



Redefining Residential: Ensuring Safe Spaces for Youth with Diverse Gender and Sexual Identities and Expressions

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This is the eighteenth in a series of papers by the Association of Children's Residential and Community Services (ACRC) addressing critical issues facing the field of therapeutic residential care. ACRC is the longest standing association focused predominantly on the needs of children and youth who require a residential or community-based intervention, and their families. The purpose of the papers is to stimulate dialogue and critical thinking, and to encourage organizations, stakeholders, and the field to engage in in-depth examination of their systems and structures to enhance their quality of services.

This paper is a follow up to an earlier ACRC piece (ACRC, October 17, 2014) focused on the issues faced by the field in providing quality residential and community-based interventions for LGBTQ+ youth, defined for the purposes of this document as encompassing youth of diverse sexual orientations, gender identities, and expressions, including but not limited to lesbian, gay, bisexual, transgender, questioning, intersex, and two-spirit. The previous paper provided definitions, discussed issues unique to residential settings, presented data from a survey of providers, and suggested a philosophical framework for the wellbeing of LGBTQ+ youth, along with key strategies, and considerations. A recent more robust survey of the field conducted by ACRC in 2024 showed that significant gains have been made by residential programs but nonetheless there remain significant ongoing and emerging challenges.

This paper provides updated information on meeting these challenges. Current societal data are presented, with particular focus on out-of-home care (residential, foster care, group homes, etc.), data from the recent ACRC survey noted above are summarized, and important strategies and practices are delineated. The focus is on creating safe spaces for all youth, in keeping with the research presented. For the purpose of this paper, safe spaces are defined as:

“...the environmental product of a conscious set of decisions and actions taken by individuals to promote equality, fairness, non-violence, and affirmation of the unconditional value of all peoples, where youth are free to grow, thrive, and express their individual identities.” (Butler, 2020)

CURRENT SOCIETAL DATA

Sexuality and gender are very complex human traits; cultural and societal shifts can change their meaning over time for communities and individuals. Therefore, shared definitions help provide language that makes discourse easier. The reader is referred to the aforementioned previous paper (ACRC, 2014) and also to the Human Rights Campaign (<https://www.hrc.org/resources/glossary-of-terms>) for key definitions.

The latest societal data regarding LGBTQ+ youth points to the lack of safe spaces in increasing prevalence and accompanying levels of concern, with implications for out-of-home care settings.

- Over one-third of youth in the child welfare system in the US identify as LGBTQ+ youth (Hinkle & Carpenter-Williams, 2023; Sandfort, 2020). LGBTQ+ youth are nearly 2.5x more likely to experience foster care placements. (Fish, et. al, 2019). Lack of gender affirming resources creates placement instability, with frequent moves between group homes, shelters, and non-affirming foster homes. Inappropriate placements with minimal resources often reinforce the cycle of non-safe spaces, which are invalidating and generate significant stress for youth over whether to disclose or conceal their identities (Children's Rights, 2025; 2023; Matarese, et. al., 2017).
- The Trevor Project found that 14% of LGBTQ+ youth had attempted suicide—twice the rate of cisgender and heterosexual teens (Centers for Disease Control and Prevention, 2024), and youth in foster care were 3x more likely to attempt suicide (The Trevor Project, 2023). It also found that 38% of youth of color in foster care, and 45% of transgender and non-binary youth in the foster care system attempted suicide

that year. Furthermore, the passing of anti-trans laws correlated with 72% increases in suicide attempts among transgender youth (Lee, et. al., 2024).

- Not all out-of-home care programs, whether in the public system or privately funded, receive required training in the wellbeing of LGBTQ+ young people or SOGIE (Sexual Orientation, Gender Identity, Expression), making living environments variably unsafe (Global Health Justice Partnership, n.d.). *Please note that SOGIE is not a synonym for LGBTQ+.*
- Mental health support is uneven, leaving many LGBTQ+ youth in out-of-home care with unmet trauma and identity-related needs (The Trevor Project, 2023).
- Transgender youth experiencing repeated harassment, physical violence, and bullying by peers can experience traumatization if met with silence or complicity by those meant to protect them (Global Health Justice Partnership, n.d.).

CURRENT STATE OF THE FIELD- THE 2024 SURVEY RESULTS

Despite this concerning data, results from the 2024 survey reported improvement in residential interventions when compared to ACRC's 2014 survey.

The 2024 survey was developed by members of ACRC's LGBTQ+ Affinity Group and was distributed online November 2024 - February 2025 specifically to ACRC members. Sixty-five (65) total responses were collected, representing 30 states within the United States and three countries (United States, Canada, and Australia).

