

The Price of Sunshine: Open Dependency Courts and Their Risks to LGBTQ Child Abuse and Neglect Victims

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INTRODUCTION

The primary goal of child dependency law is to secure a safe and permanent placement for abused and/or neglected children that will be in the child's best interest.² States have identified LGBTQ child abuse victims as children who are particularly psychologically vulnerable to bullying and social opprobrium.³ For instance, the California Legislature has promulgated specific protections for LGBTQ youth in the dependency system.⁴ However, in my fifteen years of studying the jurogenic effects of open dependency court systems on abused and neglected children,⁵ I have rarely encountered legal literature that specifically looks at the effects on LGBTQ child victims of opening child protection hearings to the press and the public. For instance, the three most extensive state-level pilot project studies on the effects of open courts on abused children (the *Minnesota Pilot Study*,⁶ the *Arizona Pilot Study*,⁷ and the *Connecticut Study*⁸) do not even discuss the effects of public and media attendance on the psychopathology of LGBTQ child abuse victims in those dependency court systems.

The following analysis surveys the vast child and adolescent psychiatric evidence regarding the significant risks that LGBTQ youth suffer from the fear of disclosure and/or the actual publicity of their sexual orientation once child dependency proceedings are presumptively opened to the media and the public in general.⁹ As I have previously demonstrated elsewhere,¹⁰ the speculative increase in system accountability from opening the courts is substantially outweighed by the additional psychological damage that open systems cause for this already-vulnerable population.

There is no longer any serious debate as to whether LGBTQ status, bullying, and suicide are causally, indeed inextricably, intertwined. For example, "A recent review of the research identified 19 studies linking suicidal behavior in lesbian, gay, and bisexual (LGB) adolescents to bullying at school. . ."¹¹ Therefore, the risk that disclosure of identifying facts about LGBTQ child abuse victims in presumptively open child dependency proceedings, and the consequent dangers to those children, must be taken into consideration when policymakers determine the ambit of press and public access to those proceedings.¹²

I. DEMOGRAPHICS OF LGBTQ CHILD ABUSE VICTIMS IN JUVENILE COURTS

The demographics of LGBTQ¹³ children in the child dependency system are complex and nuanced. LGBTQ children include:

- Young people who are open about being LGBTQ in all facets of their lives;
- Young people who identify as LGBTQ but do not disclose those identities to other persons;¹⁴
- Young people who come out as LGBTQ to their lawyers but ask that they not reveal those identities to others;
- Young people who experience same-sex desire, engage in same-sex behaviors, or do not conform to gender norms, but do not personally identify as LGBTQ;
- Young people who are not LGBTQ but are perceived to be so by their peers, families, or communities; and
- Young people who are questioning their sexual orientation or gender identity.¹⁵

The effects of publicity on each of these groups may be dramatically different.¹⁶ Those LGBTQ child abuse victims who are completely open about their sexual orientation¹⁷ may still not want the public in general to know about their abuse. Others may merely want a limited disclosure to potential caretakers so that special accommodations can be provided for their needs and safety.¹⁸ Those abuse victims who identify as LGBTQ but who are in “transition”¹⁹ toward disclosure are at severe risk from publicity since they may still not be ready to accept the public reaction to their new status.²⁰ Abuse victims who are not LGBTQ, but who are identified by their peers as such, may suffer greatly from the publicity, especially if there are any facts indicating same-sex abuse; this information may feed peers’ and the community’s false perceptions. Finally, those child abuse victims who are struggling and questioning their sexual orientation may become emotionally devastated if facts regarding their as-yet undecided sexual orientation and/or gender identification are disclosed.²¹

In addition to the variety of sexual orientations and gender identities among LGBTQ child abuse victims, sub-groups also vary according to race, ethnicity, religion, and disabilities.²² Indeed, sexual identity cannot be separated from cultural identity since it is a “complex, dynamic, and interactional process by which subjects construct their sexual identities in dialogue with existent cultural possibilities, and in the context of their everyday social relations.”²³ For example, Latina/o LGBTQ children may live within in a Hispanic and/or religious culture in which disclosure can subject them to family ostracism, “losing friends, stigmatization in the school, verbal vio-

lence, or fear of being attacked in the streets due to their sexual identity.”²⁴ The threatened loss of family respect and support is a strong incentive for Latina/o LGBTQ children to remain silent as regarding both their abuse and their sexual identities:

A close relationship with the family is especially desirable in youth definitions of what it meant to be good sons or daughters. However, for these youth sexual identity or orientation contravenes their families’ expectations about their children.²⁵

The landscape of LGBTQ child abuse victims is further characterized by some youth who “simultaneously operate within marginalized racial and sexual statuses.”²⁶ For example, Black LGBTQ children may not only have to use forms of cultural “code switching” when dealing with White culture; they must also switch their speech and mannerisms in an attempt to hide their sexual identity.²⁷ The juvenile dependency system cannot hope to understand the psychology of Black gay children without accounting for the intersectionality of their social and psychological status:

Whether conceptualizing being Black and gay as interlocking, in opposition with one above the other, or as spatially significant, the narratives provided by the Black gay men. . . reveal that each characterization had implications for the relationship these men felt they shared with other Blacks, gays and the larger Black and gay communities.²⁸

Thus, these child abuse victims must psychologically chart a course through Black/White cultures, LGBTQ cultures, and the horror of also having been an abuse victim.

Since adolescents fear being perceived as different, it should come as no surprise that they fear peer and cultural reactions to previously undisclosed information, including information on their mental health and psychotropic drug use. In addition to fears by Black and Latino LGBTQ child victims about disclosure of the details of their abuse and of their sexual identity and orientation, they may fear reactions to disclosure of their required use of psychiatric drugs and thus may seek to keep it “secret in order to protect oneself from social teasing and taunting”²⁹ For example, “[s]tatements from African-American adolescents revealed greater negativity in stereotypes of people with mental illness. . . [and that] [f]amily norms. . . may lead African-American youths to use secrecy to a greater degree than whites to protect themselves.”³⁰ Likewise, Latina/o children are “less likely than others to use follow-up [mental health] services outside their schools.”³¹ Further, Latina/os “use of antidepressants is likely to be interpreted as a sign of severe depression, being ‘crazy’ or weak, or as a

sign of illicit drug use. Thus stigma is a prominent concern among racial-ethnic minority groups and a major contributor to lesser treatment involvement and lower adherence.³² Since it is estimated that approximately two-thirds of children in the juvenile court system have some form of mental health problem,³³ a substantial number of those children may fear disclosure of their mental health conditions or treatments.³⁴

Other groups of LGBTQ children may fear disclosure of their sexual orientation because of strict religious or cultural taboos. For example, gay Muslim children may face prejudice from their own families and communities, and the Qur'an has an explicit prohibition against homosexuality.³⁵ Thus, disclosure of LGBTQ status for Muslim child abuse victims "may be threatening at the social level, as it potentially exposes the individual to discrimination, and at the psychological level as it entails the assimilation-accommodation of gay identity within the self."³⁶ Coming out, or being outed by the child dependency system, is "construed as posing threats to a crucial dimension of their ethno-religious identity, namely 'izzat' (honour)."³⁷

Therefore, when child dependency judges who sit in presumptively open court systems, or even in closed ones, decide whether a dependency hearing should be opened or closed to the press and public, they must start to make much more sophisticated determinations of the risks of disclosure, and do so based upon the many variables inherent in that abused child's religious, cultural, and racial milieu.

