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Cristian A. Lemus

University of San Francisco, calemus@usfca.edu

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Understanding the Lived Experiences of Ethnic-Racial Minority Former Foster Youth Who Identify
as Queer

A Dissertation Defense

Submitted to

The School of Nursing and Health Professions

University of San Francisco,

San Francisco, California

In Partial Fulfillment

of the Requirements for the Degree,

Doctor of Psychology

by

Cristian Anthony Lemus

University of San Francisco

San Francisco, California

June 2023

Understanding the Lived Experiences of Ethnic-Racial Minority Former Foster Youth Who Identify
as Queer

Cristian A. Lemus

University of San Francisco

COMMITTEE MEMBERS

Committee Chair: Dellanira Garcia, Ph.D.

Associate Professor, School of Nursing and Health Professions

University of San Francisco

Committee Member: Khashayar Farhadi Langroudi, Psy.D

American Psychological Association Representative - IPsyNet & Private Practice

Argosy University

Committee Member: Saralyn Ruff, Ph.D.

Associate Professor, College of Arts and Sciences

University of San Francisco

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I write this dissertation in the hopes we can better serve foster youth and maltreated children as psychologists and policy makers. To bring agency and power to former foster youth who identify as both people of color and queer as they are affected the most by our system and societal norms. I want to wholeheartedly acknowledge and thank the participants of this study and the other foster youth I have worked with throughout my life. Thank you for the privilege of allowing me to hear and work with your narratives.

Abstract

This qualitative study used Interpretative Phenomenological Analysis to explore the lived experiences and meaning making of former foster youth of color who identify as both ethnic-racial minorities and as either gender or sexual minorities. A total of three participants took part in this study. All participants identified as a former foster youth with at least one foster care placement in the United States, as an ethnic-racial minority, and as a gender or sexual minority. In the lived experiences of the participants three themes, and several subthemes, emerged: identity, cultural prejudice, and power dynamics. The findings supported the hypothesis former foster youth with intersecting ethnic-racial minority identities and queer identities face complex interactions at home and in the foster care system. These interactions included identity concealment and exploration being modulated by caregivers, culturally prejudicial treatment from caregivers and the foster care system at large, and power dynamics between caregivers and foster youth. The compounding influences were found to lead to experiences of anticipated stigma and harm, internalized self-hatred, and social isolation. This study found buffers to these negative experiences as increasing foster youth agency, acceptance and understanding of minority identities, and a perception of caregivers as authentically compassionate.

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Introduction and Specific Aims

As of 2019, 423,997 children were in foster care in the United States (Adoption and Foster Care Analysis and Reporting System, 2019). The mental and behavioral health needs of foster youth are typically misunderstood and unmet (American Academy of Pediatrics, 2020). Treatment concerns may address behavioral symptoms rather than targeting ongoing trauma and instability. The psychological needs of these youth are influenced by complex trauma, housing instability, familial difficulties, insufficient access to mental health services, and psychotropic medication (Adoption and Foster Care Analysis and Reporting system, 2020; The Urban Institute, 2002; Crawford et al. 2020; Felitti et al., 1998; McGuire et al., 2018). Pecora et al. (2003) uncovered mental health disparities in increased higher prevalence rates of psychiatric disorders for foster youth when compared to the general population in the following disorders: post-traumatic stress disorder, major depressive episode, social phobia, panic disorder, general anxiety disorder, alcohol and drug dependence, and bulimia. The unique and traumatic experiences of foster youth and the social consequences associated with being a foster youth, necessitates research aimed at uplifting and empowering this population.

The label of ‘foster youth’ may become a cornerstone of this population’s identity due to the complex trauma and foster care related concerns that may arise. However, intersectionality is an important concept to hold throughout research and treatment. Intersectionality addresses the unique social repercussions that result from the experiences of having multiple minority identities (Crenshaw, 1989). A substantial portion of the foster youth population in the United States are ethnic-racial minorities. Approximately 44% of foster youth identify as Black, African American or Hispanic and 48% identify as female, there is a clear need to unpack minority experiences in the foster care system. Not only is the majority of foster youth ethnic-racial minorities, but roughly

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12.9% of the population identifies as a gender or sexual minority (Wilson et al., 2014). These minorities are overrepresented in foster youth; thus a need for intersectional research, focused on the intersection of ethnic-racial and gender and sexual minorities, is vital to support this population.

While the need to understand mental health concerns of former foster youth is important, there should be a similar emphasis on the factors that have promoted meaningful living and psychological wellness. Research on foster youth has typically been centered around pathology and pathology-based treatment (Yates & Grey, 2012). While understanding pathology is vital in providing treatment, it could be further improved by including positive psychology to provide a holistic treatment plan. This study proposes an exploratory approach to understanding how former foster youth create and define meaningful lived experiences after they leave the foster care system. Specifically, if there are any important cultural phenomena that supported foster youth in flourishing in age-appropriate challenges despite adversity.

Qualitative interviews using an interpretative phenomenological approach (IPA; Smith, 2012) were used to better understand the lived experiences of foster youth who identify as ethnic-racial, gender, and sexual minority. This qualitative approach emphasizes an exploratory nature that permits the researcher to understand the unique narrative of individual research participants and potentially compile common themes between the participants. IPA is well-suited to understand what helps protect and promote meaningful lived experiences in marginalized foster youth and empowers participants as co-constructors and promoting cultural validity.

The specific aims of this study are to i) understand what is meaningful to former foster youth who identify as ethnic-racial, gender, and sexual minorities, and ii) explore how their culture impacts what is meaningful to them.

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Research questions:

- How do their cultural identities (both ethnic-racial identity and sexual or gender identity) impact what is meaningful to them?
- What are the unique barriers that arise in the foster care system for former foster youth who identify as ethnic-racial, gender, and sexual minorities?
- How do former foster youth make meaning of their experiences?

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Literature Review

The primary objective of this section is to review literature as it relates to aging out of foster care, ethnic and racial minority stress, gender, and sexual minorities. Specifically, this review will explore the unique challenges that each minority group faces to contextualize risk, protective, and promotive factors in emerging adulthood. This includes common concerns like risk factors, poverty, stable employment, stable relationships, and minority stress (Crawford et al. 2020; Meyer, 2003; Newton et al., 2000). Additionally, there will be a review of some of the prominent current theories of positive psychology such as resilience, positive emotionality, and meaning-making that are often ignored when looking at foster youth (Seligman, 2005; Csikszentmihalyi, 2004; van Breda 2018). Positive psychology concepts may be most apt in offering ways to understand unique strengths of this population. Intersectional research on foster youth and the aforementioned factors is limited, thus this review focuses on concepts related to minority challenges and positive psychology. This literature review will identify important characteristics and challenges of the population, intersectional research challenges, and positive psychological concepts related to overcoming adversity and maintaining a meaningful life.

Foster Youth

As of 2020, there are roughly 423,997 foster youth in the United States (AFCARS 2020). This population is predominantly male and people of color with 52% identifying as male and 56% being nonwhite (AFCARS, 2020). The two largest ethnic minority groups are African American and Latinx at 23% and 21%, respectively. Not only are foster youth an ethnically diverse population, but they are also diverse in their sexual and gender preferences. A study conducted in California found that 30.4% of foster youth identified as gender and sexual minorities (Baams et al., 2018). These statistics demonstrate a need for intersectional and comprehensive research to better understand the psychological experience of this population.

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In 2018, there were approximately 3,534,000 homes under investigation for child maltreatment, 678,000 of those cases were substantiated meaning there was sufficient evidence to verify ongoing child maltreatment (Administration for Children and Families, 2020). Of substantiated cases, 60.8 percent of victims were neglected, 10.7 percent were physically abused, 7.0 percent were sexually abused, and there remaining 15.3 percent were victims of two or more maltreatment types (Administration for Children and Families, 2020).

The experience of foster youth can be marked by trauma and negative mental health outcomes. Foster youth can display higher levels of behavioral and emotional difficulties that may result in consequences such as school suspension or expulsion, mistrust of adults, and physical health concerns (The Urban Institute, 2002). The abuse that maltreated children experience can explain, in part, higher rates of internalizing and externalizing disorders (McLaughlin et al. 2012; Carliner et al., 2017). However, foster youth experience maltreatment that is severe enough to permit removal from the home and potentially separate a child from their family altogether.

The overall experience of the foster care system may explain mental health disparities between foster care alumni and the general adult population. A study conducted by the Casey Family Programs (2003) found the following differences in mental health disorders for foster care alumni and general adults respectively: post-traumatic stress disorder 21.5% to 4.5%, major depressive episode 15.3% to 10.6%, social phobia 11.9% to 8.9%, panic disorder 11.4% to 3.6%, generalized anxiety disorder 9.4% to 5.1%. These mental health disparities are a clear indicator of the need for research that may promote positive mental health outcomes. A review of the literature elucidated child maltreatment, placement instability, adequate support, and education as pertinent factors to the foster youth experience.

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The Impact of Child Maltreatment

Child Maltreatment is defined as all types of abuse—physical, sexual, emotional, and neglect—to a child under the age of 18 by a parent, caregiver, or person in a custodial role (CDC, 2013) can have long-lasting impacts on emotion regulation, social skills, cognition, physiological development and health outcomes (Felitti et al., 1998; Cook et al. 2012; Crawford et al. 2020; Gruhn & Compas, 2020; Strathearn et al., 2020). Child maltreatment can affect a person’s biological responses to stress with research showing that higher levels of child maltreatment negatively impact a child’s stress reactivity through the Hypothalamus-Pituitary-Adrenal gland axis (HPA axis) and may lead to difficulties controlling anger (Cook et al. 2012). The HPA axis serves as a biological stress response system that helps promote survival and adaptive functioning by working with the autonomic nervous system (Smith & Vale, 2006). Chronic activation of the HPA axis may lead to increased reactivity to stressful stimuli and become detrimental to the production of appropriate responses to stress (Smith & Vale, 2006). Cook et al. (2012) found that there was a relationship between adolescents’ physiological response to stress and interpersonal competence. Moreover, they found that youth with self-reported high levels of maltreatment and heightened reactivity to stress were linked to decreased interpersonal competence and anger regulation (Cook et al. 2012). On self-report assessments, Behavior Assessment Scale for Children Self-Report of Personality and Interpersonal Relations subscale, adolescents with higher levels of child maltreatment and heightened stress reactivity scored lower than their non-child maltreated counterparts (Cook et al. 2012). This study indicated that there is a modest association between levels of child maltreatment, interpersonal competence, and anger regulation (Cook et al. 2012). Although interpersonal competence and anger regulation may be affected by child maltreatment, there are other areas such as social cognition that are impacted by maltreatment.

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Child maltreatment impacts interpersonal functioning by impairing social cognition. Crawford et al. (2020) found more frequent exposure to physical, sexual, or emotional maltreatment are correlated with lower levels of social cognition, indicating that accumulation of maltreatment impacts social cognition abilities. Children with more exposure to child maltreatment had a harder time recognizing social cues, body language, and social norms and commands (Crawford et al. 2020). This effect was noticeably larger in female children compared to male children when measuring social cognition at different ages. The authors of this study postulated that this may be due to differences in development social cognitive abilities. Typically, female children develop social cognition skills earlier than their male counterparts. This study did not measure social cognition past 14 years old. This study also indicated that amount of maltreatment events is associated with reduced social cognition skills. Not only were social skills reduced, but cognitive development seems to be impacted by maltreatment.

Adverse Childhood Experiences, or ACEs, have long been considered a social determinant of health (Felitti et al., 1998). In Felitti et al.'s (1998) seminal article on childhood abuse and household dysfunction, a direct and significant relationship was found between number of ACEs and adult health risk behaviors and diseases. This study defined adverse childhood experiences as physical, sexual, and/or psychological abuse; witnessing domestic violence; living with individuals experiences substance abuse, mental illness, or who were previously incarcerated. These behaviors and diseases included alcoholism, drug abuse, depression, suicide attempts, smoking, sexually transmitted diseases, physical inactivity, obesity, heart disease, cancer, lung disease, skeletal fractures, and liver disease (Felitti et al. 1998). The sample was composed of 13,494 adults and of those adults, more than half experienced at least one ACE, and 25% reported 2 or more ACEs (Felitti et al. 1998). It was found that more ACEs are strongly associated with higher risk of engaging in health risk behaviors or contracting physical illnesses (Felitti et al. 1998).

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A recent study conducted by Strathearn et al. (2020) measured long-lasting adverse effects of child maltreatment and supports Filetti et al.'s (1998) findings of health-risk behaviors. Strathearn et al. (2020) integrated findings in a prenatal cohort study of 5200 offspring at age 14 and/or 21 years of age. Higher levels of maltreatment were correlated with significantly lower cognition and education outcomes, psychological and mental health outcomes, increased addiction and substance use, and worse physical health outcomes (Strathearn et al., 2020). Lower levels of reading ability, perceptual reasoning, receptive verbal intelligence and failure to complete high school were associated with higher levels of maltreatment. Psychologically, there were higher levels of anxiety, depression, psychosis, PTSD, and delinquency at age 14. Moreover, alcohol, cigarette, and drug usage was associated with higher levels of maltreatment by 21 years old. Not only were cognitive and mental health outcomes negatively affected by child maltreatment, but physical health outcomes were worse among maltreated youth (Strathearn et al., 2020). At 21 years of age, asthma, diet, sleep quality, and height were negatively associated with maltreatment (Strathearn et al., 2020). This study underscores the vast impact child maltreatment has on health outcomes.

Foster youth are at risk for experiencing multiple ACEs throughout their lives. A study of 515 maltreated foster children evidenced a clear association between number of ACEs and health-risk behaviors in early adolescent children ages 9 to 11-years-old (Garrido et al., 2018). Specifically, this study measured the levels of substance use, delinquency, and violence. Delinquency was defined as theft, property damage, fire starting, or carrying a concealed weapon (Garrido et al., 2018). The authors examined possible moderating effects of demographic factors, but the only moderating factor found was sex. Males were approximately four times more likely to engage in violence or sex. The most powerful predictor of violence, substance use, and delinquency was number of ACEs. The study found a 24% increase in likelihood of violent behavior, 48% increase in delinquency odds,

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50% increase in likelihood of substance use for each additional ACE (Garrido et al., 2018). This indicates that ACEs are a powerful predictor of health-risk behaviors.

Placement Instability

Placement instability is defined as home placement changes that do not lead to a foster youth's permanent housing (McGuire et al., 2018). The inability to establish a permanent placement outside of the original home may be due to behavioral issues, the foster care family, and incompatibility of youth and foster family. Regardless of the reason, there are significant mental health problems associated with placement instability (Newton et al., 2000; Strijker et al., 2008; Proctor et al., 2010; McGuire et al. 2018). Numerous placement transitions were significantly associated with higher internalizing and externalizing behaviors in foster youth (Newton et al., 2000). In Newton et al.'s (2000) study, behavioral concerns were measured using the Child Behavioral Check List (CBCL) to assess for internalizing behaviors, such as anxiety, depression, and somatic complaints, and externalizing behaviors such as social problems, rule-breaking, and aggressive behavior. This study included 415 participants with a median placement change of approximately 4 (Newton et al., 2000). The researchers found placement instability to contribute to both internalizing and externalizing behaviors in foster youth. This finding illustrates that maltreatment and placement instability have independent effects on behavioral outcomes. They used the CBCL after each placement change during the first 18 months after entry. Foster youth who initially scored within normal ranges on the CBCL were particularly vulnerable to placement changes. Scores elevated after placement changes, demonstrating the high-risk placement instability poses regardless of children's behaviors.

The previous research was extended by examining attachment disorders alongside externalizing behaviors (Strijker et al., 2008). A sample of 419 children in family foster care and kinship care were measured for externalizing behaviors and attachment disorders. The study used

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the CBCL and a diagnosis of attachment disorder to examine the relationship between mental health outcomes and placement breakdowns. Placement breakdown was defined as unplanned placement change. The study found a higher prevalence of attachment disorders and severity of behavioral problems related to placement instability. This relationship may be explained in both directions. Not only is unplanned placement breakdown associated with poorer mental health outcomes, but it appears that breakdowns may also be predicted by severity of behavioral problems (Strijker et al., 2008).

On the other hand, foster placement stability was associated with positive outcomes in foster youth (Proctor et al. 2010; Akin, 2011). Proctor et al. (2010) conducted a longitudinal study with 279 participants ages 6 to 14 years old. The participants had spent at least 5 months in foster care before age 4 and were measured for behavioral adjustment at different points in time (ages 6, 8, 10, 12, and 14). The aim was to compare different trajectories between youth who had been removed from the home by using the CBCL to measure behavioral adjustment. The participants experienced different placement types such as kinship care, adopted, nonrelative care. They found that behavioral adjustment was consistently affected by caregiver stability regardless of placement type. Caregiver stability was strongly associated with positive adjustment in behavior, indicating that for youth with higher levels of behavioral issues, caregiver stability was vital to curtailing behavioral issues (Proctor et al. 2010).

Predictors of placement permanency found that fewer placements led to a higher likelihood of reunification and adoption, making placement number an important factor to consider in the lived experiences of foster youth (Akin, 2011). This study included 3,351 children in the foster care system. Of the 3,351 children, 75.3% were able to achieve permanency in the form of reunification, guardianship, or adoption during the study period of 12 months. A consistent and important predictor to permanency was early placement stability. Experiencing two or fewer placements in the

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first 100 days of foster care was associated with reunification (Akin, 2011). Moreover, early stability was also associated with higher likelihood of adoption (Akin, 2011). This study underscores the importance of placement stability in producing permanent care for foster youth.

