual Review of the Human Rights Situation of Lesbian, Gay, Bisexual, Trans and Intersex People in Europe. Brussels, Belgium. Retrieved from https://ilga- europe.org/sites/ defau lt/files/ Attac hment s/annual_ review_final 2022_web.pdf

International Collaboration for Participatory Health Research (ICPHR) (2013) Position Paper 2: Participatory Health Research: A Guide to Ethical Principles and Practice. Version: October 2013. Berlin: International Collaboration for Participatory Health Research.

Irvine, A., & Canfield, A. (2016). The overrepresentation of lesbian, gay, bisexual, questioning, gender nonconforming and transgender youth within the child welfare to juvenile justice crossover population. *Journal on Gender, Social Policy, and the Law, 24*(2), 243–261.

Jacobs, J., & Freundlich, M. (2006). Achieving permanency for LGBTQ youth. *Child Welfare*, 85(2), 299–316.

Johnson. C.W., Parry. D.C. (2022). Contextualizing qualitative research for social justice. In Johnson, C. W., & Parry, D. C. (Eds.). *Fostering social justice through qualitative inquiry: A methodological guide*. Taylor & Francis.

Kaasbøll, J., & Paulsen, V. (2019). What is known about the LGBTQ perspective in child welfare services? A scoping review protocol. *BMJ Open, 9*(9), n. p. https://doi.org/10.1136/bmjopen-2019-030675

Kaasbøll, J., Pedersen, S. A., & Paulsen, V. (2021). What is known about the LGBTQ perspective in child welfare services: A scoping review. *Child & Family Social Work*, November, 1–12. https://doi.org/10.1111/cfs.12894

Konstantoni, K., & Emejulu, A. (2017). When intersectionality met childhood studies: The dilemmas of a traveling concept. *Children's Geographies, 15*(1), 6– 22. https://doi.org/10.1080/14733 285.2016.1249824

Kuyper, L. (2015). *Jongeren en seksuele oriëntatie. Ervaringen van en opvattingen over lesbische, homoseksuele, biseksuele en heteroseksuele jongeren (Youth and sexual orientation. Experiences and views of lesbian, gay, bisexual and heterosexual youth)*. Sociaal en Cultureel planbureau.

Kwon, P. (2013). Resilience in Lesbian, Gay, and Bisexual Individuals. *Personality and Social Psychology Review, 17*(4), 371–383. https://doi.org/10.1177/1088868313490248

Leeson, C. (2007). My life in care: experiences of non- participation in decision-making processes. *Child & Family Social Work, 12* (3), 268–277.

Levac, D., Heather, C., & Obrien, K. K. (2010). Scoping studies: advancing the methodology. *Implementation Science*, 1–18. https://doi.org/10.1017/cbo9780511814563.003

LGBTQIA Resource Center Glossary. (2021, February 10). UC Davis, https://lgbtqia.ucdavis.edu/educated/glossary

López López, M., Bouma, H., Knorth, E. J., & Grietens, H. (2019). The Dutch child protection system: Historical overview and recent transformations. In L. Merkel-Holguin, J.

D. Fluke, & R. D. Krugman (Eds.), National systems of child protection: Understanding the international variability and context for developing policy and practice (pp. 173–192). doi: 10.1007/978-3- 319-93348-1

López López, M., Bouma, H., Knorth, E. J., & Grietens, H. (2019). The Dutch child protection system: Historical overview and recent transformations. In L. Merkel-Holguin, J. D. Fluke, & R. D. Krugman (Eds.*), National systems of child protection: Understanding the international variability and context for developing policy and practice* (pp. 173–192). Springer. https://doi.org/10.1007/978-3-319-93348-1

López López, M., González Álvarez. R., ten Brummelaar, M., van Mierlo, K.R.O., & Wieldraaijer-Vincent, L. (Eds.). (2021). *Working with LGBTQIA+ youth in the child welfare system. Perspectives from youth and professionals*. University of Groningen Press. https://doi.org/10.21827/60e5a36110a9

Lorthridge, J., Evans, M., Heaton, L., Stevens, A., & Phillips, L. (2018). Strengthening Family Connections and Support for Youth in Foster Care Who Identify as LGBTQ: Findings from the PII-RISE Evaluation. *Child Welfare*, *96*(1), 53.

Lou, Y., Taylor, E. P., & Di Folco, S. (2018). Resilience and resilience factors in children in residential care: A systematic review. *Children and Youth Services Review, 89*: 83–92. https://doi.org/10.1016/j.childyouth.2018.04.010

Luthar, S. S., Cicchetti, D., & Becker, B. (2000). The construct of resilience: A critical evaluation and guidelines for future work. *Child development*, *71*(3), 543-562.

Lyons, A. (2015). Resilience in lesbians and gay men: A review and key findings from a nationwide Australian survey. *International Review of Psychiatry, 27*(5), 435–443. https://doi.org/10.3109/09540261.2015.1051517

Macpherson, S. (2008). Reaching the top of the ladder? *Policy & Politics, 36*(3), 361–379.

Mahfouda, S., Moore, J. K., Siafarikas, A., Hewitt, T., Ganti, U., Lin, A., & Zepf, F. D. (2019). Gender-affirming hormones and surgery in transgender children and adolescents. *The lancet. Diabetes & endocrinology*, *7*(6), 484–498. https://doi.org/10.1016/S2213-8587(18)30305-X

Mallon, G.P. (1997). Toward a competent child welfare service delivery system for gay and lesbian adolescents and their families. *Journal of Multicultural Social Work*, 5(3/ 4), 177–194

Mallon, G. P. (1998). We don't exactly get the Welcome Wagon: The experiences of gay and lesbian adolescents in child welfare systems. Columbia University Press.

Mallon, G. P. (2001). *Lesbian and gay youth: A youth worker's perspective*. CWLA Press.

Mallon, G. P., Aledort, N., & Ferrera, M. (2002). There's no place like home: Achieving safety, permanency, and well-being for lesbian and gay adolescents in out-of-home care settings. *Child Welfare, 81*(2), 407-43.

Mallon, G. P. & Wornoff, R. (2006). Busting out of the child welfare closet: Lesbian, gay, bisexual, and transgender affirming approaches to child welfare. *Child Welfare, 85*(2), 115–122.

Mallon, G. P., Lakin, D., & Lyons, N. (2006). Facilitating permanency for youth. In A. Khoury (Ed.), Achieving permanency for adolescents in foster care: A guide for legal professionals (pp. 45–62). American Bar Association.

Mallon, G. P. (2011). Permanency for LGBTQ youth. *Protecting Children, 26*(1), 49–57.

Mallon, G. P. (2019). LGBTQ Youth Issues. A practical guide for youth workers serving lesbian, gay, bisexual, transgender, & questioning youth. CWLA Press

Mallon, G.P., & Perez, J. (2020). The experiences of transgender and gender expansive youth in juvenile justice systems. *Journal of Criminological Research, Policy and Practice, 6*(3), 217-229.

Mallon, G.P. (2021). *Strategies for child welfare professionals working with transgender and gender expansive youth.* Jessica Kingsley.

Masten, A. S. (2014). Global Perspectives on Resilience in Children and Youth. *Child Development, 85*(1), 6–20. https://doi.org/10.1111/cdev.12205

McCormick, A., Schmidt, K., & Terrazas, S. R. (2016). Foster family acceptance: Understanding the role of foster family acceptance in the lives of LGBTQ youth. *Children and Youth Services Review*, 61, 69–74. https://doi.org/10.1016/j.childyouth.2015.12.005

McCormick, A., Schmidt, K., & Terrazas, S. (2017). LGBTQ youth in the child welfare system: An overview of research, practice, and policy. *Journal of Public Child Welfare, 11*(1), 27– 39. https://doi.org/10.1080/15548 732.2016.1221368

McCormick, A. (2018). *LGBTQ youth in foster care. Empowering approaches for an inclusive system of care*. Routledge.

McMurray, I., Connolly, H., Preston-Shoot, M., & Wigley, V. (2008). Constructing resilience: Social workers' understandings and practice. Health and Social Care in the Community, 16, 299–309. http://dx.doi.org/10.1111/j.1365-2524.2008.00778.x.

Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence. *Psychological Bulletin, 129*(5), 674– 697. https://doi.org/10.1037/0033-2909.129.5.674

Meyer, I. H. (2015). Resilience in the Study of Minority Stress and Health of Sexual and Gender Minorities. *Psychology of Sexual Orientation and Gender Diversity, 2*(3), 209–213. https://doi.org/10.1037/sgd0000132

Millum, J., Campbell, M., Luna, F., Malekzadeh, A., & Abdol Karim, Q. (2019). Ethical challenges in global health-related stigma research. *BMC Medicine*, *17*(84), 103–116. https://doi.org/10.4324/9780203082225-8

Mountz, S., Capous- Desyllas, M., & Pourciau, E. (2018). 'Because We're Fighting to Be Ourselves:' Voices from former foster youth who are transgender and gender expansive. *Child Welfare*, *96*(1), 103– 126.