II. BULLYING

LGBTQ youth are at grave risk of bullying.³⁸ Nationwide, approximately "84 percent of LGBTQ youth report verbal harassment," 25 percent physical harassment, and "up to 70 percent experience problems in school due to prejudice and discrimination based on sexual orientation"³⁹ Meanwhile, the most comprehensive study of gay bullying in California schools, which surveyed 230,000 students, found that "91 percent of students reported hearing students make negative comments based on sexual orientation. . . [and] 46 percent of students said their schools were not safe for lesbian, gay, bisexual and transgender (LGBT) students."⁴⁰ LGBTQ bullying thus comprises a serious topic in an increasing number of court opinions.⁴¹

The newest form of bullying, cyberbullying,⁴² has a dramatically intense effect on boys who suffer "negative psychological, emotional, and behavioral outcomes" from the "taunting and rumor spreading involving homosexuality. . . ."⁴³ Effects can be similar for girls, who comprise a greater percentage of cyberbullying victims than boys and who are targets

of “name calling, rumor mongering, . . .and sexual solicitation.”⁴⁴ Bullying and cyberbullying are so pervasive that the White House recently hosted a conference to discuss such harassment, and forty-four states have anti-bullying legislation.⁴⁵ Thus, the significant risk to LGBTQ child abuse victims from publicity generated bullying is not illusory, but rather is manifest,⁴⁶ as “victimization of lesbian, gay, bisexual, and transgender (LGBT) students in middle school and high schools is pervasive.”⁴⁷

III. SUICIDE

Bullying and cyberbullying have resulted in several LGBTQ children committing suicide.⁴⁸ A new term, *bullycide*, refers to the intentional tormenting of gay students that results in their suicides as an avenue of escape.⁴⁹ Gay youth comprise “30% of all completed adolescent suicides,”⁵⁰ and LGBTQ youth are “three times more likely than their peers to have attempted suicide. . . .”⁵¹ In addition, “[e]arlier age of disclosure of being gay. . . is associated with higher likelihood of suicide attempts” because younger child victims are “less able to deal with the psychosocial tasks of coming out in a hostile milieu”⁵² In 2009-2010, children who were bullied about being gay committed suicide in Tehachapi, California, Houston, Texas, Greensburg, Indiana, Providence, Rhode Island, and in the states of New Jersey and Colorado.⁵³ A Utah study of youth suicide they found that “[s]ixty-three percent of decedents were involved with the juvenile court system.”⁵⁴ Elsewhere, another child, before committing suicide, told his mother that

[T]hey keep telling me this. . . this gay word, this gay, gay, gay. I’m tired of hearing it. They’re telling me the same thing over and over.⁵⁵

Therefore, non-consensual publicity in open dependency courts regarding the sexual orientation of young child abuse victims may dramatically increase their risk of suicidal ideation and/or of suicide.⁵⁶ Other disclosures may also result in suicide.⁵⁷ This occurred in New Orleans, when an abused child’s confidential HIV status during an open court child dependency hearing led to the child’s commission of suicide.

The most serious risk to LGBTQ child abuse victims in the dependency system is non-consensual disclosure of their sexual orientation and/or sexual identity, because they are at their weakest psychologically during that phase of sexual questioning and discovery of self.⁵⁸ “LGBT youth and youth who were questioning their sexual orientation reported the highest levels of depression, suicidal feelings, and alcohol and marijuana use,”

according to a 2011 study.⁵⁹ In addition, LGBTQ boys who receive the most bullying are most at risk of suicidal ideation and/or suicide.⁶⁰

In a Canadian longitudinal study of child abuse victims who might be called to testify in open court, the researchers found that abused children described the psychological stress from fearing public disclosure as an “arduous time,” and those child victims had “[s]evere acting-out behaviors, depression or suicide attempts”⁶¹ A frequent response by those abused children, when asked how to make the proceedings friendlier for abused children, was “closing the courtroom to the public.”⁶²

IV. MEDIA OFTEN PUBLISH CHILD VICTIMS’ IDENTIFYING DATA

Several recent empirical studies have demonstrated that the media frequently publish information that identifies or leads to the identification of child sexual abuse, physical abuse, and emotional abuse victims.⁶³ In fact, “[i]dentifying information about the child victim (e.g. name of the child’s street, school or a family member’s full name [among other identifying data]) was published in 51 percent of articles covering child victimizations.”⁶⁴ Shockingly, child victim identifiers were published in 37 percent of cases involving child sexual abuse and in 78 percent of cases involving physical and/or emotional neglect.⁶⁵ No newspaper in the U.S. has an ethics code that prohibits or warns reporters against publishing identifying information about all three types of child abuse victims appearing in child dependency proceedings: sexual abuse victims, physical abuse victims, and emotional abuse victims.⁶⁶ Therefore, it should not be a surprise that the media frequently provide identifying information about those abused children since doing so is not even considered unethical reporting under national and/or local media codes and norms.⁶⁷

V. MANY LGBTQ CHILD VICTIMS DESPERATELY ATTEMPT TO HIDE THEIR SEXUAL ORIENTATION FROM FAMILIES AND PEERS AND FEAR THAT DISCLOSURE OF FACTS ABOUT THEIR ABUSE WILL ALSO REVEAL THEIR SEXUAL IDENTITIES

Most victims of child abuse are profoundly fearful of publicity about their abuse, and approximately 58 percent of survivors delay disclosing their abuse until adulthood.⁶⁸ Child abuse victims are anxious about maintaining confidentiality in order to hide their embarrassment and shame from the intimate facts about their abuse.⁶⁹ Psychologists have long demonstrated that abused children’s fears are often realized when their disclosure of abuse leads to “unsupportive responses or negative social reactions,”

which often exacerbate their anxiety and mental health problems caused by the original abuse.⁷⁰

LGBTQ child abuse victims face a double danger through both publicity of their sexual orientation and disclosure of their abuse and/or neglect.⁷¹ They share the fear of humiliation, embarrassment, and shame with their heterosexual child abuse counterparts regarding the details of their child abuse, but they also risk disclosure of their sexual orientation at a time when they may not yet be prepared to announce publicly their LGBTQ status. LGBTQ children are often “victimized further when they disclose their sexual orientation—to peers and adults, and are at risk of losing social support” at the time that support is critically necessary in relation to their child abuse.⁷²

Some gay youth use elaborate self-preservation and “masking” strategies to hide their sexual orientation in order to survive the school peer environment, including modifying their “clothing, speech, postures, interests, friends and demeanor.”⁷³ Those LGBTQ child abuse victims thus not only fear disclosure of the intimate nature of their abuse, but also are extremely anxious that their sexual orientation or gender identity will somehow be directly or indirectly disclosed against their will during the open child dependency hearings.