The impact of maltreatment and placement instability are twofold in that they each independently affect behavioral and mental health problems (McGuire et al. 2018). Placement instability and maltreatment have separate effects on behavioral outcomes (McGuire et al., 2018). In this study, 496 foster youth participants were measured for maltreatment, mental health concerns, and placement instability. Mental health concerns were measured through a caregiver report of the Behavioral Assessment System for Children-2 (BASC-2). The BASC-2 separates internalizing problems and externalizing problems. Internalizing problems were composed of anxiety, depression, and somatic complaints. Externalizing problems were composed of hyperactivity, aggression, and conduct problems. On average, their participants experienced 9 placements changed and scored in the borderline range in externalizing and internalizing symptoms on the BASC-2. Number of placement changes were significantly positively associated with both internalizing and externalizing symptoms. Using a structural equation model, they were able to find that maltreatment and placement instability had independent impacts on mental health concerns (McGuire et al., 2018). While types of maltreatment such as neglect, physical abuse, sexual abuse, and emotional abuse impacted internalizing and externalizing symptoms differently, placement instability was the only variable that affected both internalizing and externalizing symptoms (McGuire et al., 2018).

These studies demonstrate the detrimental impact placement instability can have on children removed from the home and how vital stable caregivers are to the positive adjustment of foster youth (Akin 2011; McGuire et al. 2018; Newton et al., 2000; Proctor et al., 2010; Strijker et al., 2008).

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Adult Support for Foster Youth

As foster youth may have a particularly complex attachment experience with their primary caregivers, it is important to examine adult support to better understand how it impacts their ability to form connection and safety with others (Andersson, 2009; Clausen et al. 2012; Greeson et al. 2015; Munson et al. 2009; Nesmith & Christopherson 2014; Salazar et al. 2020; Storer et al., 2014). One theoretical framework used to view the importance of adult support is attachment theory (Ainsworth & Bell, 1970). According to Ainsworth & Bell (1970), attachment is defined as, “an affectional tie that one person or animal forms between himself and another specific one—a tie that binds them together in space and endures over time “ (p. 50). Subjecting youth to strange situations can lead to varying behaviors associated with their type of attachment. Insecure or disorganized attachment is linked to behaviors such as becoming contact resistant or defensive. This occurs in threatening situations and healthy exploratory behavior diminishes (Ainsworth & Bell, 1970).

Considering the strangeness of foster care, adult support is a crucial factor to healthy development for foster youth. A longitudinal study of 20 youth who had experienced foster care from the age of 0-4 interviewed them as young adults to understand the impact of family relationships (Andersson, 2009). The author interviewed both foster parents and foster youth at different points in time to understand their attachment styles. They found that secure attachment with adult caregivers, whether foster family or biological family, provided foster youth a sense of permanence, emotional security, and relationship continuity (Andersson, 2009). Insecure attachment created a sense of loneliness and decreased sense of belonging (Andersson, 2009). The youth from the study expressed a fear of being unloved and experiencing anxiety around their value within the family (Andersson, 2009). The development of positive stable adult relationships was associated with feeling prepared for adulthood among foster youth (Nesmith & Christopherson, 2014; Storer et al., 2014). Foster youth reported a sense of belonging, genuine interest from adult caregivers, structure,

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and guidance were core elements to a supportive foster home (Storer et al. 2014). For some youth, belonging may be tied to diverse identity factors.

Foster youth who identify as gender and sexual minorities may represent with unique intersectional challenges in their experience of adult support while in foster care. As gender and sexual minorities undergo different childhood events, there may be a greater need for knowledgeable caregivers. The process of coming out or remaining concealed is complex and may necessitate more supportive and accepting relationships (Pachankis et al., 2020). Gender and sexual minority foster youth may represent one such population that benefit from adults who have been educated in gender and sexual minority specific phenomena (Salazar et al., 2020). A study examining supportive materials for caregivers of gender or sexual minority foster youth found that foster youth perceived great benefit from knowledgeable caregivers (Salazar et al., 2020).

Although a supportive foster home is imperative, not all foster homes can provide long-term support—thus, multiple adult relationships may be key in lifelong success. Mentorship may be one such avenue for adult support. Mentors can provide foster youth with a sense of direction and promote autonomy and trust (Greeson et al. 2015; Munson et al. 2009). When asked about the benefit of mentors, foster youth expressed practicing direct communication, respect, and accountability (Munson et al., 2009). Practicing healthy communication and accountability may have long-reaching implications for a successful emerging adulthood. In another exploratory study, older foster youth reported a need for permanent relationships with caring adults (Greeson et al. 2015). While corroborating the findings of Munson et al. (2009), the study had important findings regarding the successful establishment of mentorship. The study may have implicated that different minority groups may benefit from culturally informed support. Foster youth expressed trusting adults, specifically mentors, who experienced similar life experiences as them (Munson et al. 2009).

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Another possible reliable adult relationship may be one developed with a therapist. A study examining the impact of long-term relationship-based treatment found better relational and psychiatric symptom outcomes foster youth (Clausen et al. 2012). The study examined the outcomes of completed treatment cases of long-term therapy. The youth in the study had decreased symptoms of depression, anxiety, PTSD, and conduct behaviors over an average treatment length of 3.37 years (Clausen et al. 2012). It is evident that adult support, in the many forms it may come, can provide foster youth with a sense of belonging, enhanced autonomy, and decrease psychiatric pathology (Andersson, 2009; Clausen et al. 2012; Munson et al. 2009; Greeson et al. 2015; Nesmith & Christopherson 2014; Salazar et al. 2020; Storer et al., 2014).

Social Support

Building a healthy social support network is an important developmental task for children and adolescents. For foster youth, social networks can consist of a web of formal and informal support networks (Rosenberg, 2019). A study quantitative study regarding social network characteristics of foster youth in emerging adulthood identified multiple types of relationships. Caseworkers, social workers, teachers constitute formal support networks, while friends and coworkers constituted informal support (Rosenberg, 2019). Other forms of support were biological family and foster family. A sample of foster youth ($n = 58$) identified 424 network members. Of the 424 support network members, 36% were formal, 29% informal, 18% biological, and 18% foster family (Rosenberg, 2019). The average amount of support members identified were 5 members. In addition to these characteristics, the study also found that 80% of their sample was satisfied with their social network (Rosenberg, 2019). Some youth indicated missing support completely. Considering the variability in social support, it is important to understand the barriers to foster youth regarding supportive relationships and the impact of strong social support.

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Creating and maintaining interpersonal relationships may prove to be a difficult task for foster youth compared to typical children because of unstable family or placement dynamics, inadequate support from social workers, employment responsibilities, and relationship schemas that may mediate interpersonal skills (Blakeslee & Best, 2019; Blakeslee & Keller 2018; Greeson et al., 2015; Negriff et al. 2015; Zinn et al. 2017). These extraneous factors may be detrimental and call for a better understanding of the social experiences of foster youth. Regarding external factors that may impact social relationships, foster youth reported being preoccupied with disrupted family relationships, experiencing inconsistent social worker communication, and a lack of facilitation of peer relationships on the part of adult caregivers (Blakeslee & Best, 2019; Negriff et al., 2015). When asked about internal experiences, foster youth reported difficulties creating interpersonal relationships due to difficulties opening up, sharing their stories, and trusting others (Blakeslee & Best, 2019). These external and internal barriers may be further exacerbated by aging out of the foster care system. Studies have elucidated phenomena related to emerging adulthood as limited access to support and resources, social support strength at age 18, and continuing skepticism of formal and informal relationships (Blakeslee & Keller, 2018; Greeson et al., 2015; Zinn et al., 2017). Cultivating strong social support networks through foster youth-led decision making around desired services and support and providing access to supportive informal connections with peers and community groups may facilitate better relational outcomes (Blakeslee & Best, 2019).

The Role of Education

Education plays a vital role in development and quality of life. For foster youth, academic institutions facilitate vital opportunities for adult support, social support, independence, and higher educational attainment (Blakeslee & Best, 2019; Day et al., 2012; Merdinger et al., 2005; Morton, 2015, 2016, 2017; Shin, 2009). Successful navigation while in high school may lead to higher levels of self-confidence, autonomy, peer support, and adult support and reduce mental health concerns (Day

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et al., 2012). However, there is a clear educational attainment gap in emerging adulthood among foster youth (Clemens et al., 2017; Day et al., 2012; Shin, 2009; Weinberg, & Shea, 2010; Zetlin, 2010). Foster youth experience significant challenges such as basic needs deficits, the foster care system, school system, school mobility, implicit and explicit negative messages, and psychiatric symptoms (Clemens et al., 2017; Merdinger et al., 2005; Morton, 2015, 2017, 2018). Foster youth reported not being able to focus solely on school because they were preoccupied with meeting their basic needs such as safety of younger siblings, preventing homelessness, or food instability (Clemens et al., 2017). Furthermore, the sample in Clemens et al. (2017) reported other barriers such as moving schools and being encouraged to pursue a GED instead of graduation. When asked about how to improve the educational attainment, foster youth stated statewide graduation requirements, improving foster youth specific teaching skills, and increasing child welfare and education system communication (Clemens et al., 2017). Although one avenue for educational specificity may be specialized education plans, they may be harmful in relation to college success.

Schools often enact special education plans to support the foster youth that may have negative impacts on the foster youth's academic and social development. However, there may be a consequence in lower academic readiness due to not receiving the same level of education (Morton, 2015; Shin, 2009). This presents a unique challenge as college-level foster youth reported disruptions in their learning because of psychiatric symptoms of anxiety, depression, panic, and PTSD (Morton, 2015, 2017, 2018). Furthermore, foster youth reported receiving negative messages about their educational aspirations and low levels of college guidance while in high school and during their college experience (Day et al., 2012; Dworsky & Perez, 2010; Merdinger et al., 2005). Despite these significant challenges, there are concrete solutions offered by foster youth, social workers, school faculty, and foster parents. Wrap around services that include collaboration from social workers, faculty, foster parents, and foster youth can aid in promoting higher educational stability and

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attainment and independent living skills (Clemens et al., 2017; Day et al., 2012; Merdinger et al., 2005; Morton, 2016, 2017; Zetlin et al., 2010). Coordinated efforts by faculty, social workers, and foster parents can support the foster youth in school transitions that may arise, curtail basic needs deficits, and promote success in school (Clemens et al., 2017; Day et al., 2012). Additionally, foster youth reported wanting more agency in their support networks to create change in their educational experience (Blakeslee & Best, 2019; Morton, 2017). The youth expressed a desire to learn practical skills to better meet the demands of being in the foster care system and emerging adulthood (Blakeslee & Best, 2019).

Ethnic, Racial, Gender, and Sexual Minorities

Minority groups undergo different social experiences than those who belong to the dominant culture. A person belonging to a minority group, is likely to experience high levels of stress due to marginalization related to discrimination and stigma (Meyer, 2003). Specifically, minority stress is related to conflicts between the dominant culture and minority cultures. According to Meyer (2003), “the minority person is likely to be subject to such conflicts because dominant culture, social structures, and norms do not typically reflect those of the minority group” (p. 3). The minority stress model provides a framework to better understand the qualitative phenomena that minorities experience (Meyer, 2003).

Minority Stress Model

The Minority Stress Model was introduced in a seminal article on the prevalence of mental health disorders in relation to discrimination and stigma experienced by sexual minorities (Meyer, 2003). Although originally created to understand sexual minority mental health outcomes, it is a helpful framework to understand the experiences of any minority group (Meyer, 2003). According to Meyer (2003), minority stress must meet the following criteria: a) stress is unique and not something experienced by all people; b) stress is chronic as it is created from static social structures c) stress is

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social in nature and not having to do with conditions that are biological or genetic. Meyer (2003) hypothesized three processes that occur specifically for Lesbian-Gay-Bisexual (LGB) individuals: a) external stressful events and conditions, b) expectations and vigilance of future stressful events, c) internalization of negative societal perspectives. The socialization of the minority group is a critical component of this conceptual framework. As LGB individuals may not be socialized from birth within their social group, this presents different challenges than ethnic-racial minorities that are socialized within their minority group. While there are no studies utilizing this model for foster youth, the social similarities of stressful external stimuli, vigilance of future stress, and negative societal perspectives make this model beneficial in understanding how foster youth may adapt to stress.

The minority stress model has been widely adapted and used to understand intersectional phenomena specific to ethnic-racial minorities and gender and sexual minorities (Cyrus, 2017; English et al., 2018; Walters et al., 2011). In a review of research focused on the intersection of gender and sexual minorities, it was found multiple themes regarding the experiences of different intersecting identities (Cyrus, 2017). Some themes found were the exoticization of women of color, specific cultural stigma associated with gender and sexual identity, invisibility and desexualization of Asian American men, and gender-specific expectations for Muslim men and women (Cyrus, 2017). This demonstrates the wide applicability of the minority stress model to phenomenological research.

Regarding mental health outcomes, specific outcomes can be observed as well. A longitudinal study focused on the intersecting stigma of Black, Latino, and multiracial gay and bisexual men found that there were intersecting phenomena that predicted higher levels of emotion regulation difficulties leading to more depressive and anxiety symptoms and alcohol use (English et al., 2018). These outcomes were found to be associated to the intersecting stigma of racial discrimination and gay rejection sensitivity. The minority stress model is flexible in its applicability.

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The minority stress model can also be used to observe positive phenomena. A study on American Indian and Alaska Native women adapted this model to observe both negative and positive coping mechanisms and health outcomes (Walters et al., 2011). Traditional healing practices, family, culture, community, spirituality, and indigenous knowledge were all found to buffer mental health outcomes (Walters et al., 2011). While there were disparities in addiction, HIV/AIDS, PTSD, anxiety, and depression, there was also potential positive outcomes in mental, physical, and spiritual health (Walters et al., 2011). As this study is focused on all phenomena related to the intersecting experiences of foster youth who identify as people of color and gender and sexual minorities, this model provides a useful tool to form interview questions.

Upon review of the literature, it does not seem that previous research has applied the model to the experiences of foster youth. However, this study is focused on the experiences of ethnic-racial and gender and sexual minority foster youth; therefore, it is important to understand phenomena related to the experience of being a minority with intersectional concerns.

Rejection Sensitivity in Minority Identities

Rejection sensitivity is a psychological construct that underlies how people expect, perceive, and react to social rejection (Downey & Feldman, 1996). The foundation of rejection sensitivity is primarily based on Bowlby's attachment theory, which found associations between early childhood relationships and the development of inner interpersonal models that impact future relationships (Bowlby, 1969, 1973, 1980). According to this theory, there is a possibility that children who have had their basic needs met with rejection become sensitive to rejection. Repeated rejection in early childhood may lead to project the individuals to become sensitive to rejection. Those who are more sensitive to rejection anxiously expect rejection, perceive their relationships to be unfulfilling, and react in aggressive or withdrawn behaviors (Downey & Feldman, 1996). While the original research concerned the impact of rejection sensitivity on interpersonal relationships, rejection sensitivity has

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also been associated with higher rates of anxiety, depression, and substance use in minorities (English et al., 2018; Meyer 2003). Rejection sensitivity is a phenomenon that may apply to foster youth who navigated foster care as a gender and sexual minority.

Minority identities may further compound the consequences and levels of rejection sensitivity. Race and ethnicity are one domain of identity that may be particularly affected by rejection sensitivity (Mendoza-Denton et al. 2002). While Downey and Feldman (1996) focused on rejection sensitivity's impact on romantic relationships, Mendoza-Denton et al. (2002) unpacked the effect of negative racial experiences on African American's individuals' rejection sensitivity. Mendoza-Denton et al. (2002) elucidated that higher anxious expectation of rejection propagates a sense of alienation and rejection. Not only did rejection sensitivity predict negative outcomes in this sample, but it also predicted that highly sensitive people perceive positive racial experiences more highly than people with lower rejection sensitivity. Within three years, the participants in this study who were high on race-specific rejection sensitivity experienced greater anxiety than those low in rejection sensitivity (Mendoza-Denton et al. 2002). Furthermore, they also experienced interpersonal issues and lower academic achievement. While racial and ethnic identity may impact rejection sensitivity outside of the home, sexual identity may interact more strongly with rejection sensitivity.

Being a sexual minority may come with a myriad of rejection experiences — of particular importance, parental rejection. Attachment theory and rejection sensitivity assume that the child's most basic identities such as ethnicity, heterosexuality and gender orientation align with that of the caregiver (Bowlby, 1969, 1973, 1980; Downey & Feldman, 1996; Mendoza-Denton et al. 2002). However, for nonheterosexual individuals, this may not be the case. Pachankis et al. (2008) found that compared to heterosexual men, gay men are specifically affected by parental rejection, internalized homophobia, and unassertive interpersonal style. These factors contribute to concealment of their sexual identity and cognitive schema's that may make gay men avoidant of their

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heterosexual counterparts. For gay men, rejection sensitivity not only leads to anxious expectations and unsatisfactory relationships, and unassertive behavior which is unique compared to their heterosexual counterparts (Downey & Feldman, 1996; Pachankis et al., 2008). Sexuality represents one identity that may be influenced by rejection and stigma, while gender represents another.