Mountz, S., & Capous-Desyllas, M. (2020). Exploring the families of origin of LGBTQ former foster youth and their trajectories throughout care. *Children and Youth Services Review, 109*(August 2019), 104622. https://doi.org/10.1016/j.childyouth.2019.104622

Movement Advancement Project (2022). https://www.lgbtmap.org

Münch, N., Mahdiani, H., Lieb, K., & Paul, N. W. (2021). Resilience beyond reductionism: ethical and social dimensions of an emerging concept in the neurosciences. *Medicine, Health Care and Philosophy*, 24(1), 55-63.

Munro, E. (2001). Empowering looked-after children. *Child & Family Social Work, 6*(2), 129–137.

Mustanski, B.S., Garofalo, R., Emerson, E.M. (2010). Mental health disorders, psychological distress, and suicidality in a diverse sample of lesbian, gay, bisexual, and transgender youths. *American Journal of Public Health*, *100*(12), 2426–32. https//doi:10.2105/AJPH.2009.178319

Paceley, M. S., Dikitsas, Z. A., Greenwood, E., McInroy, L. B., Fish, J. N., Williams, N., ... & Levine, D. S. (2021). The perceived health implications of policies and rhetoric targeting transgender and gender diverse youth: A community-based qualitative study. *Transgender Health.*

Parra, L. A., Bell, T. S., Benibgui, M., Helm, J. L., & Hastings, P. D. (2017). The buffering effect of peer support on the links between family rejection and psychosocial adjustment in LGB emerging adults. *Journal of Social and Personal Relationships*, *34*(7), 1145-1145.

Parry, D. C., Johnson, C. W., & Stewart, W. (2013). Leisure research for social justice: A response to Henderson. *Leisure Sciences*, *35*(1), 81-87.

Paul, J. (2018). *Under the radar: Exploring support for lesbian, gay, bisexual transgender, queer and questioning (LGBTQ) young people transitioning from foster care to emerging adulthood.* Doctoral dissertation. Madison, WI: University of Wisconsin-Madison.

Paul, J. C. (2020). Exploring support for LGBTQ youth transitioning from foster care to emerging adulthood. *Children and Youth Services Review, 119*, 105481. https://doi.org/10.1016/j.childyouth.2020.105481

Pearson, J., & Wilkinson, L. (2013). Family relationships and adolescent well-being: Are families equally protective same-sex attracted youth*? Journal of Youth & Adolescence, 42*(3), 376-393. https//doi:10.1007/s10964- 012-9865-5

Pizmony-Levy, O. (2018). *The 2018 Dutch national school climate survey report. research Report.* Teachers College, Columbia University.

Quinn, T. L. (2002). Sexual orientation and gender identity: An administrative approach to diversity. *Child Welfare*, 913-928.

Ragg, D. M., Patrick, D., & Ziefert, M. (2006). Slamming the Closet Door: Working with Gay and Lesbian Youth in Care. *Child Welfare: Journal of Policy, Practice, and Program*, *85*(2), 243–265. http://search.ebscohost.com.proxy-ub.rug.nl/

Rap, S., Verkroost, D., & Bruning, M. (2019). Children's participation in Dutch youth care practice: an exploratory study into the opportunities for child participation in youth care from professionals' perspective. *Child Care in Practice, 25*(1), 37–50. https://doi.org/10.1080/13575279.2018.1521382

Rivers, I., & Cowie, H. (2006). Bullying and homophobia in UK schools: A perspective on factors affecting resilience and recovery. *Journal of Gay & Lesbian Issues in Education, 3*(4), 11-43. https//doi: 10.1300/ J367v03n04_03

Robertson Forge, N. (2012). *A Longitudinal Investigation of Risk and Resiliency among Homeless LGBT Youth Residing in a Transitional Living Shelter*. Doctoral dissertation. Fordham University

Rosenwald, M. (2009). A Glimpse Within: An Exploratory Study of Child Welfare Agencies' Practices With LGBTQ Youth. *Journal of Gay & Lesbian Social Services*, *21*(4), 343-356. https://doi.org/10.1080/10538720802498124

Roze Zorg. Aandacht voor seksuele diversiteit. (2022). https://www.rozezorg.nl

Russell, S. T. (2005). Beyond risk: Resilience in the lives of sexual minority youth. *Journal of Gay and Lesbian Issues in Education, 2*(3), 5–18. https://doi.org/10.1300/J367v02n03_02

Russell, S. T., & Fish, J. N. (2019). Sexual Minority Youth, Social Change, and Health: A Developmental Collision. *Research in Human Development, 16*(1), 5–20. https://doi.org/10.1080/15427609.2018.1537772

Ryan, C., Russell, S. T., Huebner, D., Diaz, R., & Sanchez, J. (2010). Family acceptance in adolescence and the health of LGBT young adults. *Journal of Child and Adolescent Psychiatric Nursing, 23*(4), 205–213. https://doi.org/10.1111/j.1744-6171.2010.00246.x

Salazar, A. m., haggerty, k. P., Barkan, s. e., Peterson, r., Furlong, m. e., kim, e., . . . colito, J. m. (2019). Supporting LGBTQ+ foster teens: development of a relationship-focused, self-guided curriculum for foster families. *Sexuality Research and Social Policy*, 17, 239-251.

Salazar, A. M., McCowan, K. J., Cole, J. J., Skinner, M. L., Noell, B. R., Colito, J. M., Haggerty, K. P., & Barkan, S. E. (2018). Developing Relationship-Building Tools for Foster Families Caring for Teens who are LGBTQ2S. *Child Welfare*, *96*(2), 75–97.

Samuels, G. M., & Pryce, J. M. (2008). What doesn't kill you makes you stronger: survivalist self-reliance as resilience and risk among young adults aging out of foster care. *Children and Youth Services Review, 30*(10), 1198–1210. https://doi.org/10.1016/j.childyouth.2008.03.005

Sandfort, T. (2020). Experiences and well-being of sexual and gender diverse youth in foster care in New York City: disproportionality and disparities. The Annie E. Casey Foundation. https://www1.nyc.gov/assets/acs/pdf/about/2020/WellBeingStudyLGBTQ.pdf

Sandfort, T., Bos, H., Knox, J., & Reddy, V. (2015). Gender nonconformity, discrimination, and mental health among black South African men who have sex with men: A further exploration of unexpected findings. *Archives of Sexual Behavior, 45*(3), 661-670. https//doi:10.1007/s10508-015-0565-6

Schofield, G., Cossar, J., Ward, E., Larsson, B., & Belderson, P. (2019). Providing a secure base for LGBTQ young people in foster care: The role of foster carers. *Child & Family Social Work, 24*(3), 372– 381. https://doi.org/10.1111/ cfs.12657

Shelton, J. & Mallon, G.P (Eds.). (2021). *Social work practice with transgender and gender variant youth* (3rd ed.). Routledge.

Shelton, J., Wagaman, M. A., Small, L., & Abramovich, A. (2018). I'm more driven now: Resilience and resistance among transgender and gender expansive youth and young adults experiencing homelessness. *International Journal of Transgenderism*, 19(2), 144–157. https://doi.org/10.1080/15532739.2017.1374226

Shilo, G., Antebi, N., & Mor, Z. (2014). Individual and Community Resilience Factors Among Lesbian, Gay, Bisexual, Queer and Questioning Youth and Adults in Israel. *American Journal of Community Psychology*, *55*(1–2), 215–227. https://doi.org/10.1007/s10464-014-9693-8

Singh, A., Mengh, S., & Hansen, A. (2014). "I am my own gender": Resilience strategies of trans youth. *Journal of Counseling and Development*, 92, 208–218.

Siriwardhana, C., Ali, S. S., Roberts, B., & Stewart, R. (2014). A systematic review of resilience and mental health outcomes of conflict-driven adult forced migrants. *Conflict and Health*, 8(1), 13.

Sleijpen, M., Boeije, H. R., Kleber, R. J., & Mooren, T. (2015). Between power and powerlessness: A meta-ethnography of sources of resilience in young refugees. *Ethnicity and Health*, *21*(2), 158–180. https://doi.org/10.1080/13557858.2015.1044946

Sleijpen, M., Boeije, H. R., Kleber, R. J., & Mooren, T. (2015). Between power and powerlessness: A meta-ethnography of sources of resilience in young refugees. *Ethnicity and Health*, 21(2), 158–180. https://doi.org/10.1080/13557858.2015.1044946

Southwick, S. M., Lauren, S., John, K., Charney, D., Mayes, L., & Pietrzak, R. H. (2016). Why are some individuals more resilient than others: the role of social support. *World Psychiatry*, 15(1), 75–77. https://doi.org/10.1002/wps.20280

Spencer, S. M., & Patrick, J. H. (2009). Social support and personal mastery as protective resources during emerging adulthood. *Journal of Adult Development, 16*(4), 191-198. https//doi:10.1007/s10804-009-9064-0

Suárez-Soto, E., Pereda, N., & Guilera, G. (2019). Poly-victimization, resilience, and suicidality among adolescents in child and youth-serving systems. *Children and Youth Services Review*, *106*(March), 104500. https://doi.org/10.1016/j.childyouth.2019.104500

Sullivan, T. R. (1994). Obstacles to effective child welfare service with gay and lesbian youths. *Child Welfare*, *73*(4), 291–304.