VI. STATES LACK SUFFICIENT MENTAL HEALTH RESOURCES TO TREAT LGBTQ CHILD ABUSE VICTIMS WHEN THEIR PSYCHOPATHOLOGY IS EXACERBATED BY PRESUMPTIVELY OPEN DEPENDENCY SYSTEMS

“One in five abused children needs mental health services.”⁷⁴ The majority of abused children identified with mental disorders have “Major Depression [and] Anxiety Disorders,” conditions which cannot be cured through short-term mental health services.⁷⁵ Approximately 30 percent of abused children in foster care have post-traumatic stress disorder, and they are eight times more likely to be taking psychotropic medications and utilize psychiatric services than children living with their own families.⁷⁶ Because “an individual’s ability to overcome and thrive despite adversity reflects an individual’s resilience or development of resiliency,”⁷⁷ the LGBTQ population of abused children in the dependency system is at great risk of mental health trauma, as cumulative stress lowers their resiliency to ward off the effects of bullying and family and community opprobrium concerning their sexual orientation and identity.

Many abused and neglected LGBTQ child victims are caught in a psychological trap. First, many of the factors that assist victims in overcoming the most critical psychological consequences of victimhood do not exist in their world. Resiliency increases as the quality of “family support, and pos-

itive school climate” increase.⁷⁸ In addition, protective factors have an additive or cumulate protective effect, as “each additional protective factor further reduces the impact of risk on the negative outcome. . .[and] the presence of more protective factors [is] associated with a linear decrease in victimization.”⁷⁹ However, as already demonstrated, a large percentage of LGBTQ child abuse victims are also victims at school and have families that are intolerant toward their sexual orientation and identification. LGBTQ child abuse victims are thus more at risk, since family, community, and peer networks are often not available for protection and comfort. More frequent and severe victimization occurs when youth lack “safe and secure environments (i.e., low-risk) that can serve as sanctuaries in which to cope with challenges”⁸⁰

Second, in addition to increased risk of serious mental health problems as caused by victimization and low resiliency, the frequency of bullying and social ostracism experienced by LGBTQ child abuse victims preconditions them to stress reactions that can be triggered by lesser and lesser degrees of stress:

The stress sensitization or ‘kindling’ hypothesis proposes that individuals become sensitized to the life events that precipitate depression, and to the depressive episodes themselves, such that less stress is required to precipitate recurrences of depression than was required to precipitate the first onset.⁸¹

The frequency and cumulative effects of bullying, combined with lack of family, peer, and community support, leave abused LGBTQ victims at greater risk from lesser stressors.

Despite the potential for serious psychological re-traumatization of LGBTQ child abuse victims by an open dependency court process, states lack sufficient mental health resources to treat this at-risk victim group. In light of current budget crises, many states have substantially cut mental health services for children.⁸² For instance, the projected California budget for 2011-2012 did not increase funding for the State Department of Mental Health; rather it reduced by \$861 million the General Fund allocation for Early and Periodic Screening, Diagnosis, and Treatment programs.⁸³ California’s inadequate and outdated mental health services for abused children were exposed in the class action law suit, *Katie A. v. Bonta*,⁸⁴ in which a federal court ordered a radical change in the mental health treatment of these at risk children. The State of California Department of Social Services stated that in “recent years 92% of referrals have not received safety or change-oriented services, such as . . .therapeutic interventions.”⁸⁵ Further, adolescents, the group of abused children most likely to be questioning their sexual orientation and identity, have the highest percentage utilization

rate of mental health services of any age group⁸⁶ at a time of diminishing state mental health availability.

The U.S. Surgeon General has recognized that the child abuse system must provide sufficient mental health services to child abuse victims whose mental health problems continue long after a court case has been finalized:

Child maltreatment has traditionally been thought of as a criminal justice issue. It is also very much a public health issue. . . . The wrenching mental and physical health effects of child maltreatment continue for the child and the family long after he or she has been placed in a safe environment.⁸⁷

Because mental health services for children are severely strained, the Surgeon General listed improving “the infrastructure for children’s mental health services including support for scientifically-proven interventions across professions” as one of the seven most important goals of United States mental health policy.⁸⁸

It is cruel for states to open their child dependency systems to the press and public before they at least have sufficient mental health services available to help treat both heterosexual and LGBTQ child abuse victims who suffer from the fear of publicity or from the actual publication of the intimate facts of their abuse and/or sexual identity. Thus, at least sufficient prophylactic health measures should be made available to this young group of victims before a state presumptively opens its child dependency courts to the press and public. An even better policy would be to avoid the exacerbated psychopathology to this young group by shielding them with a cloak of confidentiality in juvenile dependency proceedings.

CONCLUSION

“[T]here are sound reasons to believe that publicity or fears about publicity cause harm to juvenile crime victims” and that they “will feel more embarrassment and shame if many people know about” the facts of their abuse.⁸⁹ The fears and potential psychological harm to LGBTQ child abuse victims is magnified by the additional fear of disclosure of their sexual orientation and/or gender identification without their consent and the resultant potential bullying by peers and/or family, as well as potential community rejection.⁹⁰

Child dependency proceedings should not be presumptively open to the press and public. The potential for and/or actual publicity about the intimate facts of their child abuse and about the intimate personal decision regarding whether to make public their sexual orientation places heterosex-

ual and, particularly, LGBTQ child abuse victims at great risk.⁹¹ Dependency proceedings should only be opened if a juvenile court judge finds that a person or organization petitioning for access to the hearing has sufficiently demonstrated that the abused child will not be further psychologically damaged by openness, or if the child abuse victim provides informed written consent waiving confidentiality and permitting the media and public to attend. Placing the consent for openness with the child abuse victim will shield those children who want to avoid publicity, while at the same time providing those children who want to tell their stories in a public forum a means for accomplishing that goal.⁹²

NOTES

1. Professor and J. Alan Cook and Mary Schalling Cook Children's Law Scholar, Whittier Law School; Lecturer, UCLA David Geffen School of Medicine, Department of Psychiatry.

2. In re Marilyn H., 5 Cal. 4th 295, 307, 19 Cal.Rptr.2d 544, 851 P.2d 826 (1993) (“[t]he objective of the dependency scheme is to protect abused or neglected children and those at substantial risk thereof and to provide permanent, stable homes if those children cannot be returned home within a prescribed period of time.”). For instance, CAL. WELF. & INST. CODE § 300.2 provides that the purpose of the dependency code “is to provide maximum safety and protection for children who are currently being physically, sexually, or emotionally abused, being neglected, or being exploited, and ensure their safety, protection, and physical and emotional well-being of children who are at risk of that harm.”

3. See Robert Garofalo, R. Cameron Wolf, Lawrence S. Wissow, Elizabeth R. Woods & Elizabeth Goodman, *Sexual Orientation and Risk of Suicide Attempts Among a Representative Sample of Youth*, 153 ARCHIVES OF PEDIATRICS & ADOLESCENT MEDICINE 487 (1999); Gary Remafedi, Simone French, Mary Story & Michael D. Resnick, *The Relationship Between Suicide Risk and Sexual Orientation: Results of a Population-Based Study*, 88 AM. J. PUB. HEALTH 57 (1998); HUMAN RIGHTS WATCH, HATRED IN THE HALLWAYS: VIOLENCE AND DISCRIMINATION AGAINST LESBIAN, GAY, BISEXUAL, AND TRANSGENDER STUDIES IN U.S. SCHOOLS 75 (2001) (citing several state studies that chronicled the three to four times higher rate of suicide of bullied LGBTQ students in relation to heterosexual students.); GAY, LESBIAN, AND STRAIGHT EDUCATION NETWORK, FROM TEASING TO TORMENT: SCHOOL CLIMATE IN AMERICA: A SURVEY OF STUDENTS AND TEACHERS (2005), available at <http://glsen.org/sites/default/files/From%20Teasing%20to%20Torment%20Full%20Report.pdf>.