Rejection sensitivity may affect gender minorities differently than sexual minorities.

Individuals who identify as transgender have coming out processes of their own and, perhaps unlike gay men, they may require medical treatment to affirm their identity (Hughto et al., 2018). The term transgender is used to describe a cluster of individuals who were assigned a specific sex at birth, such as male or female, and now identify differently on the gender spectrum (Hughto et al., 2018).

Although there is a plethora of social stigma associated with being transgender, a particularly important phenomenon is rejection sensitivity. Transgender stigma in healthcare settings may lead to overt and covert mistreatment of patients that ranges from outright refusal of treatment to a lack of trans-sensitive language (Hughto et al., 2018). As was found in Mendoza-Denton et al. (2002), trans-masculine patients may be subject to social stigma that lends to rejection sensitivity mediating past healthcare mistreatment to healthcare avoidance. This can be detrimental to trans-masculine patients because of higher rates of avoided emergency healthcare, preventative healthcare, and sexual healthcare (Hughto et al., 2018; Mendoza-Denton et al. 2002). As foster youth may already present with mistrust of government systems, this avoidance of healthcare may present another barrier to vital resources.

Rejection sensitivity may also play an important mediating role in social interactions such as romantic relationships, peer relationships, and primary care relationships (Downey & Feldman, 1996; Hughto et al., 2018; Mendoza-Denton et al. 2002; Pachankis et al., 2008). The expression of rejection sensitivity varies widely based on the identities of an individual. Regardless of minority identities, rejection sensitivity is based within rigid cognitive schemas that may be protective and

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harmful to individuals by increasing anxious expectation of negative outcomes and preventing individuals from engaging in potentially positive situations. Considering the interpersonal difficulties foster youth may experience, rejection sensitivity may be an intersecting factor to social connectivity.

Concealment

As this study's population of interest consists of foster youth who identify as ethnic-racial and gender and sexual minorities, the process of concealment may be of interest because of the need for safety. Concealment is the process of hiding identities for the purpose of avoiding negative interactions. Not only is there a need to conceal demographic identity, but the label or identity of being a foster youth may constitute another identity to conceal. Foster youth undergo different treatment in educational and social domains and report a desire for typical treatment (Blakeslee & Best, 2019; Morton, 2015). Considering the intersecting identities, concealment may be an important phenomenon regarding ethnic-racial and gender and sexual minority foster youth.

As a reaction to racist or homophobic events, minorities may engage in a process of concealing their minority identities. Thus, concealment becomes an important phenomenon for gender and sexual minorities and immigrants (Brennan et al., 2020; Meyers, 2003; Pachankis et al., 2020; Valentin-Cortes et al., 2020). Concealment constitutes a proximal stressor as it is related to the internal process of hiding one's identity in order to protect from discrimination, stigma, violence, or deportation (Brennan et al., 2020; Valentin-Cortes et al., 2020). While concealment is seen as a coping strategy, it can also result in isolation from supportive minority communities. Pachankis' (2007) cognitive-affective-behavioral model provides a strong examination of the concealment process. Situations that threaten discovery and stigma lead to cognitive implications of preoccupation, vigilance, and suspicion (Pachankis, 2007). Cognitive processes can result in affective consequences of anxiety, depression, hostility, demoralization, guilt, or shame (Pachankis, 2007). These cognitive and affective processes can produce behavioral consequences such as impression

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management, avoidance, sensitivity to feedback, and impaired interpersonal relationship skills (Pachankis, 2007). This chain of situations, cognitions, affect, and behavior can lead to negative self-appraisal such as identity ambivalence and negative self-view. As the population of interest in this study relates to both ethnic/racial minorities and gender and sexual minorities, the phenomenon of concealment may be an important factor to consider in qualitative analysis.

Intersectionality and Psychology

Coined by Kimberlé Crenshaw (1989), intersectionality has become a widely used theory to understand the marginalization of those who hold multiple underprivileged identities. The theory of intersectionality was originally used to understand the legal system and how it may discriminate against specific groups such as black women, whose experience of prejudice is multiplied by being black and female. Thus, black women became an invisible population as a result of holding multidimensional identities. Intersectionality began by unpacking legal outcomes of black women and the court's decisions to deny black women as a separate category from black people and women.

Crenshaw (1989) identified three primary reasons contributing to the discrimination of intersectional groups of people. The first reason is that there is an underlying assumption that two or more identities do not create an intersection. The second reason is hybrid identity difficulties are not as legitimate as the difficulties experienced by the separate identities. The final reason is solutions for the single identity are seen as solutions for those with hybrid identities. While intersectionality was explored by Crenshaw (1989) in a legal context, it has had widespread implications for psychology in understanding the factors that influence the mental health of those with multiple minority identities.

The concept of intersectionality has made a significant impact on the understanding of socially related phenomena that may lead to grave consequences. Intersectionality provides a framework for psychological research to identify these qualitative phenomena that occur for individuals with multiple minority identities. According to Anna Carastathis (2014), intersectionality

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has four major research constructs: i) simultaneity ii) complexity iii) irreducibility and iv) inclusivity.

Simultaneity states that oppression occurs from each identity concurrently and compounds the oppressive effects. Complexity underscores the experiential and structural complexity of intersections. It looks at the interactions between social groups, the complexity within a social group, and attempts to dismantle categories to better understand the unique experiences of the intersection. The last deconstructive approach leads to the understanding of irreducibility. The lived experience of those within an intersection cannot be understood from a singular lens of race, class, gender, sexuality, etc. Lastly, intersectionality advances equitability by dismantling systems of oppression such as, patriarchy, heteronormativity, elitism, and other dominant powers through inclusivity.

The concept of intersectionality is a crucial part to this project because the foster youth population is overrepresented of ethnic-racial, gender, and sexual minorities (AFCARS, 2020; Baams et al., 2018). The inclusion criteria of this project make it very likely that participants will have multiple minority identities. In preparation for this likelihood, it is important that the research conducted incorporates the four research constructs of intersectional research theory throughout the methodology and data collection (Carastathis, 2014).

Intersectional research is difficult to conduct because of the constructs of simultaneity and irreducibility. This is due to the interlocking forms of oppression associated with specific minority intersections. However, it is clear that multicultural research is of importance and has led to vital findings such as the social determinants of health (Filetti et al., 1989). To address the difficulties of studying intersectional issues, Cole (2009) has laid out simple questions to consider when conducting research. Cole (2009) crafted three questions to aid in structuring intersectional research. Cole (2009) proposes the following questions: a) who is included within these categories; b) what role does inequality play; c) where are there similarities. These questions may be easily embedded into IPA research. As IPA allows for an iterative review of data and treats the clinician as a reflective tool,

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these questions can be asked throughout recruitment, data collection, and data analysis. Although intersectionality emphasizes the unique experience a group of individuals may have because of multiple interlocking identities, we may also find commonalities of experiences between groups. Leaving room for between group themes to form a larger understanding of how oppression impacts minorities is a critical component of intersectional research.

Identifying intersectional oppression and the positive and negative consequences of oppression is a future direction regarding foster youth research. A study on the impact of the quality of foster youth-case worker relationships on school engagement pointed towards future directions of research needing to include intersectional frameworks such as Cole's (2009; Jaramillo & Kothari, 2021). This is one example of the need to expand on intersectional concerns in the foster youth population.

Intersection of Foster Youth and Minority Identities

Unique challenges may arise for former and current foster youth who identify as a minority. The National Institute on Drug Abuse (2017) found that sexual minorities are at an increased risk for substance use and misuse compared to the general population. The social stigma and discrimination they face are prominent and unique factors that contribute to the increased risk in substance use and misuse. They found that 37.6% of sexual minority adults 18 and older reported past year marijuana use compared to the 16.2% reported by the general adult population (NIDA, 2017). Also, opioid usage was higher at 9% of sexual minority adults compared to 3.8% of general adults (NIDA, 2017). Some of these rates may be explained by social stigma and discrimination. One study found that 12.9% of foster youth that identified as LGBTQ reported being treated poorly by the foster care system compared to 5.8% of their heterosexual foster youth counterparts (Wilson, et al., 2014). Moreover, LGBTQ foster youth experience higher rates of placement at 2.58 placements per year, overnight hospitalization at 38.80%, hospitalization for emotional reasons 13.75%,

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homelessness at 21%, and group home placement at 25.7% when compared to their heterosexual and cisgender counterparts (Wilson, et al., 2014). Another issue is the overrepresentation of LGBTQ minorities. A study found that 19% of foster youth in L.A. county identified as LGBTQ compared to the national average of LGB individuals, 3.5%, and transgender individuals, .03% (Gates, 2011).

Most of the foster youth population identify as ethnic-racial minorities at 56% non-white (AFCARS, 2019). African American and Latinx minorities are overrepresented at 23% and 21% respectively (AFCARS, 2019). Racial disparities among foster youth have decreased but remain prevalent, especially for black identified youth (Child Welfare Information Gateway, 2016). Using a racial disproportionality index, it was found that American Indian, Black, Hawaiian/Pacific Islander, and Hispanic identified youth are represented in foster care 2.7, 1.6, 1.1, and 0.9 times their population rates, respectively (Child Welfare Information Gateway, 2016). These rates underscore the importance of conducting research on not only the quantitative perspective, but the qualitative phenomena particular to foster youth of color.

Ethnic-racial identity processes can affect the foster youth experience. Ethnic-racial identity development was found to be inhibited by severity of maltreatment and placement instability (Tyrell et al., 2019; White et al., 2008). In a mixed-methods study, foster youth reported that placement instability decreased their ability to learn about their ethnic traditions (White et al., 2008). Another important finding from the study was that ethnic-racial minorities report their racial identity to be important to them compared to their white counterparts who felt it was less important. A longitudinal study comparing emancipated foster youth of color versus emancipated white foster youth of color found that ethnic-racial identity centrality, the importance of ethnic-racial identity to the individual, and private regard, the positive feelings an individual had towards others of the same cultural group, were associated with socioemotional factors such as self-esteem, social support, depression, and anxiety (Tyrell et al., 2019). This study found that the higher degree of ethnic-racial

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identity centrality was associated with poorer socio emotional adjustment. It is clear that ethnic-racial identity is an important factor to understand when examining the experiences of foster youth of color.

Positive Psychology

Positive psychology has been a welcome addition to the field of psychology. The history of psychology and mental health has been primarily focused on the deficiency and disease model (Seligman, 2005). The focus on the negative aspects of disease or trauma has led to a better understanding of the etiology of mental illnesses and established treatments. Although understanding the pathology of mental illness is important to helping individuals, understanding positive aspects of human psychology may lead to a more comprehensive approach to healing. Positive psychology does not ignore the symptoms or etiology, rather it balances treatment by also examining the strengths and resiliency that lead to better treatment outcomes (Rashid, 2015). This rebalancing of treatment can help us live with more positive emotion, engagement, and meaning (Seligman, 2005).

According to Seligman (2005), positive psychology involves different areas. On the surface, positive psychology can be observed as positive emotion (Seligman, 2005). This area is concerned with the strengths and emotions a person may exhibit. Positive psychology attempts to uncover these aspects and make them more accessible to a client. This area is interpreted as happiness and can be achieved through helping the clients obtain a positive self-evaluation (Rashid, 2015). The theoretical emotional aspect of positive psychology has limitations as positive emotion is heritable and is limited in its ability to create valued experiences (Rashid, 2015). Therefore, it may be important to understand other aspects of positive psychology.

A deeper level of positive psychology involves engagement or flow (Csikszentmihalyi, 2004). Flow, coined by Csikszentmihalyi (2004), involves a state of consciousness where the person is

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completely enmeshed in an activity. The state of flow can help an individual stay in the present moment using their strengths. Building upon positive emotion, flow takes a person's best strengths and utilizes them regardless of the context. This can help a person enjoy tedious or monotonous tasks (Seligman, 2005). Understanding positive emotions and flow are foundational to positive psychology and further research has been conducted to elucidate what this may look like for minorities.

Positive Psychology in Minority Groups

Positive processes may vary from minority group to minority group. As different cultural groups undergo distinctive experiences, it stands to reason the positive processes that support them may be distinct as well (Chu et al., 2010). In a study on gay and lesbian identified individuals, it was found that they experience flourishing in areas of emotional well-being, social well-being, and psychological well-being (Bariola et al., 2017). These areas have been standardized and are not culturally specific, but individuals who had higher degrees on these well-being subscales were found to be more adaptive than those who had the absence of psychiatric disorders (Bariola et al., 2017). Perhaps more importantly than generalized well-being, a systematic review of positive psychological interventions for gender and sexual minorities found that compassion, optimism, love, forgiveness, humor, and spirituality were particularly powerful in achieving better mental health, physical health, and health behavior outcomes (Job & Williams, 2020). A psychological mediation framework (see Figure 1) is useful in understanding how minority stress is buffered by the positive psychology phenomena (Job & Williams, 2020). Research on positive psychology and gender and sexual minorities is very limited, but these studies appear to indicate the importance of future research such as this research project (Bariola et al., 2017; Job & Williams, 2020)

Ethnic-racial minorities represent another cultural group that experience unique positive psychology factors. One well-studied area of research that demonstrates this is the suicide literature

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(Linehan et al., 1983). Reasons for living research exemplifies a strength-based approach to the grave topic of suicidality (Linehan et al., 1983). Some general, yet powerful findings, are that each cultural group has different strength-based factors. Some examples of this are that religion/spirituality, quality of family relationships, and community support are evidenced to buffer suicidal ideation and attempts in the African American and Latinx communities (Morrison & Downey, 2000; Hovey, 2000). Additionally, in the Asian American community, quality of parental relationships and other family related factors were evidenced to protect against suicidality (Augsberger, et al., 2018; Choi & Rogers, 2010). While these studies elucidate life maintaining factors that protect against suicide, it also demonstrates that importance of understanding the specific cultural phenomena regarding positive psychology.

Meaning-Making

Meaning has been an important addition to positive psychology. Meaning is defined as the mental representations of possible connections between objects, events, and relationships (Park, 2010). Making meaning of highly stressful events is an important process that may be linked to better adjustment and wellbeing outcomes (Cavanaugh et al., 2020; Marin & Leo, 2019; Park, 2010). To better understand meaning-making, Park (2010) proposes a unified model that involves global meaning, situational meaning, and the resolution of the two to produce new meanings. Global meaning is a person's underlying system of beliefs, goals, and feelings about the world. An individual's global meaning system form their views on concepts such as control, predictability, justice, and views of the self (Park, 2010). Situational meaning is defined as a contextual event that presents processes and outcomes that are discrepant with an individual's global meaning. The resulting distress from discrepancies facilitate different meaning making processes such as cognitive-affective processing, assimilation, and a pursuit for significance. The overall process of appraisal and resolution of global meaning and situational meaning lead to common outcomes such as perceptions

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of growth, changes in identity, changed global beliefs, changes global goals, and changes sense of meaning in life (Park, 2010).

Meaning-making strategies are associated with better adjustment and wellbeing outcomes (Cavanaugh et al., 2020; Lachnit et al., 2020; Marin & Leo, 2019). While there is a copious amount of literature on meaning-making employing qualitative methods (Cavanaugh et al., 2020; Lachnit et al., 2020; Marin & Leo, 2019), there is a dearth of quantitative research on the processes and associations with outcomes (Lachnit et al., 2020; Park, 2010). However, there are a few well researched meaning-making strategies. One such strategy is positive reinterpretation, which involves identifying the positive aspects of the stressor. Utilizing this strategy, individuals are more likely to experience positive affect, therefore promoting successful adjustment to the stressor (Lachnit et al., 2020). Furthermore, individuals with high emotional processing, but whom had difficulties producing meanings of their experiences were at higher risk for having their global meanings violated. Baseline emotional processing combined with meaning made were able to predict levels of intrusive thoughts. The meaning making process is associated with better adjustment and wellbeing (Cavanaugh et al., 2020; Lachnit et al., 2020; Marin & Leo, 2019). This study plans to incorporate the process of meaning making in foster youth as it has not been well researched in this population specifically. Furthermore, achieving positive adjustment and wellbeing in foster youth helps lower behavioral and cognitive concerns such as depression and anxiety (Proctor et al. 2010; Akin, 2011). Therefore, meaning making may be an important phenomenon in relation to the foster youth experience and positive psychology.

Resiliency

Resilience has been a complex and elusive construct to define in psychology research. Researchers have studied resilience in a multitude of ways from outcomes to process, pathogenic to strength-based, good and bad to contextual; these varied approaches illustrate the complexity in

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defining resilience (Fredrickson, 2004; Garmezy, 1971; van Breda, 2018). Some researchers try to marry the different approaches to resilience to establish one-to-one ratios of mediating factors to resilient outcomes in behavioral, psychological, and physiological outcomes (Fredrickson, 2004). Although resilience is a controversial topic, there is consensus in the three components of it — adversity, mediating processes, and outcomes.