Tankersley, A. P., Grafsky, E. L., Dike, J., & Jones, R. T. (2021). Risk and Resilience Factors for Mental Health among Transgender and Gender Nonconforming (TGNC) Youth: A Systematic Review. *Clinical Child and Family Psychology Review, 24*(2):183-206. https://doi.org/10.1007/s10567-021-00344-6

Taouanza, I., & Felten, H. (2018). Hulpverlening voor iedereen? Verkennendonderzoeknaar hulpverleners meteennegatievehouding ten aanzien van lhbt's. Utrecht: KIS

Ten Brummelaar, M. D. C., Harder, A. T., Kalverboer, M. E., Post, W. J., & Knorth, E. J. (2018). Participation of youth in decision-making procedures during residential care: A narrative review. *Child & Family Social Work, 23*(1), 33–44. https://doi.org/10.1111/cfs.12381

Testa, R. J., Habarth, J., Peta, J., Balsam, K., & Bockting, W. (2015). Development of the Gender Minority Stress and Resilience Measure. *Psychology of Sexual Orientation and Gender Diversity, 2*(1), 65–77. https://doi.org/10.1037/sgd0000081

The Joanna Briggs Institute. (2015). The Joanna Briggs Institute Reviewers' Manual 2015: Methodology for JBI scoping reviews. *Joanna Briggs Institute*, 1–24. https://doi.org/10.1017/CBO9781107415324.004

Toros, K., Tiko, A., & Saia, K. (2013). Child-centered approach in the context of the assessment of children in need: Reflections of child protection workers in Estonia. *Children & Youth Services Review, 35*(6), 1015–1022. https://doi.org/10.1016/j.childyouth.2013.03.011

Tricco AC., Erin L., Zarin W., O'Brien K.K., Colquhoun H., Levac D., et al. (2018) PRISMA Extension for Scoping Reviews (PRISMA- ScR): Checklist and Explanation. *Annals of Internal Medicine.169*:467–473. https://doi: 10.7326/M18-0850

UN Human Rights Council, Discrimination and violence against individuals based on their sexual orientation and gender identity, 4 May 2015, A/HRC/29/23, available at: https://www.refworld.org/docid/5571577c4.html [accessed 10 April 2022]

Ungar, M. (2003). Qualitative Contributions to Resilience Research. *Qualitative Social Work*, *2*(1), 85–102. https://doi.org/10.1177/1473325003002001123

Ungar, M. (2008). Resilience across cultures. British Journal of Social Work, 38, 218–235. https://doi.org/10.1093/bjsw/bcl343

Ungar, M. (2011). The social ecology of resilience: Addressing contextual and cultural ambiguity of a nascent construct. *American Journal of Orthopsychiatry, 81*(1), 1– 17. https://doi.org/10.1111/j.1939- 0025.2010.01067.x

Ungar, M. (2012). The Social Ecology of Resilience. A Handbook of Theory and Practice. Springer. https://doi.org/10.1007/978-1-4614-0586-3

Ungar, M., Ghazinour, M., & Richter, J. (2013). Annual research review: What is resilience within the social ecology of human development? *Journal of Child Psychology and Psychiatry, 54*(4), 348–366. https://doi.org/10.1111/jcpp.12025

Ungar, M. (2018). Systemic resilience. *Ecology and Society*, 23(4).

Ungar, M., & Theron, L. (2020). Resilience and mental health: how multisystemic processes contribute to positive outcomes. *The Lancet. Psychiatry, 7*(5), 441–448. https://doi.org/10.1016/S2215-0366(19)30434-1

UNICEF Office of Research (2013). *Child well-being in rich countries: A comparative overview. Innocenti Report Card 11*. UNICEF Office of Research, Florence.

United Nations Committee on the Rights of the Child (CRC). (2009). General comment No. 12 (2009): The right of the child to be heard, 20 July 2009, CRC/C/GC/12. Retrieved on January 31, 2020, from https://www.refworld.org/docid/4ae562c52.html.

United Nations General Assembly. (1989). Convention on the Rights of the Child, 20 November 1989, United Nations, Treaty Series, vol. 1577. Retrieved on January 31, 2020, from https://www.refworld.org/docid/3ae6b38f0.html.

United Nations Human Rights Council. (2015). Discrimination and violence against individuals based on their sexual orientation and gender identity, 4 May 2015, A/HRC/29/23. Retrieved on January 31, 2020, from https://www.refworld.org/docid/5571577c4.html

United Nations Human Rights Council. (2016). Protection of the rights of the child in the implementation of the 2030 Agenda for Sustainable Development, 15 December 2016, A/HRC/34/27. Retrieved on February 3, 2020, from https://www.refworld.org/docid/58ad86d44.html

United Nations, *Department of Economic and Social Affairs Youth, (online)*, available at: https://www.un.org/development/desa/youth/what-we-do/faq.html [accessed 11 April 2021]

United Nations. (2016). Living Free & Equal: what states are doing to tackle violence and discrimination against lesbian, gay, bisexual, transgender and intersex people.

United Nations. Office of the High Commissioner for Human Rights. (2019). *Born free and equal: Sexual orientation, gender identity and sex characteristics in international human rights law*. UN0.

Valentine, S. E., & Shipherd, J. C. (2018). A systematic review of social stress and mental health among transgender and gender non-conforming people in the United States. *Clinical Psychology Review*, *66*: 24–38. https://doi.org/10.1016/j.cpr.2018.03.003

Van Bijleveld, G. G., Bunders-Aelen, J. F. G., & Dedding, C. W. M. (2019). Exploring the essence of enabling child participation within child protection services. *Child & Family Social Work, 25*, 286-293. https://doi.org/10.1111/cfs.12684

Van Bijleveld, G. G., Dedding, C. W. M., & Bunders-Aelen, J. F. G. (2014). Seeing eye to eye or not? Young people's and child protection workers' perspectives on children's participation within the Dutch child protection and welfare services. *Children & Youth Services Review, 47*, 253–259. http://dx.doi.org/10.1016/j.childyouth.2014.09.018

Van Bijleveld, G. G., Dedding, C. W. M., & Bunders-Aelen, J. F. G. (2015). Children's and young people's participation within child welfare and child protection services: A state-of-the-art review. *Child & Family Social Work, 20*, 129–138. http://dx.doi.org/10.1111/cfs.12082

Van Rossenberg, S. (2013). LHBTI-kinderen in Nederland. Rapportage over de leefwereld en rechten van een vergeten groep kwetsbare kinderen. COC Nederland. https://www.coc.nl/wp-content/uploads/2014/02/Rapport-LHBTI-kinderen-in- Nederland-2014.pdf

Vis, S. A., Holtan, A., & Thomas, N. (2012). Obstacles for child participation in care and protection cases-why Norwegian social workers find it difficult. *Child Abuse Review, 21*(1), 7–23. https://doi.org/10.1002/car.1155

Vis, S. A., Strandbu, A., Holtan, A., & Thomas, N. (2011). Participation and health – a research review of child participation in planning and decision-making. *Child & Family Social Work, 16*(3), 325– 335. https://doi.org/10.1111/j.1365-2206.2010.00743.x.

Walker, J. J., & Longmire-Avital, B. (2012). The impact of religious faith and internalized homonegativity on resiliency for Black lesbian, gay, and bisexual emerging adults. *Developmental Psychology*. 49(9):1723-1731. https//doi: 10.1037/a0031059

Warren, J.C., Smalley, K.B., and Barefoot, K. N. (2018). The Health of Racial and Ethnic Minority Gender and Sexual Minority Populations. In K.B. Smalley, J.C. Warren & K.N. Barefoot (Eds.), LGBT Health: Meeting the Needs of Gender and Sexual Minorities. (1st ed., pp.1–42). Springer.

Weeks, A., Altman, D., Stevens, A., Lorthridge, J., & Heaton, L. (2018). Strengthening the Workforce to Support Youth in Foster Care who Identify as LGBTQ+ through Increasing LGBTQ+ Competency. *Child Welfare*, 96(2), 125-150.

Wilber, S., Reyes, C., & Marksamer, J. (2006). The Model Standards Project: Creating inclusive systems for LGBT youth in out-of-home care. *Child Welfare, 85*(2), 133–149.

Wilson, B. D. M., & Kastanis, A. A. (2015). Sexual and gender minority disproportionality and disparities in child welfare: A population-based study. *Children & Youth Services Review, 58*, 11–17. https://doi.org/10.1016/j.childyouth.2015.08.016

Wilson, B. D. M., Cooper, K., Kastanis, A., & Nezhad, S. (2014). Sexual and gender minority youth in foster care: Assessing disproportionality and disparities in Los Angeles. UCLA: The Williams Institute. Retrieved on January 31, 2020, from https://escholarship.org/uc/item/6mg3n153.

Woolfson, R.C., Heffernan, E., Paul, M., & Brown, M. (2010). Young people's views of the child protection system in Scotland. *British Journal of Social Work, 40*(7), 2069–2085.