For public schools' responsibility to address sexual orientation harassment, see Catherine A. Lugg & Autumn K. Tooms, *Trouble in Toms River*, 14 J. CASES EDUC. LEAD. 15 (2011).

4. See FOSTER CARE ANTI-DISCRIMINATION ACT OF 2003 (codified as CAL. WELF. & INST. CODE §§ 6001.9, 16003, and 160013 and as CAL. HEALTH & SAFETY CODE §§ 1522.41, 1529.2, and 1563); AB 458 Fact Sheet: The California Foster Care Non-Discrimination Act, National Center for Lesbian Rights (June 2006), available at <http://www.f2f.ca.gov/res/pdf/AB458FactSheet.pdf> (The Foster Care Anti-Discrimination Act of 2003 has been called "the first of its kind in the United States to explicitly include protections for lesbian, gay, bisexual, transgender and questioning [LGBTQ] youth and adults involved with the foster care system"). For a discussion of LGBT foster child statutory protections, see generally Rudy Estrada & Jody Marksamer, *Lesbian, Gay, Bisexual and Transgender Young People In State Custody: Making the Child Welfare and Juvenile Systems Safe for All Youth Through Litigation, Advocacy, and Education*, 79 TEMPLE L. REV. 415 (2006). Even though some states provide statutory protection and treatment for LGBTQ youth, many issues regarding their needs still exist. For instance, most states do not provide medically and psychologically necessary surgery for transgender youth in foster care. For an extensive discussion of transgenders' medical needs, see generally Lauren Turner, *From the Inside Out: Calling on States to Provide Medically Necessary Care to Transgender Youth in Foster Care*, 47 FAM. CT. REV. 552 (2009) (A child in state custody "has a right to receive necessary services to prevent psychological harm."); Randy Estrada & Jody Marksamer, *The Legal Rights of LGBT Youth in State Custody: What Child Welfare and Juvenile Justice Professionals Need to Know*, 85 CHILD WELF. 171, 177 (2006).

5. See William Wesley Patton, *Pandora's Box: Opening Child Protection Cases to the Press and Public*, 27 W. ST. U. L. REV. 181 (1999-2000); *The Connecticut Open-Court Movement: Reflection and Remonstrance*, 4 CONN. PUB. INT. L. J. 8 (2004); *Revictimizing Child Abuse Victims: An Empirical Rebuttal to the Open Juvenile Dependency Court Reform Movement*, 38 SUFFOLK U. L. REV. 303 (2005); *When the Empirical Base Crumbles: The Myth That Open Dependency Proceedings Do Not Psychologically Damage Abused Children*, 33 L. & PSYCH. REV. 29 (2009).

6. Fred L. Cheesman, II, MINN. S. CT. ST. CT. ADM'RS. OFF.: KEY FINDINGS FROM THE EVALUATION OF OPEN HEARINGS AND COURT RECORDS IN JUVENILE PROTECTION MATTERS. FINAL REP. – VOL. 1, NAT'L CTR. FOR STATE COURTS (2001).

7. Ernst Hunter, *What's Good for the Gays Is Good for the Gander*:

Making Homeless Youth Housing Safer for Lesbian, Gay, Bisexual, and Transgender Youth, 46 FAM. CT. REV. 543, 545 (2008) [hereinafter Ernst Hunter, *What's Good for the Gays*] (“In addition to creating a risk to physical health and safety, violence against LGBT youth in shelters contributes to their emotional and behavioral problems. LGBT youth who are physically assaulted are more likely to attempt suicide.”); Juliette Noel Graziano & Eric F. Wagner, *Trauma Among Lesbians and Bisexual Girls in the Juvenile Justice System*, 17 TRAUMATOLOGY 45, 46 (2011) [hereinafter Graziano & Wagner] (Nine percent of LGBT “youth met criteria for a PTSD diagnosis. Three times the number of girls reported PTSD compared to boys.”). The homeless status of LGBTQ youth is sufficiently serious that the White House convened a conference to discuss the issue. See Winnie McCroy, *Advocates Attend White House Conference on Homeless LGBT Youth*, EDGE ON THE NET, Mar.ch 12, 2012), available at http://www.edgeonthenet.com/news/national/news/130862/advocates_attend_white_house_conference_on_homeless_lgbt_youth; Karen Ocamb, *HUD Secretary Donovan Addressed White House Conference on LGBT Homelessness*, LGBT/POV (Sept. 3, 2012), available at <http://lgbtpov.frontiersla.com/2012/03/09/hud-secretary-donovan-addressed-white-house-conference-on-lgbt-homelessness/>

8. JUV. ACCESS PILOT PROG., ADV. BD. REP. TO THE CONN. GEN. ASSEMBLY (Dec. 31, 2010), available at http://jud.ct.gov/committees/juv_access/Final_report_123010.pdf.

9. Abused and/or neglected LGBTQ children are equally at risk of disclosure in the delinquency system, not merely from having their cases transferred to adult court, but also from the particular placements and conditions of those placements should their delinquency petitions be sustained. It is estimated that 13 percent of detained juvenile delinquents are LGBTQ, that many detention facilities do not have professionals with adequate training or resources to properly care for LGBTQ delinquents, and that many LGBTQ children suffer physical, sexual, and psychological abuse while in those facilities. Katoyoon Majd, Jody Marksamer & Carolyn Reyes, HIDDEN INJUSTICE: LESBIAN, GAY, BISEXUAL, AND TRANSGENDER YOUTH IN JUVENILE COURTS 10 (2009) [hereinafter MAJD ET AL., HIDDEN INJUSTICE], available at http://aja.ncsc.dni.us/conferences/2010Annual/SpeakerMaterials/32%20-%20Marksamer%20Hidden_Injustice_Executive_Summary.pdf.