The study of vulnerability paved the way for a pathogenic construction of resilience (van Breda, 2018). Garmezy (1971) conceptualized vulnerability as being composed of genetic and environmental risks such as family history of mental health, prenatal care, and environment. The focus on vulnerability created outcome-based definitions of resilience. In research, there is controversy in coming to a unified definition, but simply put, resilience in this sense is defined as the achievement of healthy and unexpected outcomes in the face of adversity (van Breda, 2018). However, this type of resiliency may not be comprehensive enough to understand resilience in this population; therefore, a more apt definition for foster youth is offered in a later section. Ultimately, this definition is simplified to obtain measurable outcomes of resilience. Outcome-based resilience is helpful in researching behaviors and psychological outcomes (Tugade & Fredrickson, 2004). These behaviors and psychological outcomes can also be associated with physiological reactions (Tugade & Fredrickson, 2004). The ability to measure emotional, behavioral, and physiological outcomes is a strength of outcome-based resilience. However, this approach does not explain the how or why individuals are able to overcome adversity. Furthermore, individuals can display resilient outcomes in certain dimensions and fall short in others (van Breda, 2018).

The complexity of resilience as a research construct has led to process-based definitions. While outcome-based resilience focuses on vulnerabilities and achievements, a process construction of resilience focuses on the why. This contextual approach allows researchers to achieve a more nuanced understanding of the mediating factors that help individuals achieve relatively good

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outcomes. The mediating factors are of specific focus because resiliency may wax and wane depending on the context of adversity. Certain mediating factors may be more important than others when considering the type of adversity. Process-based resilience is the focus of this study as it is more tailored to understanding what and why better-than-expected outcomes occur. Moreover, it does not lead to a reductionist view of outcomes without understanding the context behind the outcomes.

Resiliency in Maltreated Children and Foster Youth

As this study is centered on foster youth, it is important to understand unique resiliency processes of this population. Resiliency in youth who have experienced maltreatment is a multilevel construct comprising social, psychological, and biological dimensions that support positive adaptations (Cicchetti, 2013). A study conducted by Cicchetti et al. (2009) found that for school-aged, maltreated youth, adaptive functioning was related to personality dimensions and personal resources such as cognitive maturity, self-esteem, ego-resiliency, and ego control.

These factors related to the ability to appropriately respond to contextual stress (Cicchetti et al., 2009). The previously mentioned factors were associated with higher levels of competence in coping with social adjustment, school difficulties, and psychopathology (Cicchetti et al., 2009). Another study measuring resiliency in foster youth found resiliency was positively associated with accessible social support, independent living skills, and being older at discharge (Jones, 2012). Resiliency in the study was negatively linked to reunification post-discharge and behavioral concerns such as anxiety, depression, and substance use; Additionally, resilience may be seen in an outcome-based perspective. A study on the profiles of emancipated foster youth found that at least 47% of the youth in their study were competently coping with age-related concerns such as education, employment, civic engagement, relationships, self-esteem, and mental health (Yates & Grey, 2012). According to Yates and Grey (2012), “Resilience reflects a developmental process wherein the individual is able to utilize

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resources in and outside the self to negotiate current challenges adaptively and, by extension, to develop a foundation on which to rely when future challenges occur” (p. 2). Regarding this research project, Yates & Grey’s (2012) definition of resilience will be used as it general and encompasses a culturally responsive approach to the phenomena in question.

Conclusion of Literature Review

Ethnic-racial, gender, and sexual minority foster youth represents an understudied intersection of foster youth. Throughout this critical literature review, this researcher aimed to utilize any literature on this intersection, but none was found. This led to a literature review focused on processes related to the populations in question and positive psychological phenomena. The purpose of this literature review was to identify relevant pathological and available adaptive dimensions such as, risk profiles and adaptive profiles, to better inform the semi-structured interview this project will use. This study is focused on what has been and continues to be meaningful in foster youth’s lives and how meaning is made for them. Gleanings from the literature suggests that difficult cultural phenomena such as rejection sensitivity and concealment, or child maltreatment, may be buffered by psychosocial capacity and resources (Crawford et al. 2020; Hughto et al., 2018; Yates & Grey, 2012).

Methods

Study Design

A qualitative research methods approach was used to complete the study. Interpretative Phenomenological Analysis (IPA) is a qualitative research methodology used to better understand how individuals make meaning of their lived experiences (Smith, 2012). The study aimed to understand the lived experiences of former foster youth who identified as both ethnic-racial minorities and queer. The interviews were designed to understand how the participants' identities interacted with caregivers, the foster care system, and how the participants made meaning of these interactions.

IPA is concerned with the interpretative process of experience and allowed the researcher to conduct an in-depth examination of how queer foster youth of color make meaning of their lived experiences, with consideration to their minority identities (Smith, 2012). The three major theoretical components of IPA are phenomenology, hermeneutics, and idiography (Smith, 2012). These fundamental aspects allowed for the researcher to examine the complex nature of personal lived experiences while commonality was established. IPA investigates experience in it of itself, instead of being overly concerned with psychological hypothesizing or personal biases (Smith, 2012). This is achieved through an iterative hermeneutic process that allows exploration of the participants' experiences through the researcher's interpretative lens. The hermeneutic component facilitated a better understanding of the internal processes of queer identified former foster youth of color while sense was made of their childhood experiences and the way they navigate their lives today (Smith, 2012). While hermeneutics focuses on the creation of experience, idiography is interested in the particular experience, providing detail, and facilitation depth of analysis. The idiographic component holds space for the unique experience of each participant and the ways their experiences may differ from each other (Smith, 2012). Considering the process-based nature of the study, it is key to

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highlight individual mediating factors each participant may hold to better understand the phenomena. Former foster youth who identify as both ethnic-racial minorities and queer are layered in intersectional identities and required a nuanced and flexible qualitative approach to gather meaningful qualitative data based on their individual experiences.

Within IPA, the researcher and the team is seen as a tool for the interpretation of the participants' narratives. This researcher introduced himself to each participant and ensured they understood the goal of IPA is to explore their lived experience—that all subject matter that is relevant to them, is relevant to the study. The research team supported this researcher by asking critical questions regarding the interview and fleshing out created themes.

Participants

The participants for the present study included three former foster youth who identified as both ethnic-racial minorities and queer. The inclusion criteria included: (1) a history of at least one foster home placement, (2) identify as a former foster youth, (3) identify as an ethnic or racial minority, (4) identify as a gender or sexual minority, (5) reside in the United States, (6) able to speak English fluently, (7) at least 18 years of age or older. For the purpose of this study, foster placement information was provided by participants via self-report.

Procedures

This study was approved by the Institutional Review Board (IRB) of the University of San Francisco. No major foreseeable risks were anticipated for participants who partook in this study, besides possible psychological discomfort. All participants were attended to in compliance with the IRB standards and procedures. The recruitment methodology used purposive sampling and venue-based targeted sampling (Barratt et al., 2015; Thomas & Freisthler, 2016). These methods are in line with IPA sampling as they facilitate selection based on the specific inclusion criteria of former foster youth with minority gender, sexuality, and ethnicity/race identities (Smith, 2012). Considering the

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scarcity of the participants, purposive sampling allowed the researcher to select participants based on the research phenomena studied (Barrat et al., 2015). The recruitment of participants for this study occurred through targeted specific areas including posting virtual recruitment flyers (See Appendix A) on social media (e.g. Meta and Instagram), emailing fliers to local Bay Area foster youth specific organizations, asking committee members who are connected to the population of interest to disseminate fliers, and through posted fliers in Downtown Oakland, Downtown San Francisco, and City College of San Francisco. An e-mail address was created and used solely for the purpose of this study. E-mails that expressed interest in participating in this study were promptly responded to by this research to set up a date and time for a phone screening interview. The participant screening interview (See Appendix B) was used to decide if each potential participants met inclusionary criteria for this study. Participants who met the screening requirements were then scheduled for an online interview on the web platform Zoom and asked to locate a private room for themselves to ensure privacy.

Interviews were conducted on Zoom in a private room in this researcher's house. The participants were provided with a consent form (See Appendix C) prior to the interview. The researcher reviewed the consent form with the participants and asked them if they had any questions. Each participant was notified at the beginning of the interview of their right to refuse to answer any question or close the interview session at any time.

Following the review and signature of the consent form, a 60–90-minute semi-structured, individual interview was conducted. Data was gathered through verbatim transcriptions of an audio recorded first-person account that was generated by the software Panopto. Panopto is a secure online tool for recording and managing audio or video content. This researcher then ensured the accuracy of the Panopto generated transcript by reviewing the audio and the generated transcript and resolving any transcript errors. All questions followed a thematic sequence as outlined in the

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Interview Guide and were asked in the same chronological order for each participant (See Appendix D). This researcher maintained a curious and nonjudgmental stance to ensure participants had the opportunity to share their personal narratives openly. After each interview concluded, participants in this study received an Amazon gift card of \$35. After the conclusion of the interview, each participant was provided mental health resources should they have wished to get support. This researcher took field notes after each interview.

Confidentiality of each participant's identity was a priority throughout this study. Identities of the participants were protected by using a pseudonym during the interview and for data analysis. The pseudonyms are used within all written records. No identifiable information of participants was used throughout the transcription process. Only direct research staff, which included this researcher and the dissertation chair, have access to the actual names, e-mail addresses, and phone numbers of the participants.

Analysis Procedure

As described by Smith (2012), IPA's analytical procedure involves an iterative and inductive process. The analytical procedure can be broken into the 6 following steps:

1. Reading and re-reading
2. Initial noting
3. Development of emergent themes
4. Searching for connections across emergent themes
5. Moving to the next case
6. Looking for patterns across cases

Reading and re-reading

This researcher began this procedure by reading and re-reading the transcripts of the interview. This researcher stepped themselves in the original data by reviewing the audio or video recording,

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cleaning up the transcription of the interview, and focusing on recalling striking moments in the interviews. The researcher focused on understanding the participant's point of view during the interview and analyzed the general interaction within the interview from beginning to end.

Initial Noting

The second step, initial noting, involved taking comprehensive notes to analyze the transcripts. The aim of this step is to produce rich commentary on the data through notes. Smith (2012) does not prescribe a specific way of doing this, rather he implores the researcher to acknowledge their subjective biases and excavate the participant's explicit meaning. Through this process, this researcher began to understand what phenomena was important to the participant, how they understood the phenomena, and why it is important. The researcher tuned into the meaning of the phenomena by identification of important language used and key concepts. This was done using different exploratory comments such as descriptive, linguistic, and conceptual comments of the transcript line-by-line (Smith, 2012). The researcher reread each transcript, noted specific phenomena, and wrote potential descriptive themes in the margins of the transcripts.

Development of emergent themes

In this step, this researcher produced more data, in the form of exploratory comments of the transcript, and had a preliminary understanding of possible emerging themes. The researcher moved away from in-depth analysis of the transcript and focused on connecting patterns and interrelated concepts. This helped reduce content-based analysis and promote process-based analysis (Smith, 2012). The first step of identifying patterns and interrelated concepts was to break the transcript up into purposeful chunks. The researcher broke up the narrative flow and reorganized the data to understand underlying themes in the participant's lived experience. The researcher examined the participant's original words and thoughts and interpreted them.

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Searching for connections across emergent themes

This step involved clustering emergent themes according to their relation to each other. This researcher looked for connections between the emergent themes and attempted to interpret connecting themes into larger abstract concepts and structures (Smith, 2012). This step was not prescriptive, but rather left open to this researcher's unique interpretative process. This researcher organized each participant's remarkable quotes and experiences into a word document and searched for similar words and themes, such as ethnicity, race, identity, discrimination, etc., across the entirety of the transcripts.

Looking for patterns across cases

The last step involved the creation of superordinate themes. Superordinate themes are higher order themes that appear across participants (Smith, 2012). The researcher organized all participant's thematic data and attempted to find connections across the cases. A superordinate theme was created when this researcher observed a majority connection through a theme. The degree of reoccurrence was analyzed by this researcher and discussed with the dissertation chair. If both researcher and chair agree, the superordinate theme was retained. Lastly, idiosyncratic themes were mentioned in the results as they may be important to the phenomena in question.

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Results

The specific aims of this study were: (i) understand what multiple minority identity foster youth considered meaningful to their lived experience (ii) how their cultural identities, specifically ethnic-racial identity and queer identity, impact what has been meaningful to them. The qualitative results from the conducted interviews found significant superordinate themes, higher order themes found across all participants, informed by emergent themes, larger abstract themes reported by individual participants (Smith, 2012). The participants reported meaningful themes of identity, cultural prejudice, and power.

Participants

The study participants were three former foster youth with various ethnic-racial, gender, and sexual identity backgrounds. During the recruitment phase, a total of six participants were screened for this study. Of the six participants screened for eligibility, three advanced to the interview phase of the study and three participants were ineligible to participate. A total of three participants were ineligible because they did not completely satisfy the eligibility criteria; these participants only met the criteria for one minority identity, not both ethnic-racial and queer identities.

Three participants met criteria for the study. Pseudonyms were chosen for each participant in this study to ensure their privacy was protected in all stages of the study. Participant ages ranged from 19 years to 32 years. All participants identified as former foster youth, as an ethnic-racial minority, and as a gender minority or sexual minority with at least one foster placement. Below is a brief summary of each participant based on their cultural identities and foster care placements.

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Table 1: *Participant Demographics*

Pseudonym	Age	Ethnicity/Race	Gender	Sexuality	# of FC Placements	Placement Type
Joanna	19	White-Hispanic	Gender Fluid	Bisexual	5	Group home/foster home
Linda	22	Native-Indigenous	Cisgender Woman	Bisexual	10	Foster home
Samantha	32	Mexican Guatemalan	Cisgender Woman	Bisexual	1	Foster home

Joanna

Joanna is a 19-year-old biracial gender fluid person. They reported their father was White and their mother was Mexican Venezuelan. Joanna described a low level of cultural saliency regarding their ethnic-racial background and minimizing their gender and sexual identity prior to their foster care experience. Joanna shared a tumultuous experience through their foster care experience and aging out of the foster care system.

Linda

Linda is a 22-year-old cisgender woman who identifies as bisexual and biracial. She reported her mother was White and her father was Native-Indigenous and Latino. Linda described experiencing a moderate level of identity conflict regarding her ethnic-racial identity and concealing their sexuality identity as bisexual prior to their foster care experience. Linda shared a volatile foster care experience until they were adopted by their current adoptive parents.

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Samantha

Samantha is a 32-year-old cisgender woman who identifies as bisexual and Mexican Guatemalan. She reported both her parents identified as Latino. Samantha described experiencing a moderate level of cultural saliency with her ethnic-racial identity and concealing her bisexual identity prior to her foster care experience. Samantha shared a single stable foster care placement until they aged out of the foster care system.

Themes

Analysis of data revealed three superordinate themes: a) identity; b) cultural prejudice; c) power dynamics. Additionally, eight emergent subthemes were identified under the superordinate themes (see Table 2).

Table 2: *Superordinate themes and Emergent themes*

- Superordinate theme 1: Identity
 - Emergent theme 1: Passive cultural engagement
 - Emergent theme 2: Cultural dysphoria
 - Emergent theme 3: Relinquishment of household identity
 - Emergent theme 4: Identity exploration
- Superordinate theme 2: Cultural Prejudice
 - Emergent theme 1: Hyper-sexualization
 - Emergent theme 2: Ethnic-racial bias
- Superordinate theme 3: Power Dynamics
 - Emergent theme 1: Power of caregivers
 - Emergent theme 2: Conformity

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Table 3: *Definition of Superordinate and Emergent themes*

<p>Superordinate theme 1</p> <p>Identity</p>	<p>Refers to the participant’s cultural journey from biological home, through foster care, and into adulthood. Cultural identity included both ethnic-racial identity and gender or sexual identity</p>
<p>Superordinate theme 1:</p> <p>Emergent theme 1</p> <p><i>Passive cultural engagement</i></p>	<p>Refers to a participant’s acceptance of their biological family’s cultural norms and expectations; thus, leading to passive engagement of their cultural identity.</p>
<p>Superordinate theme 1:</p> <p>Emergent theme 2</p> <p><i>Cultural dysphoria</i></p>	<p>Refers to the participant’s sense of unease because of the mismatch between their learned biological household cultural beliefs and their internal identities.</p>
<p>Superordinate theme 1:</p> <p>Emergent theme 3</p> <p><i>Relinquishment of household identity</i></p>	<p>Refers to the cultural process participants undergo when they question and surrender prior household cultural beliefs to explore cultural identities and experiences more salient to them.</p>
<p>Superordinate theme 1:</p> <p>Emergent theme 4</p>	<p>Refers to the participant delving into previously ignored, concealed, or new aspects of their cultural identities leading to engagement in</p>

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<i>Identity Exploration</i>	general cultural phenomena, culturally sanctioned activities, and community.
Superordinate theme 2 Cultural Prejudice	Refers to the bias and discrimination associated with the participants queer and ethnic-racial identities
Superordinate theme 2: Emergent theme 1 <i>Hyper-sexualization</i>	Refers to the excessive focusing on the participant's sexual or romantic preferences.
Superordinate theme 2: Emergent theme 2 <i>Ethnic-racial bias</i>	Refers to the bias treatment of the participants based on their ethnic-racial background, including promotion of white supremacist values.
Superordinate theme 3 Power dynamics	Refers to the meaning and lessons learned from their life experiences.
Superordinate theme 3: Emergent theme 1 <i>Power of caregivers</i>	Refers to the inherent power dynamics between caregivers and the participant.