Woronoff, R., Estrada, R., & Sommer, S. (2006). Out of the margins- A report on regional listening forums highlighting the experiences of lesbian, gay, bisexual, transgender, and questioning youth in care. Research Briefing. CWLA

Zautra, A., Hall, J., & Murray, K. (2010). Resilience at many levels of analysis. In Reich, J. W., Zautra, A. J., & Hall, J. S. (Eds.). Handbook of Adult Resilience. Guilford Press.

Zlotnick, C. (2009). What research tells us about the intersecting streams of homelessness and foster care. *American Journal of Orthopsychiatry, 79*(3), 310–325.

Appendices

English summary

All around the globe, LGBTQIA+ individuals (Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual/Aromantic/Agender, and other sexualities and identities) still experience health inequalities based on the societal rejection of their Sexual Orientation, Gender Identity, and Expression (SOGIESC). LGBTQIA+ individuals anticipate, experience, and internalize minority stressors (social stressors based on the rejection of their SOGIESC) such as bullying and other forms of violence. In consequence, these minority stressors cause a wide array of mental and physical health problems. Traditionally, research has followed a risk-based approach that focuses on the adversities and the health inequalities of LGBTQIA+ individuals. However, this approach has neglected their resilience; the capacities of LGBTQIA+ individuals and communities to confront their adversities and sustain their wellbeing.

LGBTQIA+ youth in out-of-home care face a double burden. On the one hand, they are exposed to minority stressors that the general LGBTQIA+ community faces. On the other hand, they also confront the challenges of being removed from their families, often due to child maltreatment, and placed in the care of the state, in residential or foster care homes. For more than two decades researchers and care professionals began noticing that LGBTQIA+ youth in out-of-home care were overrepresented in comparison with their non-LGBTQIA+ peers. Research also described that these youth often ended up in the care system due to the rejection of their SOGIESC by their families and that care agencies were often not an LGBTQIA+ affirmative environment for them. LGBTQIA+ youth in out-of-home care are exposed to discrimination and violence based on their SOGIESC, not only by their peers but also by the adults who are responsible for their care. These adversities are associated with negative effects on their well-being such as less educational attainment, more substance use, and heightened mental health challenges. As with the general LGBTQIA+ community, research has mainly centered on exploring these adversities and their negative consequences.

The current dissertation offers an exploration of the resilience resources among LGBTQIA+ youth in out-of-home care. Resilience is understood as a dynamic and multidimensional process of drawing from individual, socio-relational, and community-systemic resources by any given person or community to regain, sustain, or improve their wellbeing in contexts of significant adversity. The main research question was: *What does resilience look like among LGBTQIA+*

youth in out-of-home care? With this aim, every chapter of this dissertation explores resilience resources among LGBTQIA+ youth in out-of-home care from a different and complementary angle.

Firstly, we used a scoping review methodology to map out the current international research literature on the topic. Our specific goals were to summarize and analyze the general characteristics of these studies and the resilience resources found at the individual, socio-relational, and community-systemic levels. The scoping review found 14 studies, most of them qualitative, cross-sectional, US-based, and centered on gay youth. Studies revealed mainly resilience resources at the social-relational level, for example, foster family acceptance and care professionals' LGBTQIA+ affirming competencies. Fewer studies centered on the community and the individual level. At the community level, resilience was found in care agencies that offered programs to increase the access of LGBTQIA+ youth to education, work, and housing, and which offered SOGIESC-specific services such as connection with LGBTQIA+ centers and trans affirming organizations. The relevance of this study strives on its capacity to point to research gaps and the multiple resilience resources already known.

We moved from a broad international literature review to focus on the resilience resources among LGBTQIA+ youth in out-of-home care in the Netherlands. Our empirical studies drew data from the Audre study, a qualitative exploration of the experiences of LGBTQIA+ youth and their care professionals in the Netherlands.

In our first empirical study, we delved into the resilience resources of 13 LGBTQIA+ youth in out-of-home care, from their own perspective. To analyze their stories, we used a Reflexive Thematic Analysis in which we sought patterns of meaning. Results showed that, as mentioned in previous literature, LGBTQIA+ youth in out-of-home care confront many adversities related to a care system that is not sufficiently LGBTQIA+ affirmative. However, LGBTQIA+ youth were also resilient in diverse ways 1) they had caring and loving relationships with care professionals, family, and friends; 2) they constructed a positive LGBTQIA+ identity with people who affirmed their SOGIESC; 3) they engaged with the community by reflecting on it and involving on activism; 4) they could also resort to self-relying strategies such as escaping, resisting and fighting. This study highlights the multiple capacities of youth to

confront their adversities, and especially, the relevance of their relationships to their wellbeing.

In our second empirical study, we explored the resilience resources of LGBTQIA+ youth in out-of-home care from the perspective of their care professionals. By interviewing 21 care professionals with experiences with LGBTQIA+ youth in out-of-home care we learned that 1) some professionals understand resilience as the result of youth' individual traits, for example, their strength and their LGBTQIA+ pride; 2) most professionals mentioned the importance of having open and honest conversations with youth on sexuality and SOGIESC topics, as a way to affirm their identities; 3) professionals mentioned the relevance of creating supportive and affirmative relationships between youth professionals; and 4) while some professionals were not sure about the relevance of SOGIESC specific practices and policies on their care agencies, some others mentioned how relevant these SOGIESC affirming practices and policies were for the wellbeing and resilience of LGBTQIA+ youth. The results of this study highlight, once again, the relevance of relationships between care professionals and youth for the development of resilience. As additional and complementary information to our previous study, it also reveals the relevance of care organizations' practices and policies to foster youth resilience.

Finally, based on the interviews with the same 13 youth of the Audre project, we zoomed in on a specific resilience resource, the capacities of LGBTQIA+ youth in out-of-home care to participate in the decisions that concern their lives. We explored how they experienced participatory practices within out-of-home care, and which were the facilitators and barriers to these practices. We found four main prerequisites for participatory practices with LGBTQIA+ youth in out-of-home care 1) having a supportive and affirmative environment; 2) the need to develop a meaningful connection with care professionals; 3) the need to be properly informed about decision-making processes; 4) the need of youth to have their "own space" while being supported by trained care professionals. The results of this study show that LGBTQIA+ youth require an LGBTQIA+ safe space and good relationships with trained professionals to be able to influence their lives in out-of-home care, and how important is for youth' well-being to have a sense of agency over their lives.

Taken together, this doctoral dissertation offers valuable insights to understand the resilience resources of LGBTQIA+ youth in out-of-home care. From these results, further investigation is required to explore resilience resources that

have been less explored, for example, the role of friendships and romantic relationships, the use of social media, and the engagement with the community. The practice field can make use of our results to promote the resilience resources found in our studies, by implementing interventions for youth and changing the care organization practices and policies. What we learned from this dissertation needs to have a positive impact on the lives of LGBTQIA+ youth in out-of-home care.

Nederlandse samenvatting (summary in Dutch)

Over de hele wereld ervaren LHBTQIA+ personen (Lesbische, Homo, Bi, Transgender, Queer, Intersekse, en andere seksuele geaardheden en identiteiten) gezondheidsachterstanden die gebaseerd zijn op de maatschappelijke afwijzing van hun SOGIESC (Seksuele oriëntatie, genderidentiteit en -expressie). LHBTQIA+ personen ervaren minderheidsstress (sociale stress gebaseerd op de afwijzing van hun SOGIESC) zoals pesten en andere vormen van geweld. Deze minderheidsstress veroorzaakt een breed scala een geestelijke en lichamelijke gezondheidsproblemen. Tot dusver heeft onderzoek naar LHBTQIA+ personen met name een risicogebaseerde benadering gevolgd die zich met name heeft gericht op de tegenslagen en gezondheidsachterstanden die zij ervaren. Echter, deze benadering heeft de veerkracht van LHBTQIA+ personen genegeerd; de mogelijkheden van LHBTQIA+ personen en hun gemeenschappen om te kunnen gaan met tegenslagen en hun welzijn in stand te houden.

LHBTQIA+ jongeren die uit huis geplaatst zijn hebben te maken met een dubbele last. Enerzijds worden zij blootgesteld aan de minderheidsstressoren waarmee de algemene LHBTQIA+-gemeenschap wordt geconfronteerd. Anderzijds worden jongeren ook geconfronteerd met uitdagingen rondom het feit dat ze uit hun gezinssysteem zijn geplaatst en dat ze in het jeugdbeschermingsysteem terecht komen, zoals residentiële instellingen of pleeggezinnen. Onderzoekers en jeugdzorgprofessionals merkten al meer dan twee decennia geleden op dat LHBTQIA+ jongeren oververtegenwoordigd zijn in het percentage uithuisplaatsingen in vergelijking met hun niet-LHBTQIA+ leeftijdsgenoten. Onderzoek liet ook zien dat deze jongeren vaak in het zorgsysteem terechtkomen door de afwijzing van hun SOGIESC binnen hun families en dat jeugdzorginstanties hen vaak geen LHBTQIA+ bevestigende omgeving kunnen bieden. Ook binnen het jeugdzorgsysteem blijkt dat LHBTQIA+ jongeren die uit huis geplaatst zijn, worden blootgesteld aan discriminatie en geweld op basis van hun SOGIESC. Dit gebeurt niet alleen door leeftijdsgenoten, maar ook door jeugdzorgprofessionals die verantwoordelijkheid dragen voor hun zorg. Deze ervaringen binnen het jeugdzorgsysteem worden in verband gebracht met negatieve gevolgen voor het welzijn van LHBTQIA+ jongeren, zoals een lager opleidingsniveau, meer middelengebruik en significante problemen met de geestelijke gezondheid. Net als bij de LHBTQIA+ gemeenschap in het algemeen, heeft onderzoek met betrekking tot LHBTQIA+ jongeren die uit huis geplaatst zijn zich voornamelijk gericht op het onderzoeken van deze tegenslagen en negatieve gevolgen.