The original 2014 survey (N=47) was used as a starting point for question formation for the current survey. Below is a summary of comparisons of "yes" responses between the 2014 and 2024 survey results where questions were most directly comparable:

	2014	2024
Agency's non-discrimination policy addresses sexual orientation (SO), gender expression (GE), and/or gender identity (GI)	94%	100%
SO, GE, and/or GI is discussed/addressed during the clients' admissions process	19%	97%
SO, GE, and/or GI is discussed/addressed during the clients' treatment planning	19%	98%
Agency includes training on LGBTQ+ populations in training for cultural competence	63%	95%
Training content is fully integrated throughout agency/program	15%	31%
Program/agency offers specialized programming for LGBTQ+ populations	28%	38%
Program/agency has specific policies, procedures and practices for working with LGBTQ+ youth and families	25%	43%
Agency has done a self-assessment for responding with cultural and linguistic competence with LGBTQ+ youth and families	13%	35%
Awareness of outside or community-based resources that specialize in LGBTQIA+ issues for agency consultation	89%	81%
Agency consults with outside/community-based resources regularly for program improvements	36%	32%
Agency has support/affinity group for LGBTQ+ youth	26%	28%
Agency has specific housing arrangements for LGBTQ+ youth	15%	67%

The 2024 survey also expanded on many of the original survey's themes, including program policies, training, processes, and procedures. Responses indicate that the field has advanced in knowledge regarding LGBTQ+ youth and their families, as many programs are incorporating strategies put forth in the 2014 paper.

- 63% of providers indicated they require therapists to have training and demonstrate competency working with the LGBTQ+ population;

- 87% of providers indicated that overall staff attitudes are favorable or very favorable towards working with the LGBTQ+ population;
- 77% of providers providing sex education use an inclusive curriculum that does not focus solely on heteronormative relationships.
- 59% of providers provide access to affirming resources and programs.
- 89% of providers reported that they would value access to resources.

Providers also reported concerted efforts to tangibly show their program is welcoming to LGBTQ+ youth and their families, and to providing safe spaces. Evidence of organizational and programmatic change includes revision of policies and procedures (77%), using affirming signage (57%), information on the website (48%), and hosting support groups (28%). Programs also reported hosting annual PRIDE events, including information in clients' rights brochures, establishing committees dedicated to LGBTQ+ populations, conducting group counseling/support groups relevant to LGBTQ+ youth and their caregivers, providing training on LGBTQ+ populations for staff, developing community partnerships with LGBTQ+ resources, and facilitating referrals to other types of gender-affirming care.

Programs that provide housing (67%) indicated that they offer housing environments that affirm youths' gender and sexual identities. For example, some programs allow youth to identify the unit they feel most comfortable residing in, are inclusive to all sexes and genders, do not separate youth based on sex or gender identity, and offer or mandate single rooms for all youth. Such safe space practices, while not implemented in all programs, reflect notable improvement across the cohort- the initial survey indicated that only 15% of programs considered sexual orientation and gender identity in housing decisions.

Although a slight dip in access to and consultation with external resources has been reported, 65% of LGBTQ+ youth have access to and utilize affirming community resources. Resources reported included community activities and festivals (e.g., Pride, speaker events), peer support and advocacy groups, group counseling, community centers, gender-affirming care, student clubs, mentoring programs, online therapeutic resources, and specialized case management services. Some barriers to accessing these resources include parental disapproval, lack of transportation, long waitlists for resources, program restrictions on internet access, financial constraints, stigma for LGBTQ+ populations, limited staffing, and youth behavior concerns related to community outings.

Despite advancements in knowledge and practice for providing culturally and linguistically competent care for LGBTQ+ youth, the data reflected continuing significant challenges:

- 49% of programs received pushback from parents or caregivers regarding the services being provided to LGBTQ+ youth due to a misalignment with caregiver perspectives. When this does occur, 43% of programs have guidelines in place to guide respond to these situations.
- 36% of respondents, representing 17 states, indicated that their current state laws and regulations have a prohibitive impact on their work with LGBTQ+ youth, showing up primarily in medical/healthcare access, mental healthcare, safety, and harassment. Additional areas of concern are limitations around education and funding restrictions.

Training Data

As reflected in the chart above, training on LGBTQ+ population and integration of the learning throughout the program has notably increased. Most often cultural competency trainings (66%) combine LGBTQ+ with general diversity topics. Annual training is mandatory at 73% of organizations. Programs that reported the need for additional training identified specific gaps:

- Mental and physical health considerations when working with LGBTQ+ youth (76%)
- Hiring, supervising, and addressing staff bias about LGBTQ+ youth (74%)
- Understanding non-binary identities (66%)
- Best practices to welcome and affirm LGBTQ+ youth (63%)
- Sexual Orientation, Gender Identity and (Gender) Expression-SOGIE 101 (45%) -and the intersection of SOGIE race, and other identities (53%).
- Supporting permanency and prevention services for LGBTQ+ youth (53%)
- Organizational competency around SOGIE (50%).

STRATEGIES AND SOLUTIONS

The data reflects that the residential programs surveyed overall are seeking to develop and sustain safe spaces for LGBTQ+ youth. Further, the data suggests that the 2014 ACRC paper may have had an impact, as several of its suggestions appear to have been implemented. The philosophical framework and strategies presented in that previous paper remain applicable considering the results from the 2024 survey. That conceptual framework drives the development of policies, procedures and strategies that foster:

- Protection and safety
- Holistic support and affirmation of diverse sexual orientations and gender identities, including staff
- Access to culturally and linguistically competent services and support
- Youth voice in determining their treatment and care
- Staff members reflective of the LGBTQ+ population served
- A system of care approach to ensure that organizational leaders, youth, family members, staff and community partners are included in the youth's treatment (Matarese, 2012).