10. See generally sources cited *supra* note 5.

11. Suicide Prevention Resource Center, *Suicide and Bullying: Issue Brief*, at 3 (March 2011), available at http://www.sprc.org/sites/sprc.org/files/library/Suicide_Bullying_Issue_Brief.pdf (Although most literature focuses on the severe verbal and/or physical attacks on LGBTQ children, in

reality they suffer a constant bombardment of lesser insults or attacks termed “microassaults and microinsults, suggesting that that LGB persons may. . . experience overt discrimination on a more regular basis.”); Kevin L. Nadal, Marie-Anne Issa, Jayleen Leon, Vanessa Meterko, Michelle Wideman & Yinglee Wong, *Sexual Orientation Microaggressions: “Death by a Thousand Cuts for Lesbian, Gay, and Bisexual Youth*, 8 J. LGBT YOUTH 234, 252 (2011) (“[B]etween 25 and 35 percent of sexual minority adolescents report at least one suicide attempt. . .”); N. Eugene Walls, Pam Hancock & Hope Wisneski, *Differentiating the Social Service Needs of Homeless Sexual Minority Youths from those of Non-homeless Sexual Minority Youths*, 13 J. CHILDREN & POVERTY 177, 182 (2007) (New York City has a policy in finding the homeless with shelter consistent with their gender identity). In 2006 the NYC policy provides that “staff will address individuals with names, titles and other terms appropriate to their gender identity . . . [and] staff at Intake/Shelter assignments will receive training on diversity, transgender and intersex issues.”); Dianna Scholl, *For Transgender Homeless, Choice of Shelter Can Prevent Violence*, CITY LIMITS (Dec. 6, 2010), available at <http://www.citylimits.org/news/articles/4235/for-transgender-homeless>. For an excellent discussion of the risk factors for LGBTQ youth, see Susan M. Swearer Napolitano, *Risk Factors for and Outcomes of Bullying and Victimization* in EDUC. PSYCH. PAPERS & PUBS. (2011), available at <http://digitalcommons.unl.edu/edpsychpapers/132>.

12. Shannan Wilber, Carolyn Reyes & Jody Marksamer, *The Model Standards Project: Creating Inclusive Systems for LGBT Youth in Out-of-Home Care*, 86 CHILD WELF. 133, 140 (2006) (“Unless disclosure is required, no one should disclose information about sexual orientation or gender identity unless that person can identify a direct benefit to the youth.”); Sarah E. Valentine, *Traditional Advocacy For Nontraditional Youth: Rethinking Best Interest For The Queer Child*, 2008 MICH. ST. L. REV. 1053, 1054 (2008) (There are, of course, circumstances under which disclosure of a child’s sexual orientation or gender identity should not be disclosed even if an adult thinks that it would benefit that child. The most obvious exception is when a child confidentially informs her attorney about her intimate secrets. If the attorney violates the attorney/client relationship, that disclosure can have a devastating impact on the already traumatized child and her ability to more quickly attempt to gain emotional equipoise in light of the abuse and/or neglect. “Any advocacy model allowing an attorney to substitute his or her own judgment as to what is in a queer child’s best interest is potentially devastating for queer child clients. . .”). For a discussion of the effects of abused and neglected children’s attorneys’ violations of the duties of loyalty and confidentiality, see generally William

Wesley Patton, *Viewing Child Witnesses Through a Child and Adolescent Psychiatric Lens: How Attorneys' Ethical Duties Exacerbate Children's Psychopathology*, 16 WIDENER L. REV. 369 (2010).

13. "LGBTQ" refers to lesbian, gay, bisexual, transgender, and children that are "questioning" gender identity and/or sexual orientation. Barbara Fedders, *Coming Out For Kids: Recognizing, Respecting, And Representing LGBTQ Youth*, 6 NEV. L. J. 774, 775 (2006) [hereinafter Fedders, *Coming Out for Kids*].

14. See Graziano & Wagner, *supra* note 7, at 49 (It is quite understandable that LGBTQ abuse and neglect victims may want to protect their sexual orientation and/or identify from their parents since in one study "90% identified a lack of parental support as a serious problem. . .").

15. Graziano, at 102 (citing to Fedders, *Coming Out for Kids, supra* note 13, at 780). One study found that "[t]wenty-two percent of incarcerated youth self-identified as bisexual and 5percent self-identified as lesbian/gay. Girls, however, were 6 times as likely to identify as bisexual than boys and 3 times as likely to identify as homosexual compared to boys." *Id.* at 47.

16. LGBTQ youth have provided a variety of reasons for keeping their sexual orientation and/or gender identity confidential, including "thinking people would neither understand nor accept them. . .fear of being judged or ridiculed. . .fear of being a victim of violence. . .[and] not having identified as LGB to themselves at the time." Anne Gallegos, Catherin Roller White, Caitlin Ryan, Kirk O'Brien, Peter J. Pecora & Preneka Thomas, *Exploring the Experiences of Lesbian, Gay, Bisexual, and Questioning Adolescents in Foster Care*, 14 J. FAM. SOC. WORK 226, 230 (2011). LGBTQ youth have much to fear in the foster care system beyond the potential for abuse. Many child welfare systems lack sufficient training for prospective foster parents regarding LGBTQ youth. This can lead to foster parents' unwillingness to care for LGBTQ children or to a rejection of LGBTQ children living with foster parents, or both, which exacerbates the children's existing psychopathology "by failing to create a supportive environment." Jennifer A. Clements & Mitchell Rosenwald, *Foster Parents' Perspectives on LGB Youth in the Child Welfare System*, 19 J. GAY & LESBIAN SOC. SERV. 57, 58-59 (2008). There is also often a disparity between the amount of social worker training regarding the needs of LGBTQ youth between large and small communities. Lori E. Ross, Rachel Epstein, Scott Anderson & Allison Eady, *Policy, Practice, and Personal Narratives: Experiences of LGBTQ People with Adoption in Ontario, Canada*, 12 ADOPTION Q. 272, 288 (2009).

17. Joday Marksamer, Dean Spade & Gabriel Arkles, A PLACE OF RESPECT: A GUIDE FOR GROUP CARE FACILITIES SERVING TRANSGENDER AND GENDER NON-CONFORMING YOUTH 1 (NAT'L CTR FOR LESBIAN RTS.,

SPRING 2011) [hereinafter A PLACE OF RESPECT] (“Sexual orientation” refers to a “person’s emotional, romantic, and sexual attraction, to individuals of the same sex or of a different sex.”)

18. *Id.* at 21 (“Developing an understanding of the stigma, rejection, and harassment that transgender and gender non-conforming youth commonly face and how it can negatively affect their psychosocial development and behavior can help group care staff to better meet these young person’s needs and ensure their safety.”)

19. *Id.* at 10 (The term “transition is often used to describe both the process and the time period when a transgender person starts publicly living in line with his or her core gender.”)

20. Even within the more accepting or tolerant atmospheres found in many colleges and universities, 20 percent of those LGBTQ students, faculty, and staff interviewed in one study feared for their safety and “one out of two concealed their sexual orientation or gender identity to avoid intimidation, with LGBT people of color more likely than white LGBT people to do so.” Lynn C. Holley, Nancy C. Larson, Madelaine Adelman & Jesús Treviño, *Attitudes Among University Undergraduates Toward LGB and Five Ethnic/Racial Groups*, 5 J. LGBT YOUTH 79, 82 (2008). Furthermore, “sexual minority youth who are out to their heterosexual peers suffer more friendship loss and report higher levels of worry about the health of their existing friendship ties than do heterosexual students.” Billie Gastic, *Urban Students’ Attitudes about Sexual Minorities across Intersections of Sex and Race/Ethnicity: Data from a Longitudinal Study*, 9 J. LGBT YOUTH 42, 44 (2012).

21. Fedders, *Coming Out for Kids*, *supra* note 14, at 777 (“Young people may be unsure of whether their same-sex desires and sexual behaviors are indicative of a fixed identity as opposed to a temporary or experimental phase. They may be actively fighting their same-sex desires and in denial about their sexual behavior. Alternatively, they may be sure that they are sexually oriented toward people of the same sex but nevertheless feel culturally alienated from the terms “gay,” lesbian,” and “bisexual.”).