Dit proefschrift exploreert de veerkracht van LHBTQIA+ jongeren die uit huis geplaatst zijn. Veerkracht is een dynamisch en multidimensionaal proces, waarbij wordt geput uit individuele, sociaal-relationele en gemeenschaps-systemische hulpbronnen om het welzijn te herwinnen, te behouden of te verbeteren in contexten van significante tegenspoed. De hoofdvraag van dit onderzoek is: Wat is de veerkracht van LHBTQIA+ jongeren die uit huis geplaatst zijn? Elk hoofdstuk in dit proefschrift onderzoekt de veerkracht en veerkrachtbronnen van LHBTQIA+ jongeren die uit huis geplaatst vanuit een andere invalshoek.

In hoofdstuk 2 wordt een scoping review uitgevoerd om de huidige internationale onderzoeksliteratuur over weerbaarheid van LHBTQIA+ jongeren die uit huis geplaatst zijn in kaart te brengen. Onze specifieke doelstellingen waren het samenvatten en analyseren van de algemene kenmerken van deze studies en het synthetiseren van de veerkrachtbronnen op individueel, sociaal-relationeel en gemeenschaps-systemisch niveau. Middels de scoping review werden er 14 studies gevonden. De meeste studies waren kwalitatief van aard, cross-sectioneel, uitgevoerd in de Verenigde Staten en gericht op homoseksuele jongeren. Studies toonden vooral veerkrachtbronnen op sociaal-relationeel niveau, bijvoorbeeld acceptatie binnen het pleeggezin en professionals die LHBTQIA+-bevestigende zorg konden bieden. Er waren minder studies gericht veerkrachtbronnen op het gemeenschappelijke en individuele niveau. Op gemeenschapsniveau werd veerkracht gerapporteerd wanneer jeugdzorginstanties programma's aanboden om de toegang van LHBTQIA+ jongeren tot onderwijs, werk en huisvesting te vergroten, en die SOGIESC-specifieke diensten aanboden, zoals aansluiting bij LHBTQIA+ centra en trans-bevestigende organisaties. Deze studie is relevant omdat het informatie geeft over veerkrachtbronnen én leemtes in het onderzoek toont over nog niet onderzochte veerkrachtbronnen.

In hoofdstuk 3, 4 en 5 rapporteren we over een empirische studie over veerkrachtbronnen van LHBTQIA+ jongeren die uit huis geplaatst zijn en te maken hebben met een uithuisplaatsing in Nederland. We gebruiken data van het Audre Project: een kwalitatief onderzoek naar de ervaringen van LHBTQIA+ jongeren en hun zorgprofessionals in Nederland.

In de eerste empirische studie van het Audre Project (hoofdstuk 3) verdiepen we ons in veerkracht vanuit de perspectieven van 13 uit huis geplaatste LHBTQIA+ jongeren. Om hun verhalen te analyseren gebruikten we een reflexieve thematische analyse waarin we zochten naar patronen van betekenisgeving. De resultaten toonden aan dat, zoals vermeld in eerdere literatuur, LHBTQIA+ jongeren geconfronteerd worden met veel tegenslagen die gerelateerd zijn aan een jeugdzorgsysteem dat onvoldoende LHBTQIA+ affirmatief is. LHBTQIA+ jongeren waren echter ook veerkrachtig op verschillende manieren: 1) Ze hadden zorgzame en liefdevolle relaties met zorgprofessionals, familie en vrienden; 2) ze construeerden een positieve LHBTQIA+ identiteit met mensen die hun SOGIESC bevestigden; 3) ze waren betrokken bij de LHBTQIA+ gemeenschap en zetten zich in voor LHBTQIA+ activisme; 4) ze konden hun toevlucht nemen tot zelfredzame strategieën zoals ontsnappen, zich verzetten en vechten. Deze studie benadrukt de meervoudige capaciteiten van jongeren om om te gaan met hun tegenslagen, met name het belang van relaties op hun welzijn.

In de tweede empirische studie (hoofdstuk 4) onderzochten we de veerkracht van uit huis geplaatste LHBTQIA+ jongeren vanuit het perspectief van hun zorgprofessionals. Door 21 zorgprofessionals te interviewen die ervaring hebben met uit huis geplaatste LHBTQIA+ jongeren leerden we dat: 1) Sommige professionals veerkracht definiëren als het resultaat van individuele eigenschappen van jongeren, bijvoorbeeld hun kracht en LHBTQIA+ pride; 2) de meeste professionals het belang noemden van open en eerlijke gesprekken met jongeren over seksualiteit en SOGIESC-onderwerpen als een manier om hun identiteit te bevestigen; 3) professionals benoemden de relevantie van ondersteunende en affirmatieve relaties tussen jongeren en jeugdprofessionals; en 4) terwijl sommige professionals niet overtuigd waren over het belang van SOGIESC-specifieke praktijken en beleid voor hun jeugdzorginstanties, noemden anderen hoe relevant deze SOGIESC-bevestigende praktijken en beleid waren voor het welzijn en de weerbaarheid van LHBTQIA+ jongeren. De resultaten van dit onderzoek benadrukken eens te meer de relevantie van relaties tussen zorgprofessionals en jongeren voor de ontwikkeling van weerbaarheid. Als aanvullende en complementaire informatie op onze vorige studie, onthult het ook de relevantie van de praktijken en het beleid van jeugdzorgorganisaties voor het bevorderen van veerkracht van LHBTQIA+ jongeren.

Ten slotte hebben we in hoofdstuk 5 ingezoomd op een specifieke veerkrachtbron, namelijk de capaciteit van uit huis geplaatste LHBTQIA+

jongeren om te participeren in de beslissingen over hun eigen leven. Op basis van de interviews met 13 LHBTQIA+ jongeren uit het Audre Project onderzochten wij hoe zij de participatieve aanpak binnen het jeugdzorgsysteem ervaren, en wat de bevorderende en belemmerende factoren hierin zijn. We vonden vier belangrijke voorwaarden om participatie van LHBTQIA+ jongeren die uit huis geplaatst zijn te realiseren: 1) Het hebben van een ondersteunende en bevestigende omgeving; 2) de behoefte om een betekenisvolle band te ontwikkelen met jeugdzorgprofessionals; 3) de behoefte om goed geïnformeerd te worden over besluitvormingsprocessen; 4) de behoefte van jongeren om hun "eigen ruimte" te hebben terwijl ze ondersteund worden door getrainde professionals. Dit onderzoek laat zien dat LHBTQIA+ jongeren een LHBTQIA+ veilige ruimte en goede relaties met getrainde professionals nodig hebben om hun leven in het jeudgzorgsysteem te kunnen beïnvloeden. Ook toont dit onderzoek aan hoe belangrijk het is voor het welzijn van jongeren om een gevoel van zelfbeschikking over hun leven te hebben.

Dit proefschrift brengt waardevolle inzichten om de veerkracht van uit huis geplaatste LHBTQIA+ jongeren te begrijpen. Op basis van deze resultaten is aanvullend onderzoek nodig naar veerkrachtbronnen die in mindere mate onderzocht zijn, bijvoorbeeld de rol van vriendschappen en romantische relaties, het gebruik van sociale media en de betrokkenheid bij de gemeenschap. Professionals die werken met LHBTQIA+ jongeren die uit huis geplaatst zijn kunnen gebruik maken van de veerkrachtbronnen die in onze studies zijn gevonden om de weerbaarheid van deze jongeren te bevorderen. Dit kan bewerkstelligd worden door interventies voor jongeren te implementeren, en het beleid en de implementatie van jeugdzorgorganisatie te veranderen. De bevindingen in dit proefschrift zouden moeten bijdragen aan een positieve impact op het leven van LHBTQIA+ jongeren die uit uit geplaatst zijn.

Resumen en Español (Spanish translation)

En todo el mundo, las personas LGBTQIA+ (Lesbianas, Gays, Bisexuales, Transexuales, Queer, Intersexuales, Asexuales/Arománticos/Agénero y otras sexualidades e identidades) siguen experimentando desigualdades en materia de salud basadas en el rechazo social de su Orientación Sexual, Identidad y Expresión de Género (OSIEG). Las personas LGBTQIA+ anticipan, experimentan e interiorizan los factores de estrés de minorías (factores de estrés social basados en el rechazo de su OSIEG), como el acoso y otras formas de violencia. En consecuencia, estos factores de estrés de minorías causan una amplia gama de problemas de salud mental y física. Tradicionalmente, la investigación ha seguido un enfoque basado en el riesgo que se centra en las adversidades y las desigualdades en materia de salud de las personas LGBTQIA+. Sin embargo, este enfoque ha dejado de lado su resiliencia, es decir, la capacidad de las personas y las comunidades LGBTQIA+ para hacer frente a sus adversidades y mantener su bienestar.