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Superordinate theme 3: Emergent theme 2 <i>Conformity</i>	Refers to the perceived or real need of the participant to conform to their caregiver's expectations and values to achieve security.
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Superordinate Theme 1: Identity

The theme identity refers to the participant's cultural journey from biological home, through foster care, and into adulthood. The theme of identity was teased apart into four emergent themes: 1) passive cultural engagement which refers to a participant's acceptance of their biological family's cultural norms and expectations, thus leading to passive engagement of their cultural identity, 2) cultural dysphoria, coined by one of the participants (Linda), refers to the contrasting experiences of adopted household cultural beliefs and relearning cultural identity in the context of the foster care system, 3) relinquishment of household identity refers to the cultural process participants undergo when they question and surrender prior household cultural beliefs to explore cultural identities and experiences more salient to them, 4) identity exploration refers to the participant delving into previously ignored, concealed, or new aspects of their cultural identities leading to general cultural phenomena, engagement in culturally sanctioned activities, and community.

The overall theme of identity was at times spoken about as a process from before removal from home, during foster care, and into adulthood. When asked about the interactions between Joanna's ethnic-racial culture and their gender expression, Joanna spoke about surrendering familial binary gender bias and finding historical Native examples of different gender expressions. The following quote encapsulated the overall process of biological family culture and exploration:

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Not like family culture at all, but like, learning certain things was helpful. I had to go out and search for it, it wasn't something that was just shown to me. Because part of my family is Native as well, I'm like learning that like two-spirit is a thing, I don't know if you know what that is?... So, knowing that a long time ago, people celebrated people with differences, and it wasn't just celebrated, they were viewed as people with more knowledge because they had to go through more. It was nice to know that it's not something that little snowflakes came up with, like fucking all older parents think.

Joanna conveyed they had to research where their gender identity fit into their ethnic-racial cultural history. They found comfort in learning the two-spirit gender label was a part of their Native ancestry and disputed the idea non-binary gender identities were newly created by newer generations.

Emergent Theme 1: Passive Cultural Engagement refers to a participant's acceptance of their biological family's cultural norms and expectations resulting in a passive engagement with their cultural identity. Participants described both their ethnic-racial and queer identities as being strongly influenced by their biological families' cultural ideologies before entering the foster care system. As they entered the foster care system, the participants reported a need to engage with their culture more actively and understand who they are. Joanna described how her parents contributed to her previous feeling of disconnection with her culture:

There was still a lot of culture in our things, like when you bring up food, we did make cultural foods, we did do parties and we went to quinceas and stuff, but that was it. My mother really, she separated herself from her ethnicity and her color. She... My dad isn't the nicest. He's a little ignorant when it comes to race and ethnicity. And my mother kind of picked that up, just like she basically is like, my dad's White, so she's White. And so, she tried to take that all away from us and everything, and so it was a little hard to realize that I'm not just the color of my skin, I do have a culture.

Similar to Joanna, Linda reported her mother contributed to a dissociation with their nonwhite culture. Linda remarked upon her early childhood experience of how her mother's cultural norms and expectations impacted her Native identity. She noted a change with her cultural engagement when she was introduced to her grandmother:

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So, when I lived with my biological mom, she always mentioned that I was a Native, but in like a very unhealthy, like fetishized, whitewashing way. So I always knew that I was Native, but I didn't really associate it with good things necessarily, if that makes sense. Like she would call me like her little Indian and like say, like racial remarks like that. And I just grew up thinking that that was normal. It wasn't until I got older and went to visit my grandma on my dad's side for the first time that I realized I had like this whole family and tribe and heritage that I never got to experience or know about when I was a child.

Linda's cultural engagement was dictated by her mother's treatment of her Native culture. She accepted her mother's interactions with her Native identity as 'normal' and perceived her identity as being limited to her appearance:

I struggled with identity a lot. I still do because of the way my mom raised me around my I don't know, my heritage. Yeah, I struggle a lot with whether I feel more white or more indigenous or if I even feel both. Yeah. Just because a lot of it was sheered away. Yeah. Or like talked about kind of like in a negative way. I think my mom really wanted, like the idea of having like a Native child. So, she would constantly comment on like my looks or my appearance that I was the perfect mixed baby, that I had white skin and black hair and green eyes exactly like what she asked God for. So yeah, it just, like, made me think a lot as I got older. Like, what if I came out more darker? Or what if I didn't have these features with my mom? Still felt the same way? Or would you treat me differently?

Both Joanna and Linda shared an early childhood perception that their ethnic-racial identity was reduced to appearance. Linda described how she was unable to form a connection with her ethnic-racial identity:

To be completely honest, I didn't really view myself in any form. I kind of just conformed to whatever somebody wanted me to be. So, if they preferred me to be more indigenous or more Native or more white, I would just kind of conform to it. I never really formed my own kind of identity with my culture.

Unlike the other two participants, Samantha's parents had facilitated a stronger connection with her culture before the foster care system. She reported she had engagement with her culture through Mexican folk dance, *baile folklorico*. However, when she moved to a less Latinx populated school because of her removal from home, she found a more active and robust engagement with her Latinx culture:

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I feel like I participated more like I said, because before, like I just did the dance through school. But this was like extra, you know outside of school. Then in school I was in this Hispanic, I forgot the name, but we had a good group organization where we would like set up things for like Cinco de Mayo, Mexican Independence day, Day of the Dead. We would like set up and organized as a team.

Samantha reflected she had a deeper appreciation for Latinx culture when she moved into foster care because she was less saturated by it in her school and community.

Emergent theme 2: Cultural Dysphoria refers to the participant's sense of unease because of the mismatch between their learned household cultural beliefs and their internal identity. The participants described they had understood their cultural identities in context of their parent's beliefs and were not able to create a positive association with their cultural identities. Being removed from the home facilitated a sense of freedom to examine their cultural dysphoria. Linda coined the term cultural dysphoria and explained her negative association to her Native identity:

Yeah I had. Yeah. A lot of like cultural dysphoria because of that for sure. I associated just like a lot of negative things with it because people constantly would comment on that and I get my indigenous genes from my father and I had never met him at all prior to going into foster care. And eventually I met him while I was in care. They sent me to live with him for nine days in Kansas. And I when I met him the first time and I had a negative depiction of my father through my mom's perspective. So that really escalated like the hatred for that cultural side of myself.

Samantha did not experience a negative perception of her culture on behalf of her parents but did lack chosen engagement before the foster care system. She acknowledged a lack of positive association with her Oaxacan cultural identity and created a new association through the foster care system:

Like I said, I really like and I'm really proud of like my Oaxacan and roots. A lot of people like I was just, you know, like even with the news in the media right now, with the whole people talking bad about them and they were showing it on ABC. And I just I'd like to read more about it. I like to visit. I like. You know, like celebrating the Day of the Dead is a big thing for me, too, because whatever we do, Dia de los Muertos and the big party, my uncles, actually, they throw huge parties out here in L.A. In L.A., where they all get together and we do something like what they do in Mexico. So more involved in that, because before as a kid, I never wanted to do these things.

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Joanna recounted how she struggled to understand her mixed White and Latinx ethnic-racial identity because of her father's beliefs:

Yeab, because I didn't really know at all. I knew there was mixed kids, I knew that word, but the way my dad explained it to me was like, "You have to look mixed as a child", and I didn't really know what that meant. But my dad telling me I didn't look mixed pretty set in, so I was just like, "Alright, so I don't look it, so I'm not." And it was hard to realize, going in the system and seeing a lot of people like you, there's no looking a certain color, there's no looking mixed, there's variations of everyone.

Emergent theme 3: Relinquishment of Household Identity refers to the cultural process participants undergo when they question and surrender prior household cultural beliefs to explore cultural identities and experiences more salient to them. Participants often described cultural dysphoria and the relinquishment of household identities as a concurrent process when they enter the foster care system. Samantha revealed she relinquished her religious identity because she felt pressured to acquiesce to beliefs like homophobia and patriarchal norms:

But like, I'm still trying to find a church to go to because the one I was going to before, I was like saying yes. And even though I didn't agree with anything, you know. And one thing my parents did and stuff that like I didn't do, I didn't finish the Catechism. Yeab, I didn't do, I didn't, I didn't do Catechism and I didn't do the confirmation because I didn't want to be part of that religion, and I always feel like, I kind of like more drawn to Christianity. And it's something that my parents like, "oh, no," you know, like "hell no." But now I think, like, is more they're more accepting that I'm my own person.

Joanna described their exploratory process, acquiescence to social pressure, and how they surrendered the cultural expectation of being cisgender. They reported engagement in concealment of their nonbinary identity:

I got towards middle school, and that's when I really started questioning my gender and I wanted to explore. So I chopped my hair off without my parents' permission and that caused a lot... And then I started stealing my dad's clothes and going to school dressing differently and duct taping my chest down and... Because at the time I had a girlfriend, she wasn't very supportive of that. I was supposed to be a girl. She signed up to be in a relationship with a girl, not whatever that was. So right after that, I became way more secluded in that. I shut it all down for a while. And then my sophomore year, I tried to get a little better with it by just telling more people that I wanted to be called Joanna and that I didn't wanna be called the other name. But right when I got in the system

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was when it kind of changed and I decided then, "I am going to be this and I'm going to be called this," and I did take a more hostile approach to it. But I feel it was needed because no one respects someone who asks nicely.

Linda's connection to her bisexual identity was concealed as well. She indicated a pressure to conceal because of her family's religious cultural norms surrounding queer identity. She reported her adoptive parents identified as lesbian. Her experience with them allowed her to be out with her bisexual identity and relinquish the behavior of concealment:

Yeab, for sure. You know, hearing their stories and experiences and seeing the way that they live their lives. Yeab, definitely impacted me to feel more comfortable about sharing things about my sexuality.

Emergent theme 4: Identity Exploration refers to the participant delving into previously ignored, concealed, or new aspects of their cultural identities, leading to engagement in general cultural phenomena, culturally sanctioned activities, and community. This theme appeared to have emerged because the foster care system created an opportunity to critically engage with the salient parts of their identity without their biological parents' influence.

Joanna remarked on her exploratory process of the intersection of Native culture and gender:

Not like family culture at all, but like, learning certain things was helpful. I had to go out and search for it, it wasn't something that was just shown to me. Because part of my family is Native as well, I'm like learning that like two-spirit is a thing, I don't know if you know what that is?... So knowing that a long time ago, people celebrated people with differences and it wasn't just celebrated, they were viewed as people with more knowledge because they had to go through more. It was nice to know that it's not something that little snowflakes came up with, like fucking all older parents think.

Joanna continued to explore their queer identity and found support:

In my city personally, I feel like there's a lot of queer groups and youth specifically would get together. And that was nice to see cause again, being sheltered, you don't know these things exist. And there's a lot of Pride nights and a lot of groups that get together to try to introduce youth to what queer identities are and show them that there aren't just simple options that people place in front of you. And so it was nice to go and experience that there's a lot of people out there that you can make your family into, and that will support you and you don't gotta break down what you are for them to understand and respect you.

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Joanna described the meaning they made from exploring their queer identity as being able to choose their family by finding people who loved and supported them with no need to justify their experience or identities.

Linda reported she had connected with her Native family and began to explore her Native identity:

They took me, my grandmother and my cousins and aunts took me to a powwow for my tribe. And I got to see all the cultural dances and learn about it. And yeah, I just felt super connected while I was there. It kind of felt like a light switch went off. And just talking to them, too, and seeing and feeling the similarities between how my looks are and what their looks. Yeah, it was really impactful. I definitely felt more connected to my Native side than I ever did before.

Linda's experience of seeking her tribe was supported by her adoptive parents. Before her adoptive parents, she had a negative perception of her Native identity because she believed her father did not care about her. She later found out that her father had cared for her in ways that were not told to her and found peace and engagement in her relationship with not only her father but her Native identity as a whole.

Samantha indicated a feeling of liberation regarding her bisexual identity when she was able to be out in the foster care system:

Well, I felt like I was really open because I knew I couldn't talk to my parents about, you know, and being there. Like I felt free and considering the fact that my foster parent was also. Oh, she was also gay.

She noted the pressure to conceal her sexual identity from her biological parents was alleviated by the alignment in shared sexual identities with her foster mother.

Samantha also spoke about how her shared identity with her foster mother as a woman of color supported her ethnic-racial identity:

Oh, you know, I feel because she was a woman of color, too, but she really embraced me being Hispanic like, you know, we would we would do things that were like, for example, like Day of the Dead, you know, celebrate that.

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And like, she would try to find things that were of importance to me and my background which I really appreciate, like I said.

Superordinate Theme 2: Cultural Prejudice

Participants in the interview were asked about how their cultural identities were shaped throughout their childhood and adolescence. They were asked questions about their biological household cultural beliefs, treatment through the system, and cultural identity formation. Cultural prejudice is a phenomenon involving the cultural bias and discrimination participants experienced within the foster care system. The superordinate theme of cultural prejudice included emergent themes of 1) hyper-sexualization, refers to the excessive focusing of the participants sexual or romantic preferences, and 2) ethnic-racial bias refers to the bias treatment of the participants based on their ethnic-racial background, including promotion of white supremacist values.

An important example of how foster youth experience is influenced by Linda indicated her foster care placement was determined by the assumption she had a salient connection to her Native identity.

Yeah, it was hard because technically speaking, we were placed into like Indian welfare foster care. But I was not registered in my tribe, but my two younger sisters were enrolled in a different tribe. And so they basically just like said like, well, since you're you say you're Native and your sisters are enrolled, we'll just let you be in this one. So yeah, it definitely affected me. Like I heard things like that. And also similar to my mom, I went into foster homes where they kind of fetishized the fact that I was Native and that was not good.

Her placement in Indian welfare foster care may have harmed her more than helped her because of her negative feelings towards her Native-Indigenous father. At the time of her foster care placement she projected her negative views of her father onto the Native community.

Emergent theme 1: Hyper-sexualization refers to the excessive focusing of the participants' sexual and/or romantic preferences. The treatment of the participants by caregivers and authority figures appeared to be strongly influenced by their sexual orientation. The biased treatment ranged

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from assumption the participants had compulsive sexual behaviors, safeguarding others from sexual behavior, conversion therapy, and grooming behaviors.

Joanna described how she was treated by staff within an all-women's group home as informed by an assumption they viewed other women as sexual objects:

And then sexuality alone, it became really hard once I got in the group home because it was an all-female group home. And they just assumed me being with the people I was closer within the group home just as friends, that I was basically gonna try to sleep with anyone there was the insinuation. And they were just trying to get me in rooms alone and everything. And I couldn't sit close to certain people because they knew my sexuality. Any time I was sitting too close or I was being friendly to anyone, it meant I was trying to sleep with them. And so I had to be very sheltered and careful of who I talk to cause it was just gonna be picked up on as I am being predatory in the house.

The staff's hyper-sexualization of Joanna and assumption she was sexually interested in anybody who identified as a cis-gender woman eventually led to behaviors of isolation by Joanna to avoid negative perceptions.

Linda believed she received prejudicial treatment from her foster home based on her perceived sexuality:

When I was younger, I didn't I didn't know. I obviously didn't like identify as anything but my unfortunately, my negative foster home seemed like they had like a general idea that maybe they are like suspecting that maybe I liked, like the same gender. And there was a lot of abuse and like, what is it called? They targeted me a lot because of that, I think. Yeah. My younger sister, they treated well. She had a good experience in their home and I had a terrible experience because, yeah, I think they were, they were super religious and they felt a certain way about it.

Despite Linda not identifying as queer when she was a teenager, she interpreted the difference in treatment between her and her biological sister as having to do with her sexual orientation. While she did not report this, Linda may have understood from words or behaviors that her foster parents were anti-queer. She continued to experience hyper-sexualization when she returned from foster care to her biological family:

I had been in and out of a relationship with the neighbor for years up until I was 17. And when I lived with my bio family, they had found out and they sent me to conversion therapy and I was not allowed to see her.

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Linda did not explain how conversion therapy had impacted her, but she did continue to contact her neighbor once she was fostered by her current adoptive parents. She felt safe to do so because her foster parents are Lesbian women. However, she reported that before she discovered the gender and sexuality of her foster parents, she was fearful of being discriminated against based on her sexuality and gender.

Samantha's experience diverted from Linda's and Joanna's. At first, the researcher believed the hyper-sexualization of queer foster youth was the primary theme. However, Samantha described she perceived her foster mother's actions as potentially sexual in nature. She reported she grew up and realized she had a complicated and potentially unhealthy relationship with her foster mother because she felt her foster mother's treatment of her was potentially indicative of grooming:

Thinking back, I realized that maybe I stayed there longer just because it was almost like... I wasn't harmed or any of that, but it was more of a sense of possession. I kind of feel like someone's property.

Samantha expounded on a potential sense of romantic interest towards her from her foster mother, who also identified as bisexual:

In a sense, just because, like I notice, it was always both of us together or we would go out and then when I had a boyfriend. He would come visit and I would go out with him. And I can see, like, her reaction would be a little bit different afterwards. Like, very different. And it's like more when I became like 17, 17, 17 and a half... It was interesting because like I said, in back of my mind, there's two things you can think about and I didn't like what I was thinking about. And that's like you saw me more with different eyes. Because, you, it's almost like acting like a jealous person in the background when I'm just doing something completely normal.