22. Thomas Scott Duke, *Lesbian, Gay, Bisexual, and Transgender Youth with Disabilities: A Meta-Synthesis*, 8 J. LGBT YOUTH 1, 1 (2011) (One of the least studied groups is LGBT children with disabilities, who have been described as “members of multiple cultural minority groups” who experience multiple forms of oppression and have “multiple service needs involving disabilities. . .[and] identities.”). Although all LGBT children with disabilities may suffer humiliation and harassment, LGBT youth who share the same disability (i.e. autism, Down syndrome, or particular physical or mental impairment) share similar unique experiences. *Id.* at 44.

23. Carmen Yon-Leau & Miguel Muñoz-Laboy, “*I Don’t Like to Say*

That I'm Anything": *Sexuality Politics and Cultural Critique Among Sexual-Minority Latino Youth*, 7 *SEXUALITY RESEARCH & SOC. POL'Y* 105, 106 (2010) [hereinafter Yon-Leau & Muñoz-Laboy] ("LGBT youth of color also often face the dual dilemma of homophobia within their ethnic communities, and racism from white gay communities."); Jen Reck, *Homeless Gay and Transgender Youth of Color in San Francisco: "No One Likes Street Kids" – Even in Castro*, 6 *J. LGBT YOUTH* 223, 239 (2009) ("[R]acial/ethnic identity is increasingly recognized as a critical component of identity development, particularly during adolescence."); Felicia D. Smith, Meghan Woo & Bryn Austin, *"I Didn't Feel Like Any of Those Things Were Me": Results of a Qualitative Pilot Study of Race/Ethnicity Survey Items with Minority Ethnic Adolescents in the USA*, 15 *ETHNICITY & HEALTH* 621, 625 (2010); see also Susan Hazeldean & Pradeep Singla, *Out in the Cold: The Challenges of Representing Immigrant Lesbian, Gay, Bisexual, and Transgender Youth* (2002), available at <http://www.urbanjustice.org/pdf/publications/lesbianandgay/OutintheCod.pdf>; Risha K. Foulkes, *Abstinence-Only Education and Minority Teenagers: The Importance of Race in a Question of Constitutionality*, 10 *BERKELEY J. AFR.-AM. L. & POL'Y* 3, 38 (2008).

24. Yon-Leau & Muñoz-Laboy, *supra* note 23, at 109; Edward H. Frankhanel, *The Identity Development and Coming Out Process of Gay Youth in Puerto Rico*, 7 *J. LGBT YOUTH* 262, 264-267 (2010) (One cannot, however, simply generalize about the effects on ethnic or racial minorities regarding either voluntarily "coming out" or involuntarily having one's gender identification or sexual preferences being made public. For instance, "being gay in a Puerto Rican family is not the same as being gay in a Mexican family" and being part of a group defined as a minority in one country, for example, Latinos in the mainland U.S., is not the same as that same person living in the Commonwealth of Puerto Rico, which although it is a U.S. unincorporated territory, is unlike most parts of the U.S. because of the former's majority Riqueño-Latino population).

25. *Id.* at 109-10; Cynthia L. Conley, *Learning About a Child's Gay or Lesbian Sexual Orientation: Parental Concerns About Societal Rejection, Loss of Loved Ones, and Child Well Being*, 58 *J. HOMOSEXUALITY* 1022, 1022 (2011) ("Studies focusing specifically on parental reactions to learning that their children are gay or lesbian. . .have overwhelmingly revealed that parents tend to react in a negative fashion."); *Id.* at 1034 ("[P]arents' overall concern levels were higher for their gay sons than for their lesbian daughters. This finding is supported by the anecdotal information that society is far more accepting of lesbian women.").

26. Marcus Anthony Hunter, *All the Gays are White and all the Blacks are Straight: Black Gay Men, Identity, and Community*, 7 *SEXUALITY*

RESEARCH & SOC. POL'Y 81, 82 (2010) [hereinafter Hunter, *Black Gay Men*].

27. *Id.* at 82 (“Research on Black and Latino LGB individuals has shown they often confront homophobia in their racial/ethnic communities and alienation from their racial/ethnic identity in the LGB community.”); see also Ilan H. Meyer, *Prejudice, Social Stress, and Mental Health in Lesbian, Gay, and Bisexual Populations: Conceptual Issues and Research Evidence*, 129 PSYCHOL. BULL. 674, 678 (2003) [hereinafter Meyer].

28. Hunter, *Black Gay Men*, *supra* note 26, at 90.

29. Derrick A. Kranke, Jerry Floersch, Bridget O. Kranke & Michelle R. Munson, *A Qualitative Investigation of Self-Stigma Among Adolescents Taking Psychiatric Medication*, 62 PSYCH. SERV. 893, 898 (2011). “[B]ecause peer acceptance is often adolescents’ biggest concern, youths emphatically do not want to feel different from others.” *Id.* at 894.

30. *Id.* at 898.

31. Pin Wu, Bozena J. Katic, Xinhua Liu, Bin Fan & Cordelia J. Fuller, *Mental Health Services Use Among Suicidal Adolescents: Findings From a U.S. National Community Survey*, 61 PSYCH. SERV. 17, 22 (2010).

32. Alejandro Interian, Alfonso Ang, Michael A. Gara, Bruce G. Link, Michael A. Rodriguez & William A. Vega, *Stigma and Depression Treatment Utilization Among Latinos: Utility of Four Stigma Measures*, 61 PSYCH. SERV. 373, 374 (2010). Latinos desire to have “social distance from individuals with depression, stigma concerns related to antidepressant use, and depression treatment in general.” *Id.* at 379.

33. Devon C. King, Karen M. Abram, Erin G. Romero, Jason J. Washburn, Leah J. Welty & Linda A. Teplin, *Childhood Maltreatment and Psychiatric Disorders Among Detained Youth*, 62 PSYCH. SERV. 1430, 1430, 1437 (2011).

34. The lack of mental health services in the juvenile and dependency court systems makes treatment and management of these children’s mental health problems extremely difficult. Elizabeth M. Z. Farmer, Barbara J. Burns, H. Ryan Wagner, Maureen Murray & Danna G. Southerland, *Enhancing “Usual Practice” Treatment Foster Care Findings From a Randomized Trial on Improving Youths’ Outcomes*, 61 PSYCH. SERV. 555, 556 (2010) (For instance, many juvenile mental health systems cannot afford to provide contemporary evidence based treatment models because of a “lack of resources to hire required staff. . .and use of contract, rather than in-house, clinicians.”).

35. Rusi Jaspal & Asifa Siraj, *Perceptions of ‘Coming Out’ among British Muslim Gay Men*, 2 PSYCHOL. & SEXUALITY 183, 183 (2011).

36. *Id.* at 185.

37. *Id.* at 189.