Adding to the strategies identified in the previous paper (ACRC, 2014) the following domains and specific practices provide action steps for organizing programmatic efforts addressing the continuing issues.

1. Improved Safety and Protection

- Early identification of risk – Staff are trained and coached to be better at spotting signs of harassment, bullying, or abuse targeted at LGBTQ+ youth, both from peers and caregivers.
- SOGIE- Consideration of SOGIE is an integral part of the referral, admission, and treatment processes; staff are coached to inquire and have conversations with youth about SOGIE in a welcoming and honoring manner, conveying to youth that they belong and that they matter.
- Room assignments- LGBTQ+ youth are not relegated exclusively into single rooms.
- Intervention skills – Coaching equips staff to intervene effectively, set clear behavioral expectations in placements, and uphold zero-tolerance policies in response to discrimination.
- Compliance with legal protections – Staff understand and follow federal/state rules requiring safe, affirming environments.

2. Affirmation of Identity

- Respect for gender expression- The organization shows respect for names, pronouns, and gender expression; regular practice builds trust and reduces mental health distress.
- Awareness of developmental stages – Staff recognize that youth may still be exploring their sexual orientation or gender identity and need space and safety to do so.
- Avoid misgendering – Coaching helps staff be aware of and avoid harmful, repeated misgendering—especially in intake processes and daily programming.

3. Authentic Youth Voice

- Establish and empower Youth Advisory Councils that address meaningful policy and practice issues.
- Engage youth in providing feedback regarding quality improvement initiatives.
- Hire Youth Peer Support Specialists and/or provide stipends for consultations from youth with lived experience.

4. Placement Stability

- Match youth with affirming homes –Staff prioritize placements where caregivers support LGBTQ+ youth.
- Reduce placement disruptions –Staff support out-of-home caregivers through coaching on SOGIE, reducing requests for a youth's removal due to discomfort or misunderstanding.
- Community connections- LGBTQ+ youth are connected with community resources that can support them regardless of living situation.
- Parental support- Parents and family members who struggle to accept their child's SOGIE are supported and connected with resources (e.g., programs like the Youth Acceptance Project).
- Parent pushback- Create sample scripts for staff conversations; identify recommended acceptance-based family education models.

- Center permanency- Focus on kinship, chosen family recognition, and post-permanency support in treatment planning.

5. *Mental Health and Well-Being*

- Use of trauma-informed care through an LGBTQ+ lens – Staff understand how family rejection, discrimination, and identity-based trauma affect behavior and emotional regulation.
- Increase belonging, reduce isolation – Connect youth with affirming peers, mentors, and services.
- Build protective factors – Staff are trained and coached in practices that strengthen resilience (e.g., involving youth in affirming activities, validating their experiences).
- Co-design programming - Staff and youth co-design safe physical and psychological environments.

6. *System-Wide Culture Change*

- Challenge implicit bias – Provide ongoing coaching to help staff examine and change personal biases that may harm youth.
- Explicitly address staff dynamics of power, authority and surveillance- teach how staff responses can escalate or de-escalate identity-based harm.
- Implement reflective supervision- Make this an expectation, as opposed to an option.
- Create consistent policies – Training ensures that affirming practices are not dependent on one “good worker” but become standard procedure.
- Model for caregivers –Staff model affirming behavior for biological parents and caregivers.
- Normalize the language- Confidentiality is ensured while using common language.

7. *Advocacy*

- Develop talking points to use with legislators and regulators - address specific regulatory barriers and risk mitigation strategies.
- Address ethical obligations- Develop guidelines for situations in which laws conflict with youth wellbeing.
- Advocate for federal and state-level protections- Work with ACRC and other national associations to identify how changing laws impact daily practice.

These strategies can be supported by ongoing trainings, staff meetings and supervision, and relegated into performance indicators for outcomes management and quality improvement. Implementing these practices consistently yields better outcomes. Research (Lopez, et. al, 2024; Baams, et. al., 2019) shows that LGBTQ+ youth in affirming out-of-home environments experience lower rates of depression, anxiety, and suicidal ideation, fewer placement changes, less time in congregate care, greater school engagement and social connection, and higher likelihood of achieving permanency.

CONCLUSION

ACRC urges its members, as well as other practitioners in the field, to ensure that out-of-home settings offer safe spaces and privacy for ALL youth. In establishing positive and safe spaces for LGBTQ+ children and adolescents, programs will become safer for all young people being served. This will not only improve outcomes but also is a moral and professional imperative. Out-of-home care providers are urged to implement practices geared toward helping the young people and families they serve to strengthen their skills to effectively navigate the difficult situations they face. For more information, please contact ACRC at www.togetherthevoice.org

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