Samantha continued to elaborate as to what she believed had cause a rift in her relationship with her foster mother:

I don't know. That's what I'm saying. That's both my thoughts. One of them is like, because I was being with a man or because you saw me as something else later down the line. That's my only two thoughts.

In Samantha's narrative, she was uncertain if her foster mother was engaging in grooming behaviors or saw her as a sexual object. However, Samantha's hypotheses behind her foster mother's

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behaviors appears to give credence to the phenomenon of hyper-sexualization of non-heterosexual individuals within the foster care system. While hyper-sexualization of foster youth was initially evident as an emergent theme, it may be there is a hyper-sexualization of queer people in general in the foster care's caregiver-child dyads. It may be that both queer children's and queer caregivers' behaviors are perceived as being related to sexual orientation.

Emergent Theme 2: Ethnic-Racial Bias refers to the bias treatment of the participants based on their ethnic-racial background—including promotion of white supremacist values. Two of the participant's noted being paired with foster homes based on their ethnic-racial identities. The participants observed they were paired with a placement based on their ethnic-racial identity, but the process did not appear to consider the foster youth's association with their identities or their saliency with their ethnic-racial identities. In the experience of Linda, for example, she had negative views on her Native identity yet was placed in an Indian Welfare. The placement process produced both positive and negative outcomes for the participants.

Joanna, who identified as mixed Latinx and White, reported when she was placed into her foster home, they attempted to place her into a family with a Latinx background. This decision was not well-informed as both their biological parents endorsed a stronger value of White culture and did not teach them Spanish. They remarked on the difficulty trying to bridge the language barrier and having to conceal their queer identity:

I started off in a foster home. The first one, okay, it was the best... I only speak English well at first, and they put and my siblings in a only Spanish-speaking household. And so we couldn't communicate with our foster family at all. And they wouldn't try to learn English to speak to me, so I had to learn a whole new language to be able to communicate. And that takes a while, and it's just difficult. And they were especially really anti-queer in general, so I had to hide a lot things.

She continued to recount the impact of being placed within a home with similar ethnic-racial identity labels:

It was just a lot of shock at once, because in my situation, I was just taken straight from the hospital to a home where I can't communicate. It was difficult at first, and I was a little ignorant at

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the beginning for just, I was just trying to not communicate at all, and I realized that is not right and not a way to go. And so I started trying to pick things up. I just wish it would have been reciprocated a little, like I'm trying to pick up your Native language, you can try to pick up mine a little bit just so we can get on a basis to try to communicate. But at least my foster dad there, he did try to learn English with me while I was learning Spanish with him, and it was nice to have someone there to try to communicate with, even though he was barely there. But it was nice 'cause I still got a lot of the culture that I still had previously, because half of my family is Hispanic, and we would go to parties all the time and do all these things, and I was sad to miss out on them, and I didn't have to once I started talking to them, they went to parties all the time.

Linda indicated early on in her life her biological mother fetishized her mixed identity of White and Native. Further, her biological mother, who identified as White, had given her misinformation about her Native and Latinx father that impacted the way she experienced her Native identity. When answering a question about how her mother's treatment of her ethnic identities impacted her, she answered:

A lot of like cultural dysphoria because of that for sure. I associated just like a lot of negative things with it because people constantly would comment on that and I get my indigenous genes from my father and I had never met him at all prior to going into foster care. And eventually I met him while I was in care. They sent me to live with him for nine days in Kansas. And I when I met him the first time and I had a negative depiction of my father through my mom's perspective. So that really escalated like the hatred for that cultural side of myself.

Linda explained she was put into an Indian welfare foster care system based on her Native identity. The foster care system placing her in this Indian foster care placement continued to fuel her ongoing identity conflicts because she continued to receive fetishized messages from her caregivers despite having a negative view of Native culture in general:

Yeah, it was hard because technically speaking, we were placed into like Indian welfare foster care. But I was not registered in my tribe, but my two younger sisters were enrolled in a different tribe. And so they basically just like said like, "well, since you're you say you're Native and your sisters are enrolled, we'll just let you be in this one." So yeah, it definitely affected me. Like I heard things like that. And also similar to my mom, I went into foster homes where they kind of fetishized the fact that I was Native and that was not good.

She went back to her biological mother's home and was subsequently removed again. When she reentered foster care, she was placed into a home with two white identified caregivers. She discussed

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the differences between how she and her foster parents navigated the ethnic-racial differences and her white identified biological mother:

It's definitely different, but not in the same sense as it was when I lived with my mom. There's a lot more understanding and they go out of their way to not make me feel different or learn about my culture or learn about my adopted siblings culture who identify as like Latino and indigenous. And yeah, they just like always go out of their way to kind of not do those things. So my mom did, if that makes sense.

Samantha recalled how her foster mother, who identified as mixed Korean and Black, attempted to learn Samantha's culture and connect her with Latinx events. Her foster mother's attempts to uplift and promote Samantha's cultural events increased Samantha's cultural saliency:

She would always try to find things that are connected, like in a way. Like, I remember one time we went to, I even know they had this in [Redacted]. We went to this Oaxacan festival and at a school it was pretty cool. They're like celebrating de la Guelaguetza And I didn't even know that she found that and it was nice cause like she would always like do her best to find things that are kind of fitting or like I would want to see and I did not even know. I started getting more in touch with my culture through her and through just, you know, caring more to find out more.

Superordinate Theme 3: Power Dynamics

Participants were asked about the aspects of the caregiver-child dyad that supported them in self-exploration and establishing healthy relationships with others. This included questions about what aspects of their biological family dynamics and foster care dynamics they found support. Participants reported they had received rejection and support of aspects of their identity.

Power Dynamics refers to the participant's experience of interpersonal Power Dynamics with caregivers. The emergent themes found corresponding to Power Dynamics included 1) power of caregivers, which refers to the inherent power dynamics between caregivers and the participant, 2) conformity, which refers to perceived or real need of the participant to conform to their caregiver's expectations and values to achieve security.

Emergent Theme 1: Power of Caregivers refers to the inherent power dynamics between caregivers and the participant. Participants observed caregivers could both promote healing and

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harm them further. Caregivers included biological parents, foster parents, adoptive parents, and group home staff.

Joanna's attempt to explore her cultural identities was inhibited by her parent's degree of legal control:

Well, there was like certain problems with being queer in this system and not being able to go do some things. Because I don't know if you know, but Planned Parenthood does have gender therapy and stuff, and if you wanna go do that, and even if your social worker and the people you're staying with are cool with it, if your parents aren't completely taken off, if the court case is still going through with your parents, they can choose to decide that you don't get to do it. So if you have parents that are still... They're not taking care of you, they're not doing anything to provide for you, but because the case is so open, they get to choose how you live your life still. And it's just difficult going through trauma and getting away from things, and then being told by the people you're still staying with that you're not valid, and then you go and try to get help and you can't because people that literally aren't in your life are doing anything for you, are choosing that you can't go out and search for help or get help.

Throughout the interview, Joanna commented on the power of caregivers to prevent them from living as a typical child. Their biological parents prevented them from getting gender affirming care, foster parents rejected their chosen name, and group home staff prevented them from creating relationships with girls. However, they also spoke to what made them feel accepted, safe, and loved by adult caregivers, which was different from their previous experience of non-affirming care from their parents. They explained the power of group home staff to create safety, understanding, and a sense of love:

Well, there is... I suffer from a few mental illnesses and sometimes I kind of black out and I can't remember things or know what I'm doing in the moment. And one time I AWOL'ed when I was in a group home and I ended up a few miles away at a restaurant, and I didn't have really shoes on or anything, I didn't know how I got there. And one of the staff members had got there before the cops did and made sure I was safe, and made sure the cops weren't gonna treat me wrong. And that was really nice 'cause she wasn't even on shift, she showed up in pajamas from home, coming to see me. And then there was like a few other times, like one time I was laying in the middle of the street 'cause I was not feeling the best, and she laid out there with me until I'd get up. There's just a lot of things they did that have made me feel loved and like somebody did care if I was here or not.

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Joanna reported retaining two relationships with the group home staffers who demonstrated authentic care beyond their job expectations. Joanna made meaning of these interactions with group staff: “*somebody did care if I was here or not.*”

Linda opined on one of the messages she took away from her experience:

I think the main thing that I, I don't know if this correlates, but the main thing that I've taken away from both experiences and the foster system is there will never be an equal playing field for foster kids. There will always be a power imbalance, whether it's a good home or a bad home, if that makes sense. I mean, even though this is a good foster placement, I have good parents, they still hold all of their privilege, all of their money, all of their experiences and expectations of me similar to when I was younger. Whatever expectations out of me as being like a good, calm child or a Native child.

Linda remarked on the extraordinary power imbalance between foster children and foster parents. She indicated her current adoptive parents were trauma informed but the expectations of her adoptive parents were still prevalent in her mind. She experienced her adoptive parents' expectations as a recapitulation of previous conflict between the calm child -previously recognized as the White child- and the Native child. This quote appears to demonstrate the power of caregivers in dredging up prior unresolved internal conflicts despite the intention of promoting healthy expectations in foster children.

Samantha explained an interaction between her culture of Latinx and being queer. She described how her parents' engagement with *chisme*, the Spanish word for gossip, impacted her disclosures and thoughts:

The comments made toward like gays are like lesbians and bi you know, I just don't like to talk about that with my parents, but I feel like now that they're more accepting because they're older, because of me, because of my cousins is definitely a different vibe. But. It wasn't accepted before at all. I think, you know, parents really never understand until it happens to them. Right. And it seems like that's a unique part of being Latina. Where is that? Because there's so much like heteronormativity, judgment over, you know, different like experiences or the different ways in which we believe their lives and they're very vocal about it. It leads to this feeling of like, Oh, so that's how you feel about me too.

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Samantha observed her biological parent's discriminatory comments of queer individuals. She extrapolated her parents' comments to be applicable to her despite noticing change in her parents' acceptance of her queer identity.

Emergent Theme 2: Conformity refers to the perceived or real need of the participant to conform to the expectations and values of others to achieve security. Samantha opined on her perception of her foster home:

You know I was young. I mean, I thought that was as good as it's going to get. Now that I'm older, I realize like a lot of red flags that happened in that home and it wasn't the best experience, I would say. Thinking back, I realized that maybe I stayed there longer just because, it was almost like, I wasn't harmed or any of that. But it was more of, a sense of, possession. I kind of felt like someone's property.

Samantha achieved security in her placement by overlooking adverse experiences with her foster family because her physical safety was still maintained through housing and a lack of physical abuse.

Joanna reported a pressure to conform to the perceived heteronormative rules of two different foster homes:

Yeah, so with my first foster home, it was more or less like I try to be respectful of it cause it was a religion-type basis. But it just got harder to understand that because that's everyone's perspective, is you can't live your life cause my religion says so. I think the second placement I was in; it was a foster home, it was a little bit better because she was more on the side of you, "You're going against my religion by doing the things you're doing, but as long as you're not outwardly telling me about it all the time, then we're good." And I don't really know what that means. Cause casually, kids talk to their parents or guardian or whatever, if they have a crush on someone or if they just like people.

Joanna noted a need to present towards their biological family in a joyful disposition to avoid verbal abuse and obtain safety. They eventually shifted to a more aggressive disposition to create safety:

That happened before, when I was even with my family, but it was honestly... 12 and under I was perfectly fine, I was a great kid, I did nothing wrong. I was cheerful and happy even though I was going through a lot during that period. But right at 12, I kinda snapped and I decided that I'm done being nice. The world doesn't treat you nice. And so I was just tired of being home and being treated like shit and abused, and then going to school and being treated like shit. And so I decided I'm going to have one safe place and that's school. And the only way to be feeling safe is you don't let

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people mess with you. 'Cause if one person says something and you say nothing, everybody's gonna think that it's okay.

Similar to Joanna, Linda's lack of cultural identity facilitated conformity in her ethnic-racial presentation and speech throughout her foster care placements:

To be completely honest, I didn't really view myself in any form. I kind of just conformed to whatever somebody wanted me to be. So if they preferred me to be more indigenous or more Native or more white, I would just kind of conform to it. I never really formed my own kind of identity with my culture... I think it mainly was just like foster homes would prefer me to look a certain way or say similar things to what my mom would say. I've been told that like it's a good white mom because I'm pretty and Native people are ugly and that I've been told things like that going into a foster home.

However, Joanna and Linda differed in their resulting attitudes and behaviors related to conformity. While Joanna maintains a strong oppositional stance against people who are unaccepting of them, Linda continues to struggle with conformity. Linda indicated after the adoption to her current adoptive parents occurred, she had to also adopt the values her foster parents held:

For instance, living in this home, there's a huge pressure with education because they grew up with an education, with parents who bought them cars when they graduated. You're supposed to go to college. You're supposed to follow these steps in life in order to be successful. And there's little wiggle room with that with them. And so that's vastly different than how I grew up or how foster kids grow up in general, because a lot of foster kids don't have a normal school experience... I feel the need to conform to whatever expectations they have because they took me out of a dysfunctional family, out of a dysfunctional situation, and helped me so much and continue to help me. They adopted me. So of course, then I feel the need to at least conform to what they consider, you know, their expectations.

Linda did not indicate a feeling of conformity with her friends. However, Joanna and Samantha both struggled with peer interactions related to conforming to cisgender, heteronormative, and popular culture. They both described wanting to avoid conflict in interpersonal relationships. Samantha reported a desire to engage in activities alone because of previous experiences with different friend groups causing her to hold back parts of herself to avoid conflict in interpersonal relationships:

I don't mind it. But yeah, I feel like I'm definitely more open to doing things alone. Yeah. Because, there's a way in which when you're alone at least this is what I, this is the message I'm taking from it. When you're alone, there's the ability to fully be yourself and just, like, not necessarily have restraint, but to just yeah.

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Idiosyncratic Takeaways

This study attempted to elucidate the unique meanings and life lessons each foster youth made from their life experiences. One aim of the study was to understand the idiosyncratic narratives. These takeaways do not classify as superordinate themes because they do not share commonalities between participants, however, they do serve as important life lessons which dictate how each participant navigates their life.

Joanna

Joanna's unique takeaway from their experience was a sense of needing to rely on themselves to achieve what they want in life —educational goals, respect of their gender identity, and interpersonal issues. They reported their gender expression was severely limited throughout her childhood and adolescence. They remarked on their inability to obtain a chest binder and engage in gender expression. This led to a need to assert their chosen name to express their gender:

They do give you an allowance in the system, but they still won't take you to go get items like that. And so I'm expressing myself just by saying my name and everything, and they wouldn't help me express myself in any other way.

Joanna made meaning of this experience and continued to believe self-advocacy was the only thing they could rely upon—meaning they could not expect others to advocate for them. They described they needed to become aggressive to obtain a basic need such as a name:

I tried to get a little better with it by just telling more people that I wanted to be called Joanna and that I didn't wanna be called the other name. But right when I got in the system was when it kind of changed and I decided then, "I am going to be this and I'm going to be called this," and I did take a more hostile approach to it. But I feel it was needed because no one respects someone who asks nicely. And so I had to demand to be called a certain name, and if you called me my other name, I'm fighting you. I was literally going to juvie and getting institutionalized over a name. And I feel like it wasn't that serious, but when you're being disrespected on literally everything and you can't even be called your name, it gets a little aggravating over time... I did definitely realize, especially in the group home, that anything I want or I feel I need isn't just gonna be handed to me. I gotta fight for it, whether that's literal or not.

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When Joanna was asked about life lessons resulting from their biological parents, the system, and life in general they stated:

I still say nobody's gonna stand for you. You're here alone, you gotta stand for yourself alone. Nobody's gonna do shit for you unless you do it for yourself. Nobody's gonna come stick up for you unless you take the first stand, and nobody's gonna be for there for you unless you look for it. You gotta search for anything you want or do anything you want, it's not gonna come to you. You have to be there doing it.

Joanna made meaning of her foster care experience by recognizing difficulties trusting others and chose to become more self-reliant. They believe they have to fight to get the same respect that is given to white, heterosexual, and cisgender individuals because of their experiences in the foster care system.

Linda

One of Linda's unique takeaways from her experiences was that shared values are important in creating family. She described her views of the world changing as a result of the care she received from her adoptive parents:

My views have definitely shifted. The world, my view of foster care, you know, it's crazy that there could be good trauma informed parents, you know, a same sex couple raising kids or, whatever thing I was taught. That's really different. Yeah. And, and I'll just like get an all-around, like, different view of life and kindness and people, you know, that people can feel more like your family who aren't even related to you than your actual unit.

Another important takeaway for her was the understanding that a part of her still fears a loss of her attachment figures —specifically her adoptive parents:

Yeah, it honestly felt unreal. I felt like somebody was going to, like, you know, pinch me and I'd be dreaming or that, like, something bad was going to happen or the other shoe was going to drop, that kind of thing. I genuinely did not understand why they wanted to adopt me.

Linda made meaning of her lived experience through understanding power dynamics between her and caregivers. Through her experience, she learned physical safety and love could be taken away from her if she did not behave sufficiently to her caregivers standards. The formal

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process of adoption was not enough to overcome her previous experience of conditional care and love.