La juventud LGBTQIA+ en cuidados fuera del hogar se enfrentan a una doble adversidad. Por un lado, están expuestos a los factores de estrés de minorías a los que se enfrenta la comunidad LGBTQIA+ en general. Por otro lado, también se enfrentan a los retos de ser separados de sus familias, a menudo debido al maltrato infantil, y colocados al cuidado del Estado, con padres de acogida o centros residenciales. Desde hace más de dos décadas, les investigadores y les profesionales de la atención comenzaron a notar que la juventud LGBTQIA+ que recibía cuidados fuera del hogar estaban sobrerrepresentada en comparación con sus pares no LGBTQIA+. La investigación también describió que estes jóvenes a menudo terminaban en el sistema de protección infantil debido al rechazo de su SOGIESC por parte de sus familias, y que las agencias de atención a menudo no eran un entorno LGBTQIA+ afirmativo para elles. La juventud LGBTQIA+ en cuidados fuera del hogar está expuesta a la discriminación y a la violencia basadas en su OSIEG, no sólo por parte de sus compañeres, sino también de les adultes responsables de su cuidado. Estas adversidades se asocian a efectos negativos en su bienestar, como un menor nivel educativo, un mayor consumo de sustancias y mayores problemas de salud mental. Al igual que con la comunidad LGBTQIA+ en general, la investigación se ha centrado principalmente en la exploración de estas adversidades y sus consecuencias negativas.

La presente tesis ofrece una exploración de los recursos de resiliencia entre la juventud LGBTQIA+ en cuidados fuera del hogar. La resiliencia se entiende como un proceso dinámico y multidimensional del uso de recursos individuales, socio-relacionales y comunitarios-sistémicos por cualquier persona o comunidad para recuperar, mantener o mejorar su bienestar en contextos de adversidad significativa. La pregunta principal de la investigación fue: ¿Qué aspecto tiene la resiliencia entre la juventud LGBTQIA+ que recibe cuidados fuera del hogar? Con este objetivo, cada capítulo de esta tesis explora los recursos de resiliencia entre la juventud LGBTQIA+ en cuidados fuera del hogar desde un ángulo diferente y complementario.

En primer lugar, utilizamos una metodología de revisión literaria para mapear la literatura de investigación internacional actual sobre el tema. Nuestros objetivos específicos fueron resumir y analizar las características generales de estos estudios y los recursos de resiliencia encontrados a nivel individual, socio-relacional y comunitario-sistémico. La revisión literaria encontró 14 estudios, la mayoría de ellos cualitativos, transversales, realizados en Estados Unidos y centrados en jóvenes homosexuales. Los estudios revelaron principalmente recursos de resiliencia a nivel socio-relacional, por ejemplo, la aceptación de la familia de acogida y las competencias de afirmación LGBTQIA+ de les profesionales de la atención. Menos estudios se centraron en la comunidad y a nivel individual. A nivel de la comunidad, la resiliencia se encontró en las agencias de atención que ofrecen programas para aumentar el acceso de la juventud LGBTQIA+ a la educación, el trabajo y la vivienda, y que ofrecen servicios específicos relacionados al OSIEG de la juventud, como la conexión con los centros LGBTQIA+ y organizaciones trans afirmativas. La relevancia de este estudio se basa en su capacidad para señalar lagunas de investigación y los múltiples recursos de resiliencia ya identificados.

Pasamos de una amplia revisión de la literatura internacional a centrarnos en los recursos de resiliencia entre la juventud LGBTQIA+ en el cuidado fuera del hogar en los Países Bajos. Nuestros estudios empíricos se basaron en los datos del estudio Audre, una exploración cualitativa de las experiencias de la juventud LGBTQIA+ y sus profesionales de atención en los Países Bajos.

En nuestro primer estudio empírico, profundizamos en los recursos de resiliencia de 13 jóvenes LGBTQIA+ en cuidados fuera del hogar, desde su propia

perspectiva. Para analizar sus historias, utilizamos un *análisis temático reflexivo* en el que buscamos patrones de significado. Los resultados mostraron que, como se menciona en la literatura anterior, la juventud LGBTQIA + en cuidados fuera del hogar se enfrenta a muchas adversidades relacionadas con un sistema de atención que no es lo suficientemente LGBTQIA+ afirmativo. Sin embargo, la juventud LGBTQIA+ también fue resiliente de diversas maneras: 1) tuvieron relaciones de cuidado y amor con los profesionales de la atención, la familia y les amigues; 2) construyeron una identidad LGBTQIA+ positiva con personas que afirmaron su OSIEG; 3) se comprometieron con la comunidad reflexionando sobre ella e involucrándose en el activismo; 4) también pudieron recurrir a estrategias personales como escapar, resistir y luchar. Este estudio pone de manifiesto las múltiples capacidades de la juventud para enfrentarse a sus adversidades y, sobre todo, la relevancia de sus relaciones para su bienestar.

En nuestro segundo estudio empírico, exploramos los recursos de resiliencia de la juventud LGBTQIA+ en cuidados fuera del hogar desde la perspectiva de sus profesionales de atención. Al entrevistar a 21 profesionales de la atención con experiencias con jóvenes LGBTQIA + en cuidados fuera de casa encontramos que 1) algunes profesionales entienden la resiliencia como el resultado de los rasgos individuales de les jóvenes, por ejemplo, su fuerza y su orgullo LGBTQIA+; 2) la mayoría de los profesionales mencionaron la importancia de tener conversaciones abiertas y honestas con la juventud sobre sexualidad y temas OSIEG, como una forma de afirmar sus identidades; 3) les profesionales mencionaron la importancia de crear relaciones de apoyo y afirmación entre les profesionales de la juventud; y 4) mientras que algunes profesionales no estaban seguros de la importancia de las prácticas y políticas específicas relacionadas al OSIEG en sus agencias de atención, otros mencionaron la importancia de estas prácticas y políticas de afirmación del OSIEG para el bienestar y resiliencia de la juventud LGBTQIA+. Los resultados de este estudio destacan, una vez más, la relevancia de las relaciones entre les profesionales de la atención y la juventud para el desarrollo de la resiliencia. Como información adicional y complementaria a nuestro estudio anterior, también revela la relevancia de las prácticas y políticas de las organizaciones de atención para fomentar la resiliencia de la juventud.

Por último, basándonos en las entrevistas con 13 jóvenes del proyecto Audre, nos centramos en un recurso específico de resiliencia, las capacidades de la juventud LGBTQIA+ en cuidados fuera del hogar para participar en las decisiones que conciernen a sus vidas. Exploramos cómo experimentaron las

prácticas participativas durante su estancia en cuidados fuera del hogar, y cuáles fueron los facilitadores y las barreras de estas prácticas. Encontramos cuatro requisitos principales para las prácticas participativas con la juventud LGBTQIA+ en cuidados fuera del hogar 1) tener un entorno de soporte y de afirmación; 2) la necesidad de desarrollar una conexión significativa con los profesionales de la atención; 3) la necesidad de estar debidamente informados sobre los procesos de toma de decisiones; 4) la necesidad de la juventud de tener su "propio espacio" mientras son apoyades por profesionales capacitados. Los resultados de este estudio muestran que la juventud LGBTQIA+ necesita un espacio seguro y buenas relaciones con profesionales capacitades para poder influir en sus vidas en cuidados fuera del hogar, y lo importante que es para el bienestar de la juventud tener un sentido de agencia sobre sus vidas.

En conjunto, esta tesis doctoral ofrece valiosas ideas para entender los recursos de resiliencia de la juventud LGBTQIA+ en cuidados fuera de casa. A partir de estos resultados, se requiere una mayor investigación para explorar los recursos de resiliencia que han sido menos explorados, por ejemplo, el papel de las amistades y las relaciones románticas, el uso de las redes sociales, y el involucramiento con la comunidad. El campo de la práctica puede hacer uso de nuestros resultados para promover los recursos de resiliencia encontrados en nuestros estudios, mediante la implementación de intervenciones para la juventud y el cambio de las prácticas y políticas de las organizaciones de cuidados fuera del hogar. Lo que hemos aprendido de esta tesis debe tener un impacto positivo en las vidas de la juventud LGBTQIA+ en cuidados fuera del hogar.

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I often wonder how I got here. There were times when the hardships almost made me give up. Times when I doubted myself and felt terribly stuck. However, in these dark moments, there was always someone around me who cheered me up and motivated me to continue.