38. For a comprehensive discussion of bullying in the United States school systems, see Michael J. Higdon, *To Lynch a Child: Bullying and Gender Nonconformity in Our Nation's Schools*, 86 *IND. L. J.* 827 (2011); see also *CNN: Bullying: It Stops Here, Transcript*, 5-6 (CNN television broadcast Oct. 9, 2011), available at <http://transcripts.cnn.com/TRANSCRIPTS/1110/09/cp.01.html>; Chris Welch, *Dealing with gay students, bullying in very different ways*, Oct. 13, 2011, available at <http://www.cnn.com/2011/10/12/us/minneapolis-bullying-schools/> (During the show, which illustrated the widespread bullying of gay students in American schools, a student named Dylan said, "They would call me like gag and gross and say that I'm going to hell and stuff. It just makes you feel like you're the grossest person in the world." Another student, Kyle, described his life at school: "I had to use the bathroom. And I walk in the door, and these people were just watching me. They were just staring at me. I go into the stall. And then I hear laughing. I hear laughter. And I look up, and I have something dripping down my head. And someone was peeing on me." Another student stated: "Kids made me feel like I was the grossest person in the world. And they would just go against the walls and say here comes the he/she or here comes the trash. And they just made me feel gross. And I didn't feel safe at school. So I just left."); Sarah Kramer, *Coming Out: Audio, Photos, Stories of Gay Teens*, *N.Y. TIMES* May 23, 2011, available at http://www.nytimes.com/interactive/2011/05/23/us/20110523-coming-out.html?_r=0 (Chronicling the coming out stories of over a hundred gay teens, with head quotations from those stories including, "My entire family trans-bashes me on a daily basis," "The shame of being bullied was too great," "I'm still in the closet," "I was the one who bullied him because I thought it helped me hide my own secret," "It took 37 stitches to fix the damage," "I couldn't go forward but I couldn't die," "She said to me: 'I know what you are and it's disgusting'," "I haven't spoken to or seen my parents since," "No one there to stop me from taking that knife into my hands," and "I had moved 3343km to acceptance.").

39. Faye Mishna, Peter A. Newman, Andrea Daley & Steven Solomon, *Bullying of Lesbian and Gay Youth: A Qualitative Investigation*, 39 *BRIT. J. SOC. WORK* 1598, 1599 (2009). Bullying results in life-long negative effects for LGBT children and is associated with "suicidality during adolescence. . ." Russell B. Toomey, Caitlin Ryan, Rafael M. Diaz, Noel A. Card & Stephen T. Russell, *Gender-Nonconforming Lesbian, Gay, Bisexual, and Transgender Youth: School Victimization and Young Adult Psychosocial Adjustment*, 46 *DEV'L. PSYCHOL.* 1580, 1582 (2010) ("[E]xperts say that much bullying revolves around taunts about other youths' sexuality. Gay, lesbian, and bisexual youths (GLB) are five times more likely than their peers to miss school because they feel unsafe. . .");

see also Julie C. Luecke, *Working with Transgender Children and Their Classmates in Pre-Adolescence: Just Be Supportive*, 8 J. LGBT YOUTH 116, 118 (2011); John Greenya, *Bullying*, 15 THE CQ RESEARCHER 101, 103 (Feb. 4, 2005), available at <http://www.thecqresearcher.com> (One study found that 90 percent of transgender students reported “verbal gender expression harassment” and 53 percent were physically harassed).

40. Molly O’Shaughnessy, Stephen T. Russell, Katherine Heck, Christopher Calhoun & Carolyn Laub, *SAFE PLACE TO LEARN: CONSEQUENCES OF HARASSMENT BASED ON ACTUAL OR PERCEIVED SEXUAL ORIENTATION AND GENDER NON-CONFORMITY AND STEPS FOR MAKING SCHOOLS SAFER*, Executive Summary at 2 (California Safe Schools Coalition, San Francisco, CA, Jan. 2004), available at <http://casafeschools.org/SafePlacetoLearnLow.pdf> (One study found that “82% of middle school students and 73% of high school students identified as lesbian, gay, bisexual, and transgender heard derogatory remarks such as ‘faggot’ or ‘dyke,’ frequently or often at school.”); see also Nancy J. Cunningham, Mathew Taylor, Michael E. Whitten, Patrick H. Hardesty, Katheryn Eder & Nancy DeLaney, *The Relationship Between Self-Perception of Physical Attractiveness and Sexual Bullying in Early Adolescence*, 36 AGGRESSIVE BEHAV. 271, 279 (2010).

41. For a discussion of the many appellate court opinions discussing LGBTQ bullying in the schools and the First Amendment limitations on schools to control hate speech, see Douglas D. Frederick, *Restricting Student Speech that Invades Others’ Rights: A Novel Interpretation of Student Speech Jurisprudence in Harper v. Poway Unified School District*, 29 U. HAW. L. REV. 479 (2007); Amy Lai, *Tango Or More? From California’s Lesson 9 to the Constitutionality of a Gay-Friendly Curriculum in Public Elementary Schools*, 17 MICH. J. GENDER & L. 315 (2011); Nicolyn Harris & Maurice R. Dyson, *Safe Rules or Gay’s Schools? The Dilemma of Sexual Orientation Segregation in Public Education*, 7 U. PA. J. CONST. L. 183 (2004).

42. Robyn M. Cooper & Warren J. Blumenfeld, *Responses to Cyberbullying: A Descriptive Analysis of the Frequency of and Impact on LGBT and Allied Youth*, 9 J. LGBT Youth 153, 154 (2012) (“Cyberbullying involves the use of information and communication technologies such as Internet websites, e-mail, chat rooms, mobile phones for making calls and text messaging, and instant messaging.”). In one study 41.2 percent of LGBT students reported receiving harassing cyber messages, and almost 33percent reported missing at least one day of school for safety concerns. *Id.* at 157. The most frequent response to cyberbullying by LGBT children is depression (56 percent) and 19 percent had suicidal thoughts. *Id.* at 167.

43. Anne Wade & Tanya Beran, *Cyberbullying: The New Era of*

Bullying, 26 CAN. J. SCH. PSYCHOL. 44, 57 (2011) [hereinafter Wade & Beran]; see also Wanda Cassidy, Margaret Jackson & Karen N. Brown, *Sticks and Stones Can Break My Bones: But How Can Pixels Hurt Me?: Students' Experiences with Cyber-Bullying*, 30 SCH. PSYCHOL. 383 (2009).

44. Wade & Beran, *supra* note 43, at 55 (Noting that lesbian girls experience “significantly more sexual harassment than heterosexual girls.”); see also James E. Gruber & Susan Fineran, *The Impact of Bullying and Sexual Harassment on Middle and High School Girls*, 13 VIOLENCE AGAINST WOMEN 627, 632 (2007).

45. Clay Calvert, *Fighting Words in the Era of Texts IMS and E-Mails: Can a Disparaged Doctrine be Resuscitated to Punish Cyber-Bullies?*, 21 DEPAUL J. ART., TECH. & INTEL. PROP. L. 1, 9 (2010) (“[T]he Federal Bureau of Investigation (FBI) has reported that roughly 11 percent of all hate crimes in the USA in 2007 were committed at schools or colleges.”); Rebecca L. Stotzer, *Sexual Orientation-Based Hate Crimes on Campus: The Impact of Policy on Reporting Rates*, 7 SEXUALITY RESEARCH & SOC. POL’Y 147, 147 (2010).