Samantha

One of Samantha's unique perspectives on life has been influenced by sudden shifts in her relationships. When asked about her foster mother's changed behavior from warm and supportive, to passive aggressive, she elaborated on a theme of uncertainty. Her uncertainty with others had been reinforced not only by her foster mother, but by her long-term romantic partner:

I mean, and in general, like, I just feel like you never know what to expect out of someone or how they can truly be anything. I'm a huge believer that you really don't ever get to finish getting to know someone. And that's, like I said, I lived with my partner for about 12 to 13 years. I was really young and like I said, I went through different stages in our relationship, even the, the queer aspect of it. He wasn't fond of it, but he still try to, you know, overlook that. But we went through different stages. We went through, you know, the in the feelings stage, everythings pretty in pink. Then we went through the growth stage where we pushed each other to do better. We did the moving in stage. We also did the you know, the you're an adult. He became really possessive, really abusive. And it's kind of like, when did I get to like when did I get when did I not get to know you? And that's kind of what happened with her, too. Like, I feel like you don't get to know someone or their real intentions. You have to kind of like stick it out. And that's even with friends. Like, you can have a great best friend right now and ten years from now they won't even talk to you. And you kind of just see. You know, I myself sometimes like. What happened or why were you always like that? And I just didn't see it and that's everyone. So I feel like my beliefs just feel like I have no expectations from anyone.

Another unique takeaway for Samantha was the feeling of solitude being more conducive to being herself. Additionally, she appears to have learned she can trust herself to have control but not others:

I'm not scared to go eat by myself. I won't watch a movie by myself, I think that's kind of weird to me, but I would often go out to eat by myself. I definitely, you know, go shopping, do like now, I guess concerts by myself. I don't mind it. But yeah, I feel like I'm definitely more open to doing things alone... Yeah and many times too as it's unfortunate because I don't like to babysit people. And a lot of times it's a huge responsibility when you go out with people and it's happened to me multiple times before. That's why I said, I learned my lesson already by going out with people that don't have control.

Samantha made meaning of her lived experience by accepting she can never fully know a person and there may always be a potentially negative impact on her by people. This meant she

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learned to enjoy herself and embrace aspects of herself to experience solitude positively. Samantha may have realized it is not just that others cannot control themselves but that she cannot control them, therefore she would not be able to protect herself.

Participant interview elucidated important unified themes such as identity development, discrimination and prejudice, and caregiver power dynamics. The participants' lived experiences share similarities as their cultural identities as both ethnic-racial minorities and queer significantly influenced their self-concept, self-image, interpersonal engagement, and attachment security. Nuance between participants was observed as well, as each participant had unique takeaway messages and coping mechanisms based on their meaning made. Multiple minority former foster youth clearly share qualitative experiences that impact how they navigate their internal experience of themselves and how they interact with the world around them.

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Discussion

This study aimed to explore the lived experiences and the meaning making of former foster youth who identified as both ethnic-racial and gender or sexual minorities. This study applied interpretative phenomenological analysis (IPA) to code the three qualitative interviews used in this study. IPA provided the framework for this study to better understand the individual lived experiences of each participant and interpret the meanings made of their idiosyncratic experiences (Smith, 2012). The experience of the participants elucidated three superordinate themes: identity, cultural prejudice, and power dynamics.

Identity

The theme of identity was central to each participant in the study. Identity referred to the participant's cultural journey from biological home, through foster care, and into adulthood. Within the theme of identity, several subthemes emerged: passive cultural engagement, cultural dysphoria, relinquishment of household identity, and identity exploration. This study was in alignment with previous studies in phenomena such as rejection sensitivity, concealment, lack of social safety and maltreatment in relation to individual cultural identities such as ethnic-racial, foster youth, gender, immigration, and sexuality (Diamond & Alley, 2022; Downey & Feldman, 1996; McGuire et al., 2018; Pachankis, 2007). This study extends previous research findings by elucidating the complex interactions between foster youth with multiple minority identities in the formation of their identity.

All the participant's identities were formed through the thoughts and expectations of caregivers and their own interactions with their ethnic-racial, binary gender, and heteronormative cultures. Participants described their identity being initially influenced by their biological caregivers. They explained their engagement and expression in their cultural identities, whether ethnic-racial or queer, were promoted or disavowed by their household of origin, creating a phenomenon of passive cultural engagement. This characterized by participants' acceptance of their caregivers' beliefs and

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either a lack of self-exploration or a concealment of self-exploration. Through review of self-report paperwork, the foster care system attempted to match foster youth according to their ethnic-racial cultural identities to create a culturally specific match. Participants did not notice a practice to consider gender or sexual identity. The saliency of their identities varied creating a sense of cultural dysphoria—as coined by one of the participants. The participant explained cultural dysphoria as dissonance with their mixed cultural identity and the two separate parts of white and nonwhite. The participants explained they initially experienced identity discomfort in their new foster placement, underwent introspection of their household cultural beliefs, relinquished their household identity, and became more culturally differentiated. This led to the identity exploration on behalf of the participants, eventually venturing into cultural activities, events, and community. The theme of identity led to an elucidation of the interaction between dominant cultural values of whiteness and heteronormativity and minority cultures of ethnicity, gender, race, and sexuality.

During the literature review, there was no research for foster youth with intersecting identities of ethnic-racial minorities and queer minorities. This study extends foster care research by allowing intersecting identity participants to describe their barriers to identity development (Tyrell et al., 2019; White et al., 2008). The participants of this study all noted a systemic preference towards white culture and heteronormativity. Assumptions were made by the foster care system about the participant's preferences in foster home without asking them. Additionally, participants indicated religion to be a powerful barrier to self-expression regarding gender and sexuality. Religious beliefs against non-heteronormative sexual orientation were weaponized against participants and cited as reasons for the participants to be heterosexual. The weaponization of heteronormativity and the gender binary against the participants led to decreased sense of social safety, which negatively impacted emotional and identity expression and increase concealment (Diamond & Alley, 2022; Singh et al., 2022). Joanna and Linda, two mixed-race identified individuals, noted difficulty

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individuating because of other's perceptions of how they should interact with their different cultures. As found in other studies, this study found caregivers of all types to be highly influential in the participant's identity exploration (Andersson, 2009; Diamond & Alley, 2022; Munson et al. 2009; Greeson et al. 2015; Salazar et al., 2020.) The participants' caregivers supported particular aspects of the participants' identities and established a sense of social safety for heteronormativity or whiteness—thus, participants chose to selectively express identities at home and in social settings.

Cultural Prejudice

Cultural prejudice is a well-documented general phenomenon impacting the experience of minorities with intersecting identities through racial discrimination and rejection (English et al., 2018). Non-heterosexual individuals in specific, experience higher levels of parental rejection, internalized homophobia, and unassertive interpersonal style (Pachankis et al., 2008). Additionally, rejection sensitivity, the psychological construct that examines how people expect, perceive, and react to social rejection, is found to impact ethnic-racial minorities more severely than their white counterparts (Downey & Feldman, 1996; Mendoza-Denton et al. 2002). **A component of cultural prejudice is the lack of safety experienced by both sexually and gender diverse and ethnic-racially diverse individuals. Social safety may explain behaviors of threat sensitivity and concealment (Diamond & Alley, 2022).** Each of the participants in this study experienced nuanced cultural prejudice involving either their gender and sexual identity and their ethnic racial identity.

The theme of cultural prejudice referred to the bias and discrimination associated with the participants ethnic-racial and queer identities. The participants all identified as bisexual and reported they received different treatment from various types of people —peers, romantic partners, biological caregivers, foster caregivers, and guardians. For two of the participants, Linda and Joanna, they were hypersexualized by their caregivers. Their sexual identity became a focal point in their biological

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homes and their foster placements that led to discrimination and ostracization. Samantha observed her bisexual foster parent began treating her poorly once she entered a heterosexual relationship. One of her perceptions included her foster parent potentially having taken a romantic interest in her.

Participants also experienced discrimination based on their ethnic racial identities. Two of the participants, Linda and Joanna, experienced cultural bias related to their ethnic-racial identities. In their biological home, Joanna remarked they were taught by their parents to believe they were culturally White because of her skin color. Linda reported she experienced a similar bias against her indigenous culture and felt she must navigate her household using her white identified values which she reported reinforced internalized self-hatred toward her indigenous identity. Joanna reported they were put into a monolingual Spanish speaking foster home because of their mixed-race identity as half Latinx, half White. During this foster home placement, their foster father attempted to learn English to better communicate with Joanna and she found this supportive and led to bonding. However, the foster mother did not make any attempts to learn English and expected Joanna to learn Spanish because of her Latinx heritage. Similarly, Linda indicated she was placed in a Native American branch of foster care despite not having an associated tribe or culturally salient connection to her indigenous roots. She remarked on the perceived pressure to behave as white throughout her multiple placements with different cultural beliefs because of the perceived positive traits of white race. Both Linda and Joanna reported they felt closer to their culture when engaging in cultural events such as large get togethers, eating cultural foods, and participating in cultural rituals. Further, Linda and Joanna noted they both began to understand the idiosyncratic experiences of mixed-race children through the foster care system as they observed other mixed-race youth in their lives such as, mixed-race youth are more common than they thought, and they can all have different appearances.

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Participants appeared to thrive the most when allowed agency and devoid of biased treatment or expectations, which is consistent with the literature that indicates acceptance and support of foster youth's minority identities is vital in growing autonomy, exploration, and **a sense of social safety** (Bariola, Lyons, & Lucke, 2017; **Diamond & Alley, 2022**; Job & Williams, 2020). **Social Safety may decrease hypervigilance, self-monitoring, perseveration, fear, and loneliness, and increase attentional resources for emotional expression, love, play, rest, work, calmness, connectedness to others, and openness (Diamond & Alley, 2022; Singh et al., 2022).**

Power Dynamics

The literature supports the findings of this study surrounding power dynamics in attachment figures. Notably, caregivers are vital in the health development of foster youth (Andersson, 2009; Nesmith & Christopherson, 2014; Storer et al. 2014). Healthy attachment with adults may lead to a sense of permanence, emotional security, relationship continuity, and a sense of readiness for adulthood (Andersson, 2009; Storer et al. 2014). Further, research on gender and sexual minorities in foster care found foster youth perceived great benefits from knowledgeable caregivers (Salazar et al., 2020). While prior literature has underscored the importance of adult caregivers and attachment, this study extends these findings by examining the power dynamics inherent in these relationships.

The superordinate theme of Power Dynamics emerged from the participant interviews as a crucial finding that impacted each participant's lived experience and their unique takeaways. Power Dynamics refers to the participant's experience of interpersonal power dynamics with all types of caregivers. The participants all remarked on how their behavior was impacted by the understanding caregivers hold power and they could lose their physical security and stability as a result of nonconformity. Importantly, caregivers were also noted by the participants to have the capacity to heal attachment wounds.

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Power dynamics were noted by each of the participants to appear in their relationships with caregivers. Joanna reported they struggled with their biological parents, different foster parents, and group home staff as a result of their different cultural identities. Joanna indicated they were legally prevented from certain forms of gender expression such as a chest binder. They remarked on the inability to express their gender identity through their chosen name in their foster home because of foster parents refusing to acknowledge their chosen name; having to repeatedly explain to their foster parents the concept of gender identity and the importance of their chosen name and pronouns. Although Joanna reported feeling disempowered by caregivers, they also noted the importance of adult support. Joanna commented on their positive experiences with their attorney and group staff members. They reported their attorney and two group staff members going beyond their professional duties to promote agency in self-expression and support them through difficult mental health symptoms. They indicated they continued to keep contact with the two group staff members because they felt a sense of genuine love and safety from the two staff. Joanna's experience is consistent with the literature as perceived caregiver support is related to a sense of permanence, emotional security, and relationship continuity (Andersson, 2009).

Linda's experience with their biological parents, foster parents, and adoptive parents heavily influenced her concealment and cultural identities. This finding is in line with previous research regarding the importance of caregiver discrimination and the perceived need to conceal identities in order to do avoid losing the relationship or housing (Brennan et al., 2020). She noted her experiences with her mother and father impacted her desire to connect with her Native culture and sexuality. Linda reported her foster home experience as influential in her alignment with white and heteronormative attitudes. Moreover, her paternal grandmother alleviated the cultural dissonance she experienced throughout her life by connecting her with a different perspective of her parents and indigenous roots. One of the most influential sources of support for Linda has been her

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adoptive parents who are a lesbian couple. She indicated she experienced them as trauma-informed and understanding of the queer experience. She reported they facilitated the meet with her paternal grandmother and shifted her worldview from an assumption that all foster homes are bad to the understanding there can be good foster parents. A trauma-informed approach is vital in establishing collaboration, safety, transparency, trust, and empowerment, especially in queer minorities (Levenson et al., 2023).

Samantha's foster parent was a more ambiguous figure in her life. Samantha recalled her foster mother held her accountable for her academic achievement and promoted Samantha's engagement with her Oaxacan roots. However, Samantha reported a turbulent relationship with the biological adult children of her foster mother because of her property being stolen by the children. She lamented on how she felt unsupported by her foster mother in mediating her property concerns. Additionally, she commented on a sense of possession and potential jealousy from her foster mother. Samantha expressed feeling indebted to her foster mother for her initial support and home and maintaining contact with her foster mother despite feeling negatively about the relationship.

A significant finding from this study is supporting evidence of the importance of establishing secure attachments (Ainsworth & Bell, 1970). All three participants described an insecure attachment style, a relational pattern of feeling insecure in their interpersonal relationship, even though they perceived their relationships with certain adults as healthy and loving (Ainsworth & Bell, 1970). Consistent with Andersson, (2009), all three participants noted a sense of loneliness and decreased sense of belonging in their lives. Participants, such as Samantha and Joanna, expressed a desire to engage in solitude to avoid possible harm. Linda observed an internal experience of fear related to not conforming to their adoptive parent's expectations and wishes. Despite these attachment difficulties, each participant voiced an ability to establish deep relationships with others.

Implications for Clinical Practice

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As of 2020, there are approximately 423,997 foster youth in the United States (Adoption and Foster Care Analysis and Reporting system, 2020). Of this population, 30.4% identified as gender or sexual minorities and 56% are nonwhite (Adoption and Foster Care Analysis and Reporting system, 2020; Baams et al., 2018). Thus, understanding the qualitative experiences of these youth is vital in creating not only better life outcomes, but improving the quality of life these individuals may have throughout their time in the foster care system and beyond. The participants in this study highlight the importance of attending to agency, culture, exploration, and power in the foster care system.

Those who serve as power holders, caregivers, social workers, attorneys, clinicians, etc. are encouraged to allow space for the individual to explore and process their experiences as minority foster youth in the foster care system. The participants described anticipated stigma, concealment, internalized self-hatred, reliability, and trust as barriers to identity formation and relationship security. To combat these harmful cognitive and behavioral outcomes more nuanced approaches are needed to support foster youth with multiple minority identities.

Different frameworks that target more than just pathology should be explored when tackling the needs of foster youth. As a society, treatment of mental health is currently dictated by diagnosis, which does not always consider complex cases such as those who are impacted by child maltreatment and home removal. One such positive psychology framework to utilize is Job's & Williams' (2020) on psychological intervention for the mediation of minority stress. This framework is in alignment with the perceived positive interventions the participants experienced on behalf of their caregivers. It incorporates cognitive, social, and coping resources to achieve better outcomes on mental health, physical health, and health behaviors. Further, the interventions involve self-compassion, optimism, love, forgiveness, humor, and spirituality, which enhance the quality of life for these multiple minority individuals. Another component to the treatment of foster youth should be an underscoring of intersectionality. Huang et al. (2020) named two components to working with

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those with multiple minority identities as: 1) a focus on the combined influence and interactions of multiple minority identities; 2) a deconstructive approach that allows for the idiosyncratic experiences of each person. Use of these complimentary frameworks may improve the micro- and meso-systems of foster youth by improving interpersonal relationships to adults and peers, therefore leading to more comfortability in the home, neighborhood, school, and work (Bronfenbrenner, 1992).

Systemic changes should be considered in the exosystem and macrosystem of foster youth's lives. As the foster care system is informed by the attitudes and beliefs of the county the participant resides in, psychoeducational interventions must be applied to communities as well. The participants suggested a possible improvement to foster care could be more stringent background checks, diversity, equity, and inclusion training for foster care approved caregivers. Additionally, participants should be consulted by social workers about their preferences of home placement and caregivers to avoid culturally biased placements. Finally, policies should promote advocacy of foster youth's agency regarding what they perceive as important or necessary to their development. These participants reported grievous psychological wounds occurring on behalf of the biological caregivers and being further stripped of power through their experience in the foster care system. The loss of power led to a mistrust of others and a significant need for self-reliance. Systemic interventions aimed at enhancing foster youth's legal advocacy and overall social capital is crucial in improving the overall foster care experience.

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Implications for Future Research

Implications for future research should take into account advocacy, decolonization, humility, and social safety. Future researchers should ensure they use open-ended questions, provide space for participant deviation and tangents, and express nonverbally the researchers understanding of the participants responses. Researchers should continue this to provide an anticolonial interview space and social safety for the participants.

Limitations

While there are many strengths to this study, there are some limitations such as low sample size of participants and lack of generalizability. Recruitment of eligible participants was difficult despite an increase in the geographic parameters. The study resulted in three participants from different counties in California. Future studies would benefit from targeted recruitment of other areas in the United States to improve the generalizability of qualitative findings. This particular intersection of former foster youth, ethnic-racial minority, and gender or sexual minority is difficult to capture because of restrictions in advertisement on foster youth specific forums and websites. The participants in this study identified as bisexual and were all born female. This presents a limitation as the experience of other ethnic-racial identities, sexual identities, genders, and sexes may undergo different foster care experiences that were not captured in this study, therefore limiting generalizability. Future research would benefit from larger recruitment and more diversity in the identities of their participants to elucidate other unique intersections.