"Feeling gratitude and not expressing it is like wrapping a present and not giving it." – William Arthur Ward

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Susana Álvarez, my mom. I remember my first winter in the Netherlands, the harshest of all. I had just begun, months earlier, my new life in this country. The distance from my family, the lack of Mexican food, the horrible weather, getting used to new languages and people, everything was just too much. I called you and said, "I think I am going back to Mexico". Your reply was simple "you can't come back". Yes, you were brutal, but I actually think I needed it. I would probably not have persevered if it wasn't for the hard words that day. You have taught me so much about the importance of commitment. I can't put into words how much I miss you, nor how much I enjoy every time I see you. That colorful lion on the cover, that is you. The puzzle of the rainbow lion we both put together still hangs just on top of my desk.

(Susana Álvarez, mi mama. Recuerdo mi primer invierno en Holanda, el más difícil de todos. Acababa de comenzar mi nueva vida en este nuevo país. La distancia de mi familia, la falta de comida mexicana, el clima tan horrible, los nuevos idiomas y la gente, todo era demasiado para mí. Te marqué por teléfono y dije: "creo que me voy a regresar a México". Tu respuesta fue simple "tú no puedes regresar". Si, fuiste muy dura, pero creo que en realidad lo necesitaba. Probablemente no hubiera continuado aquí si no fuera por tus palabras de ese día. Me has enseñado tanto acerca de la importancia del compromiso. No puedo poner en palabras que tanto te extraño, ni que tanto disfruto cada vez que te veo. Ese león colorido de la portada eres tú. El rompecabezas de colores de león que ambos armamos aun cuelga encima de mi escritorio.)

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About the author

Rodrigo González Álvarez is a Mexican queer cisgender researcher and lecturer in social sciences born in Mexico City on the 2nd of June 1991.

Rodrigo obtained his Bachelor`s degree in Psychology in 2015 at the National Autonomous University of Mexico (UNAM). He worked for one year as the main research assistant of the emeritus researcher Dr. Juan Jose Sanchez Sosa, in the Behavioural Medicine research department at the Faculty of Psychology, UNAM. Rodrigo obtained a CONACYT (National Commission of Science and Technology) scholarship to study a research master`s program abroad. He moved to Groningen, the Netherlands, to study for a master`s degree in Clinical and Psychosocial Epidemiology at the University Medical Center Groningen (UMCG), Groningen University (RUG). During his masters, Rodrigo conducted research on the topic of burnout in medical students (Juggle Study) at the Health Psychology research department, under the supervision of Dr. Joke Fleer. He graduated in 2017 with a Master of Science degree, and immediately started a PhD research project on the same research line. However, two years later, Rodrigo decided to terminate his PhD at the UMCG and sought to start anew with a different research project.

In 2019, Rodrigo moved to the Faculty of Behavioural and Social Sciences (FBSS), RUG. Under the supervision of Dr. Mónica López López and Dr. Mijntje ten Brummelar, he started a new PhD research project. Rodrigo joined the Audre project, and researched the lives of LGBTQIA+ youth in out-of-home care in the Netherlands, with a particular interest and focus on their resilience. Rodrigo presented his research at important

international conferences such as the Virtual European Scientific Association on Residential and Family Care for Children and Adolescents (EUSARF) in 2021, and the Virtual International conference of the Society for Social Work and Research (SSWR) in 2022. Product of his professional network, he was invited multiple times as a guest lecturer in the minor "Gender and diversity in science, society, and culture," Faculty of Arts. Furthermore, Rodrigo took on some extra academic activities. He functioned as the Head of the Public Relations team for the organization of the "PhD day 2019", in Groningen, the Netherlands. He joined the "LGBTQIA+ expertise center" at the FBSS, RUG. Together with his supervisors, other academics, practitioners and youth, he published the book "*Working with LGBTQIA+ youth in the child welfare system. Perspectives from youth and professionals*" (2021). He worked together with a private research organization, "Klooster. Onderzoek & Advies", on an explorative research project on the experiences of LGBTQIA+ homeless youth and adults in Amsterdam, commissioned by Gemeente Amsterdam. Despite the pandemic and the limited time available, Rodrigo managed to complete his PhD thesis in three years.

Currently, Rodrigo González works as a lecturer at the University College Groningen (UCG/RUG), the Faculty of Arts, RUG, and the Faculty of Psychology at Radboud University.

He is committed to continue working towards creating a more just society.

My research journey

An early psychologist begins reflecting on his positionality

There is no enunciation without positionality. When talking about the world we often describe it as if it existed on its own, independent of us, from our views and our subjective realities.

While this assumption of objectivity might be difficult to debate for certain sciences such as physics, for other fields of knowledge like social sciences, this premise is often questioned. Can we talk about the social world as if it happens independently from the position where we look from? Are our perspectives, personalities, identities, and backgrounds influencing factors in how we perceive our social world?

These questions never seriously came to my mind before starting my PhD. During the beginning of my training as a psychologist back in Mexico, I did read and study issues of ontology and epistemology, but the discussions were always abstract reasoning without much real connection to my future professional activities. In the final semesters of my bachelor's degree, I started doing research in several departments, such as neuropsychology and behavioral sciences. My task as a scientist was to evaluate cognition and behaviour as precisely as possible, without letting any confounder get in the way. My four years of psychology training at the Faculty of Psychology, National Autonomous University of Mexico (UNAM), was aimed at creating a "real scientist" who could continue the task of leading psychology closer to the "real sciences". The main and most valued paradigm back then was the positivist one, therefore, disciplines such as biological psychology and behavioural sciences enjoyed a great reputation. As a young student, it was difficult to dissent, you may run the risk of being ostracised as a quack. The prevailing perspective was that psychology had to learn from the "real sciences" how to use the scientific method to understand, predict and control human behaviour and cognition. I followed suit.

The first time that my identity as a positivist psychologist was disturbed happened during a couple of moments of social unrest in Mexico. Social discontent has prevailed in my country basically since I have memory, but occasionally, the discomfort grew to such levels that demonstrations and strikes paralyzed cities, including the capital. My university had a long tradition as an independent and critical institution with high awareness and involvement in the social and political

reality of the country. Students in the faculty of philosophy and political sciences always took the lead in joining social movements fighting the government's oppressive policies. What about psychology? We were far behind. My faculty distinguished itself from the rest by being apolitical, neutral, and passive to most social incidents. Only a couple of times, societal problems were of such dimension that psychologists interrupted their usual activities to reflect and engage in their social reality. In those moments, division arose, most staff and students were against the active involvement of the faculty in the social movements, and a minority, usually older students who studied social psychology advocated for our active participation in the current social movements.

Where did I position myself? My identity was challenged. I did not think that continuing our studies as if nothing around us happened was the best way to contribute to our society. At the same time, I was a young student with great ambitions, who did not want to be labelled as a rioter. I guess I did not want to lose my privilege. On one occasion, I resolved this inner debate in a curious way. I sided with the leftist students and I was handed the keys to the faculty by the staff; we would start a "strike". I justified myself to my supervisor: "I also have to take care of the facilities, who knows if among these radicals there are some vandals".

My next professional step took me to Groningen, to study a master's degree in Clinical and Psychosocial Epidemiology (CPE) at the University Medical Centre Groningen (UMCG). I got trained in research methodologies, biostatistics, and health psychology, but I resented a lack of social sciences. Students came from medical sciences backgrounds, they were medical doctors, nurses, biologists, and psychologists. The required background for us psychologists was quantitative methodology, with not much room for qualitative methodologies, left alone for social and political reflections. At the research department of Health Psychology, my master's thesis evaluated "burnout in medical students". I decided to continue this line of research during a PhD in the same department. Despite the relevance and quality of my research, I slowly but steadily began to realize there was a missing piece in my research. Cultural and systemic factors around medical students were of high relevance to their development of burnout, and these elements were not easy to capture using quantitative methodologies. Furthermore, I started to think about my relationship with the participants of my study and the topic of my research. What was my

personal relationship with burnout and medical students? I discovered that I had a minimal personal relationship with both and that this lack of a stronger subjective connection was undermining my commitment to my research project. It was time for a change.

Questioning my research on burnout in medical students was the second time that I was forced to reflect on my positionality. I seriously posed myself questions such as; What is the type of personal relationship that I need to have with the topic of my research? What is the type of methodologies that I want to use? In which way do I want to relate to my topic of research? As a researcher only, or a practitioner/researcher? or as an activist as well? Almost by chance, I found an alternative research project that would help me to solve these questions and which immediately attracted my attention.

Positioned-based research

I had the feeling that I did not quite fit into the medical psychology environment. I was increasingly curious about social sciences, about the power of our cultural and systemic forces on the well-being of individuals, specifically minorities. I got to know the Audre project, a study exploring the lives of LGBTQIA+ youth in out-of-home care in the Netherlands. I was offered to continue my PhD research on this project. I had never researched this population, and I had never done research using qualitative approaches. I initially went through mixed feelings and puzzling questions. For example, how did I feel about researching the LGBTQIA+ community when I was myself a member of the group? What did that entail?

The exploration and discovery of my sexuality have been a long and complicated process. I live(d) in a society that still holds prejudice against LGBTQIA+ folks. It had taken me some time and effort to understand and accept that I was not straight and that I should be proud of it. I personally suffered discrimination and violence because of being gay, even when I did not yet identify myself as gay. The mere social perception of me being gay was enough to make me the target of violence at school. Eventually, I accepted myself as gay, and I lived openly as a gay young person; I started my coming out process when I was 16 years old. We all have different ways to confront the stigma of belonging to a minoritized identity, mine was to fit as much as possible into the norm. I was openly gay, but I would not "flaunt it" everywhere nor I would behave in a feminine way, nor I would become part of the LGBTQIA+ activists. For me, it was "normal" to be gay, so there was no need to make my identity something "special". I guess my coping strategy was to pretend that everything was ok,

that we lived in an LGBTQIA+ phobic world, but that there was not much to do about it but wait passively for society to progress. Only at the end of my bachelor's degree, did I begin to get involved more politically in the LGBTQIA+ community, for example, I contributed to the organization of the 1st week of sexual diversity in the Faculty of Psychology.

Researching the LGBTQIA+ community meant to increase my awareness as a gay person and the social reality in which we as a community live. I realized the negative health outcomes of the LGBTQIA+ community, and the unique stressors we confront. This was shocking because I had experienced this directly, but hardly had time and space to process it and understand it. My research also made me question my sexuality further. I stopped identifying as gay and I now understand my identity as queer (not being bonded to traditional forms of sexual orientation or gender identity and expression). Researching the LGBTQIA+ community was also exploring myself. The strong connection I had with the population I studied served as a motivational force. I studied the experiences of people like me. However, what would be the focus of my research on the lives of LGBTQIA+ youth in out-of-home care? After immersing in the literature, it was suddenly clear, their resilience.

I can say that I have experienced tough adversities since early childhood. I have experienced the consequences of minority stressors on my well-being. Yet, I have always been an optimist, a future-oriented person who does not dwell in the past but looks for a solution, and frames problems in the best light. I consider myself a resilient person. Reading the vast literature on the multiple physical and mental health problems of LGBTQIA+ youth in out-of-home care, I could not stop wondering, what about their resilience? I was not the only one with this question in mind. Research on the lives of LGBTQIA+ individuals has revolved around their risks and well-being affectations but hardly explored their capacities to survive, sustain and improve their well-being. Therefore, this would be the focus of my research, understanding the resilience resources of LGBTQIA+ youth in out-of-home care. First of all, I had to deconstruct my knowledge about resilience. For my whole life, I had understood resilience in the same way it is commonly understood, as an individual capacity; resilient individuals as especially "strong" and resistant to adversity. My research made me aware of the multiple faults and dangers of this resilience conceptualization. Not only would this idea add additional stress to minoritized individuals, but also would take attention away from the cultural and systemic factors causing adversities. In the end, I aligned with a multidimensional perspective of

resilience, one that incorporated individual, socio-relational, community, and systemic factors.

My relationship with youth in out-of-home care was different. Up to the start of my PhD, I was mostly unaware of this population. My mum worked as a pedagogue for some years and she told me horrible stories about children and youth living in out-of-home care in Mexico City. However, my understanding of these youth was basic, and risk and deficit oriented as well, mostly based on how bad their living conditions were. During the first phase of my PhD. I delved into the child protection system and the realities of youth in out-of-home care. It was shocking to read the hard realities of these youth, specifically LGBTQIA+ youth, facing the double burden of being placed out of their families and living in environments which did not affirm their SOGIE. It was also challenging to change my initial perceptions of them as "problematic" youth and their families as maltreating them, to a more holistic understanding of resilient youth and the cultural systemic factors influencing the child protection system. My research topic also took an emotional toll on me. A couple of times I dreamt about me being homeless, or being placed in out-of-home care; the dreams were stressful, without being nightmares. Sometimes I wondered, was I ever close to being separated from my family and placed in out-of-home care? My family life had been far from perfect, many times I did not feel safe at home. Although I can say I have a loving family, many unhealthy dynamics have made me wonder how much my family affected my well-being. When it comes to my identity, despite my sister and father initially having difficulties accepting my sexual orientation, in the end, they all accepted me and supported me. I was lucky, and this acceptance is a fundamental part of my resilience.

During data analysis, I was diving into really personal and deep experiences of youth who shared a close tie with me, with my identities and background, as a queer young person who understood the feeling of no safety at home and in public spaces. How did this personal relationship to my research topic and population influence my research? The Audre project was already designed and running when I started my PhD, therefore it did not have a direct effect on the study design. However, it did influence the research process in several ways. First of all, it kept me highly motivated. Understanding youth's lives was also an understanding of a part of myself. During data analysis, this personal relationship was under constant challenge. Using a reflexive thematic analysis to understand youth`s narratives, I tried to keep close to the experiences of youth, while understanding that my interpretations had a hint of my personal

perspective; "*our research is 'not a voyage of discovery that starts with a clean sheet*" (Denscombe, 2007: 68). On the one hand, my close relationship to the topic could be an advantage: a greater empathy, an insider in the group; it could give me more clarity. On the other hand, my pre-assumptions about their challenges and resilience could blind me and make me see "what I wanted to see". Data analysis required me to frequently reflect on this subjectivity-objectivity process.

My identity and duties as a researcher were also a constant reflection. Up to my involvement with the Audre project, I had always seen myself mainly as a researcher with the only task of producing results that would ultimately help society. However, I did not really consider the possibility of being a researcher and activist at the same time. Was that even a possibility? Or would taking a role as an activist compromise the validity of my research? After discussion with colleagues, reading, and self-reflection, I realised that being a researcher is not necessarily opposed to being an activist. From my perspective, relationships of power permeate every activity of our society, including academia. Research cannot exist in a vacuum, outside of political discussions. Pretending not to take a political stance on a highly politicized topic such as my research topic, would still be a political stance, in the same way, that abstentionism during elections is a political position. Therefore, my research had the ultimate goal of bettering the lives of LGBTQIA+ youth in out-of-home care and other contexts. My research had the compromise of protecting human rights. My research, with all its rigour, had a political agenda, pushing our society to be more humane and just. Attending LGBTQIA+ social movements and campaigns was also part of my activities as a PhD, a necessary exercise to move from the "ivory tower to the marble square".

My identities and backgrounds are part of my research. My affirming position on LGBTQIA+ rights is an essential component of this PhD thesis. I look forward to continuing the fight against different forms of societal oppression, as a researcher, teacher, and activist, but most importantly, as Rodrigo.

References:

Denscombe, M. (2007) The Good Research Guide: For Small-Scale Social Research Projects. Maidenhead: Open University Press

List of publications

Publications in this thesis

González-Álvarez, R., Brummelaar, M. T., Orwa, S., & López López, M. (2022). 'I actually know that things will get better': The many pathways to resilience of LGBTQIA+ youth in out-of-home care. *Children & Society*, *36*(2), 234-248. https://doi.org/10.1111/chso.12464

Álvarez, R. G., Parra, L. A., Ten Brummelaar, M., Avraamidou, L., & López, M. L. (2022). Resilience among LGBTQIA+ youth in out-of-home care: a scoping review. *Child Abuse & Neglect*, *129*, 105660. https://doi.org/10.1016/j.chiabu.2022.105660

González- Álvarez, R. V., ten Brummelaar, M., van Mierlo, K. R. O., Mallon, G. P., & López López, M. (In press). The Participation of LGBTQIA+ Children and Youth in Care in the Netherlands. In K. Križ, & M. Petersen (Eds.), *Children's Participation in Child Protection: International Research and Practice Approaches*. Oxford University Press.

González-Álvarez, R., Hofman, S., Brummelaar, M., & López López, M. (Accepted with minor revisions). Care professionals perspectives and roles on resilience among LGBTQIA+ youth in out-of-home care: a multidimensional perspective. *Children and Youth Services Review*.

Other publications

Paul, J., López López, M., **González Álvarez, R.**, ten Brummelaar, M. & Wieldraaijer-Vincent, L. (2023). A cross-national review of policies and practices affecting LGBTQ+ youth in child welfare. In Langarita, J.A., Santos, C.A., Montenegro, M., & Urek, M. (Eds.). *Child-Friendly Perspectives on Gender and Sexual Diversity.* (pp. 156-174). Routledge.

López López, M., **González Álvarez. R.,** ten Brummelaar, M., van Mierlo, K.R.O., & Wieldraaijer-Vincent, L. (Eds.). (2021). *Working with LGBTQIA+ youth in the child welfare system. Perspectives from youth and professionals*. University of Groningen Press. https://doi.org/10.21827/60e5a36110a9

Mallon, G.P., Paul, J., López López, M., Cossar, J., Paulsen, V., & **González Álvarez R**. (2021). LGBTQ+ youth in foster care. In R. Denby-Brinson and C. Ingram, (Eds). *Child and family-serving systems: A compendium of policy and practice.* Washington, DC: CWLA Press.

López López, M., ten Brummelaar, M., **González Álvarez, R.,** Pierzchawka, N., Orwa, S., et al. (2019). *'In my room, I was myself' The needs, wishes, and experiences of LGBTQIA+ youth in out-of-home care in the Netherlands*. Research report. Groningen: University of Groningen.