Reflexivity

IPA methodology takes into account the researcher's own subjective experience and acknowledges their bio-psycho-social-cultural lenses. This researcher identified and presented as a cisgender man, which may have served as a barrier in the interviews. As this researcher's gender

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identity does not align with the participants, it may have served as a barrier to disclosure in the interview for phenomena related to gender and sex.

As an ethnic-racial and queer minority, this researcher had shared experiences with most of the participants. Consultative efforts were made with this researcher's dissertation chair as well as personal reflection to curtail any bias in the coding process. With the methodology of IPA in mind, this researcher attempted to maintain objectivity while understanding there is an inevitable subjectivity in the coding process.

Another crucial aspect to IPA research is humility (Smith, 2012). This researcher was abundantly aware of the process of naming and defining participants' experiences. This researcher was careful not to mislabel the experiences of the participants and sought consultation to ensure it was not personal bias. As foster youth are consistently misunderstood by the foster care system and society, it is important to maintain a humility and challenge themselves to think about the phenomena they are observing.

Conclusion

This study aimed to understand the lived experiences of foster youth who identify as both ethnic-racial minorities and gender or sexual minorities and the meanings made throughout their interactions with the foster care system and into adulthood. The study found significant superordinate themes of identity, cultural prejudice, and power dynamics. The foster care system appeared to have nuanced interactions with identity, both improving and limiting engagement with different cultural components such as ethnicity, gender, race, and sexuality. Providers within the system, as well as foster youth, seem to be aware of cultural components contributing to cultural bias, prejudice, and discrimination. The ability of foster youth to buffer these cultural interactions is limited because of the inherent power dynamics between foster youth, caregivers, social workers, and the legal system as a whole. This study endeavors to serve as a guide for future researchers,

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providers, and policymakers aiming to enhance the treatment of minority foster youth and their overall quality of life by giving them a platform to share their unique lived experiences.

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Table 1: Participant Demographics

Pseudonym	Age	Ethnicity/Race	Gender	Sexuality	# of FC Placements	Placement Type
Joanna	19	White-Hispanic	Gender Fluid	Bisexual	5	Group home/foster home
Linda	22	Native- Indigenous	Cisgender Woman	Bisexual	10	Foster home
Samantha	32	Mexican Guatemalan	Cisgender Woman	Bisexual	1	Foster home

Table 2: Superordinate themes and Emergent themes

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- Superordinate theme 1: Identity
 - Emergent theme 1: Passive cultural engagement
 - Emergent theme 2: Cultural dysphoria
 - Emergent theme 3: Relinquishment of household identity
 - Emergent theme 4: Identity exploration
 - Superordinate theme 2: Cultural Prejudice
 - Emergent theme 1: Hyper-sexualization
 - Emergent theme 2: Ethnic-racial bias
 - Superordinate theme 3: Power Dynamics
 - Emergent theme 1: Power of caregivers
 - Emergent theme 2: Conformity

Table 3: Definition of Superordinate and Emergent themes

<p>Superordinate theme1</p> <p>Identity</p>	<p>Refers to the participant’s cultural journey from biological home, through foster care, and into adulthood. Cultural identity included both ethnic-racial identity and gender or sexual identity</p>
<p>Superordinate theme 1:</p> <p>Emergent theme 1</p> <p><i>Passive cultural engagement</i></p>	<p>Refers to a participant’s acceptance of their biological family’s cultural norms and expectations; thus, leading to passive engagement of their cultural identity.</p>
<p>Superordinate theme 1:</p> <p>Emergent theme 2</p> <p><i>Cultural dysphoria</i></p>	<p>Refers to the participant’s sense of unease because of the mismatch between their learned household cultural beliefs and their internal identities.</p>
<p>Superordinate theme 1:</p> <p>Emergent theme 3</p> <p><i>Relinquishment of household identity</i></p>	<p>Refers to the cultural process participants undergo when they question and surrender prior household cultural beliefs to explore cultural identities and experiences more salient to them.</p>
<p>Superordinate theme 1:</p> <p>Emergent theme 4</p> <p><i>Identity Exploration</i></p>	<p>Refers to the participant delving into previously ignored, concealed, or new aspects of their cultural identities leading to engagement in</p>

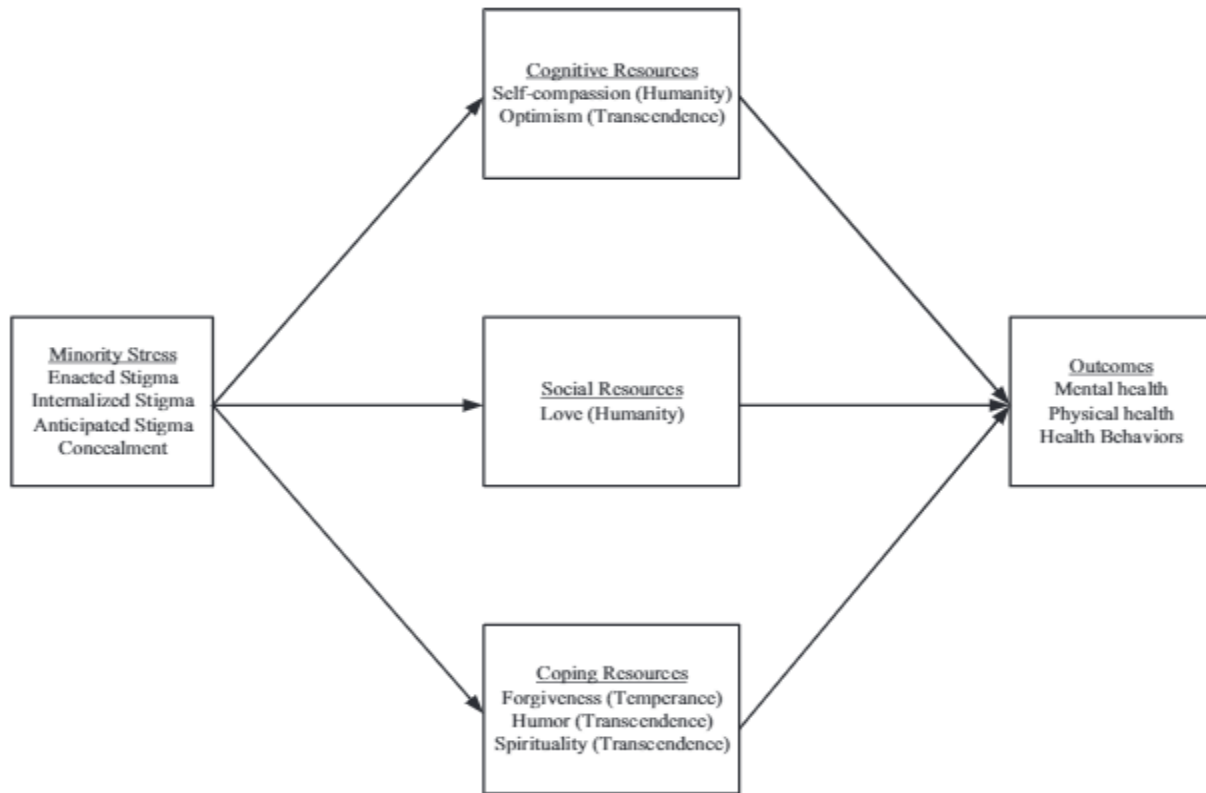
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	general cultural phenomena, culturally sanctioned activities, and community.
Superordinate theme 2 Cultural Prejudice	Refers to the bias and discrimination associated with the participants queer and ethnic-racial identities
Superordinate theme 2: Emergent theme 1 <i>Hyper-sexualization</i>	Refers to the excessive focusing of the participants sexual or romantic preferences.
Superordinate theme 2: Emergent theme 2 <i>Ethnic-racial bias</i>	Refers to the bias treatment of the participants based on their ethnic-racial background; including promotion of white supremacist values.
Superordinate theme 3 Power dynamics	Refers to the meaning and lessons learned from their life experiences
Superordinate theme 3: Emergent theme 1 <i>Power of caregivers</i>	Refers to the inherent power dynamics between caregivers and the participant.

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Superordinate theme 3: Emergent theme 2 <i>Conformity</i>	Refers to the perceived or real need of the participant to conform to their caregiver's expectations and values to achieve security.
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Figure 1: Positive Psychology Interventions in the Psychological Mediation Framework



Job, S. A., & Williams, S. L. (2020). Translating online positive psychology interventions to sexual and gender minorities: A systematic review. *Psychology of Sexual Orientation and Gender Diversity*, 7(4), 455-503. <https://10.1037/sgd0000365>

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Appendices

Appendix A: Recruitment Flyer

Are you a cultural minority and former foster youth?

If you are over 18 years old, this study may be for you.

Study for adults who were foster youth

We're looking for adults who identify as ethnic-racial minorities, LGBTQIAA+, and former foster youth.

Cultural minorities have different experiences throughout the foster care system. This research seeks to understand your unique experience in foster care and the impact that culture has had on your experience.

Participants will be asked to participate in:

- A brief screening phone call
- One 90 minute interview via video platform

Participants will receive \$30 visa gift card

Location

Via Zoom online video platform

Are you eligible?

- 18 years or older
- At least one foster home placement
- Identify as nonwhite
- Identify as LGBTQIAA+

If you're unsure if you meet the requirements, email the study team:

Cristian A. Lemus
minorityfosteryouthexperiences@gmail.com

Appendix B: Screening Form

About the study:

This study is to help us understand the lived experiences of foster youth who identify as minorities. If you are eligible, 60-90 minute interviews will be conducted through Zoom and audio recorded. The topics of the interview will not ask about specific traumatic events and will focus on the cultural aspects of your experience. You will be offered a \$30.00 Amazon gift card for your participation and time.

Pseudonym: _____

Today's Date: ____/____/____

Gender [If yes: Eligible]:

Race/Ethnicity [If identifies as White: Ineligible]:

Sexual Orientation [If yes: Eligible]:

1. At what age did you enter foster care?
2. How many foster placements did you have? [If none: Ineligible]
3. How long were you in foster care?
4. What county handled your foster care case?

If eligible: You are eligible to participate in this study. If you would like to continue, we can schedule a time to do a Zoom interview.

If ineligible: Thank you so much for your interest and time. Unfortunately, you are not eligible to participate in this study.

Scheduling Questions

If Zoom interview:

- What email address can I use to share the project's consent form and the link to our Zoom meeting?

○

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- Would you prefer that I send you a reminder text or email before your scheduled interview?

Appendix C: Consent Form

CONSENT TO PARTICIPATE IN A RESEARCH STUDY

Below is a description of the research procedures and an explanation of your rights as a research participant. You should read this information carefully. If you agree to participate, you will sign in the space provided to indicate that you have read and understand the information on this consent form. You are entitled to and will receive a copy of this form.

You have been asked to participate in a research study conducted by **Cristian Lemus**, a graduate student in the Department of **Clinical Psychology in the School of Nursing and Health Professions** at the University of San Francisco. This faculty supervisor for this study is **Dr. Dellanira Garcia** professor in the Department of **Clinical Psychology in the School of Nursing and Health Professions** at the University of San Francisco.

WHAT THE STUDY IS ABOUT:

The purpose of this research study is to better understand the lived experiences of ethnic-racial and gender and sexual minorities who were formerly in foster care.

WHAT WE WILL ASK YOU TO DO:

During this study, we will conduct up to a 90 minute recorded interview that will ask questions about your experiences in foster care and how that affected who you are today

DURATION AND LOCATION OF THE STUDY:

Your participation in this study will involve:

One 90-minute session. The study will take place via an online encrypted platform, Zoom.

POTENTIAL RISKS AND DISCOMFORTS:

The research procedures described above may involve the following risks and/or discomforts:

We will be directly asking about your life experience before foster care, during foster care, and after foster care. If you wish, you may choose to withdraw your consent and discontinue your participation at any time during the study without penalty.

BENEFITS:

You will receive no direct benefit from your participation in this study; however, the possible benefits to others include increased understanding and scientific knowledge about the lived experiences of minority foster youth, which may benefit society in the future.

PRIVACY/CONFIDENTIALITY:

Any data you provide in this study will be kept confidential unless disclosure is required by law. In any report we publish, we will not include information that will make it possible to identify you or any individual participant. Specifically, we will use pseudonyms throughout the entire study. You will be referred to by the pseudonym during the interview, note taking, and written results. The screener,

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which will include your contact information will be kept in a locked cabinet in Dr. Dellarina Garcia's locked cabinet until the conclusion of the interview and destroyed afterwards.

VIDEO AND AUDIO RECORDINGS:

Audio recording is necessary to help the research uphold the integrity of the participants narrative. This is to ensure accurate writing of results. They will be staved on a password protected computer in an encrypted file in a locked office. They will not contain or be linked to any identifying information. The recordings will be deleted after the completion of the study.

COMPENSATION/PAYMENT FOR PARTICIPATION:

You will receive \$30 amazon gift card for your participation in this study. If you choose to withdraw before completing the study, you will still receive the \$30.00 compensation.

VOLUNTARY NATURE OF THE STUDY:

Your participation is voluntary, and you may refuse to participate without penalty or loss of benefits. Furthermore, you may skip any questions or tasks that make you uncomfortable and may discontinue your participation at any time without penalty or loss of benefits. In addition, the researcher has the right to withdraw you from participation in the study at any time.

OFFER TO ANSWER QUESTIONS:

Please ask any questions you have now. If you have questions later, you should contact the principal investigator: Dr. Garcia dgarcia12@usfca.edu. If you have questions or concerns about your rights as a participant in this study, you may contact the University of San Francisco Institutional Review Board at IRBPHS@usfca.edu.

I HAVE READ THE ABOVE INFORMATION. ANY QUESTIONS I HAVE ASKED HAVE BEEN ANSWERED. I AGREE TO PARTICIPATE IN THIS RESEARCH PROJECT AND I WILL RECEIVE A COPY OF THIS CONSENT FORM.

PARTICIPANT'S SIGNATURE

DATE

Appendix D: Interview Guide

Script:

Thank you for participating in this research study. The interview will take roughly ninety minutes. This interview is confidential, and I will use a pseudonym to help protect your confidentiality. Are you in a quiet and private space? How would you like me to address you throughout the interview?

Do you have any question before we begin?

Thank you for your interest and participation so far. The questions I have now will ask you to think about some of your experiences and the way you have made meaning out of them. I am interested in hearing about your experience as a former foster youth, specifically as a person who identifies as an ethnic-racial minority and queer. I will not ask you specifically about the reason why you were removed from your biological home, but I will ask about some of your experience in care, and about cultural factors that may have played a part in your experiences. If there are any questions you do not want to talk about, please let me know and we can move to the next question. There will be time at the end of our interview in case you have any questions for me.

1. To start, how did you hear about this study, and why were you interested in participating?
2. Can you tell me a little about your time in foster care?
 - a. How would you describe your overall experience with foster care?
 - b. How old were you when you first entered foster care?
 - c. What type of placements did you have? Family care? Group home?
 - d. How long were you in the foster care system?
3. As you know, this study is focused on how your identity as a person of colors impacted your foster care experiences. I'm interested in knowing how your specific ethnic-racial background impacted different areas of your life.
 - a. As you may know, culture can be the lens in which we view the world. How did your cultural background influence the way you saw the world?
 - b. In what ways did your cultural beliefs shift throughout your foster care experience?
 - i. Looking back, can you identify how you understand the changes in your beliefs?
 - ii. How do you make sense of those changes today?

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- c. How did your biological parents or original caregivers talk to you about your ethnicity and race?
4. I want to shift to a different part of your identity. I would like to hear about how your queer identity influenced your foster care experiences.
 - a. How did your queer identity influence the way you navigated the world?
 - b. In what ways did being queer affect your foster care experience?
 - i. What were some things that supported you in being a queer foster youth?
 - ii. What were some of the unique challenges of being a queer foster youth?
 - c. Did the foster care system affect the way you had to navigate your queer identity?
5. Usually, we think of ethnicity/race as separate from being queer but having multiple minority backgrounds can create unique experiences. I would like to hear about how you believe your ethnic-racial background and your queer identity influenced each other.
 - a. What do you think are some unique aspects of being queer and (ethnic-racial identity here) for you? (probe for challenges or unique support)
 - b. How does being queer and (ethnic-racial identity here) influence the way you navigate the world?
 - c. What hardships did you go through as a part of that intersection? How did that impact what you value today?
6. Thank you for telling me about your past experiences and how they influenced your experience in foster care and your worldview. The last part of this study is understanding what has become meaningful or valuable to you today because of those experiences. This can be how you prioritize your daily life or values you strive towards. Can you tell me about what areas of your life is most important and why?
 - a. How do you connect these important areas to your experiences as a former foster youth?
 - b. What about your cultural identities? How have they influenced what is important to you today?

Thank you for taking the time to meet with me today and share your experiences. I feel very honored to hear about your life. Do you have any questions for me? Would you like to add anything else before we conclude our interview?

Appendix E: Tables