46. Ernst Hunter, *What’s Good for the Gays*, *supra* note 7, at 545 (LGBT abuse and neglect victims are also at risk of bullying and harassment in foster care and group home placements. In one study, “of those LGBT youth placed in group homes, one hundred percent were verbally harassed and seventy percent physically assaulted because of their sexuality or gender expression while living at the group home.”). Two characteristics of child welfare agencies and their placements affect the quality of LGBT experiences: (1) “religious affiliation”; and (2) “agency size.” Mitchell Rosenwald, *A Glimpse Within: An Exploratory Study of Child Welfare Agencies’ Practices with LGBTQ Youth*, 21 J. GAY & LESBIAN SOC. SERV. 343, 352 (2009) (“[N]onreligiously affiliated agencies were stronger in acknowledging they served LGBTQ youth, although interestingly, religiously affiliated agencies report they provide more training on LGBTQ issues to foster and adoptive parents.”).

47. Stephen T. Russell, Caitlin Ryan, Russell B. Toomey, Rafael M. Diaz & Jorge Sanchez, *Lesbian, Gay, Bisexual, and Transgender Adolescent School Victimization: Implications for Young Adult Health and Adjustment*, 81 J. SCH. HEALTH 223, 223 (2011) [hereinafter Russell et al.].

48. Karly Zande, *When the School Bully Attacks in the Living Room: Using Tinker to Regulate Off-Campus Student Cyberbullying*, 13 BARRY L. REV. 103, 106-107 (2009).

49. Jason A. Wallace, *Bullicide in American Schools: Forging a Comprehensive Legislative Solution*, 86 IND. L. J. 735 (2011) (Pointing out that many studies “have linked suicidal behavior in LGB adolescents to school-based harassment, bullying or violence because of sexual

orientation.”); *see also* Ann P. Haas, Mickey Eliason, Vickie M. Mays, Robin M. Mathy, Susan D. Cochran, Anthony R. D’Augelli, Morton M. Silverman, Prudence W. Fisher, Tonda Hughes, Margaret Rosario, Stephen T. Russell, Effie Malley, Jerry Reed, David A. Litts, Ellen Haller, Randall L. Sell, Gary Remafedi, Judith Bradford, Annette L. Beautrais, Gregory K. Brown, Gary M. Diamond, Mark S. Friedman, Robert Garofalo, Mason S. Turner, Amber Hollibaugh & Paula J. Clayton, *Suicide and Suicide Risk in Lesbian, Gay, Bisexual, and Transgender Populations: Review and Recommendations*, 58 J. HOMOSEXUALITY 10, 22-23 (2010) [hereinafter Haas et al.].

50. Robb Travers & Margaret Schneider, *Barriers to Accessibility for Lesbian and Gay Youth Needing Addictions Services*, 27 YOUTH & SOC’Y 356, 358 [hereinafter Travers & Schneider] (“Elevated levels of depression and suicidal ideation among males can be explained by their high rates of LGBT school victimization.”); *see also* Russell et al., *supra* note 47, at 223.

51. Stephen T. Russell & Kara Joyner, *Adolescent Sexual Orientation and Suicide Risk: Evidence from a National Study*, 91 AM. J. PUB. HEALTH 1276 (2001) (reporting that bullying is associated with “poorer mental health” of LGBTQ youth) *see also* Neil Katz, *Schools Battle Suicide Surge, Anti-Gay Bullying*, CBS NEWS (Oct. 11, 2010), available at <http://www.cbsnews.com/news/schools-battle-suicide-surge-anti-gay-bullying/> (noting that physical and/or sexual child abuse and neglect are among the strongest risk factors for teen suicide; the risk of suicide is increased when that depressed child is subject to peer bullying); PREVENTING YOUTH SUICIDES: TIPS FOR PARENTS AND EDUCATORS, NAT’L ASSOC. OF SCH. PSYCHOLS., available at http://www.nasponline.org/resources/crisis_safety/suicideprevention.aspx (“Some victims of bullying have even attempted suicide rather than continue to endure such harassment and punishment.”); AM. ACAD. OF CHILD & ADOLESCENT PSYCH., FACTS FOR FAMILIES 80: BULLYING (updated May 2011) [hereinafter FACTS FOR FAMILIES], available at <http://www.aacap.org>; Hunter, *What’s Good for the Gays*, *supra* note 7, at 545 (“LGBT youth who are physically assaulted are more likely to attempt suicide.”).

52. Peter A. Newman, *Coming Out in a Hostile Social Environment: Challenges for HIV Prevention Among Young Gay Men*, 1 J. HIV/AIDS & SOC. SERV. 81, 85 (2002).

53. Devona Walker, *Homophobic Bullying Takes Another Child’s Life*, ALTERNET (Sept 30, 2010) [hereinafter Walker, *Homophobic Bullying*], available at <http://www.alternet.org/speakeasy/2010/09/30/homophobic-bullying-takes-another-child%25e2%2580%2599s-life>; Jeremy Hubbard, *Fifth Gay Teen Suicide in Three Weeks Sparks Debate*, ABC NEWS, Oct. 3, 2010, available at <http://abcnews.go.com/US/gay-teen-suicide-sparks->

debate/story?id=11788128; Margaret Talbot, *Pride and Prejudice*, THE NEW YORKER, Oct. 25, 2010, available at http://www.newyorker.com/talk/comment/2010/10/25/101025taco_talk_talbot; see also Mickey Eliason, *Introduction to Special Issue on Suicide, Mental Health, and Youth Development*, 58 J. HOMOSEXUALITY 4, 4 (2011).

54. Doug Gray, Kristin L. Dawson, Todd C. Grey & William M. McMahon, *The Utah Youth Suicide Study: Best Practice for Suicide Prevention Through the Juvenile Court System*, 62 PSYCH. SERV. 1416, 1416 (2011).

55. Walker, *Homophobic Bullying*, *supra* note 53, at 2 (“Some victims of bullying have even attempted suicide rather than continue to endure harassment and punishment”); FACTS FOR FAMILIES, *supra* note 51, at 1. Studies have also indicated that victims of bullies are much greater risk of suicide ideation than other students. Ian Rivers & Nathalie Noret, *Participant Roles in Bullying Behavior and Their Association With Thoughts of Ending One’s Life*, 31 CRISIS 143, 144 (2010). In addition, the rate of suicide attempts among those children in the child welfare systems is higher than that for children in the general population. Stavros P. Kiriakidis, *Bullying and Suicide Attempts among Adolescents Kept in Custody*, 29 CRISIS 216, 216 (2008). Furthermore, “childhood trauma may predispose individuals to suicidal behavior.” Ana Sfoggia, Marco Antonio Pacheco & Rodrigo Grassi-Oliveira, *History of Childhood Abuse and Neglect and Suicidal Behavior at Hospital Admission*, 29 CRISIS 154, 154 (2008).

56. LGBTQ child abuse victims must be understood as having few psychological protective mechanisms available to ameliorate the cumulative and multifaceted attacks on their mental tranquility. See Jennifer Langhinrichsen-Rohling, Dorian A. Lamis & Patrick S. Malone, *Sexual Attraction Status and Adolescent Suicide Proneness: The Roles of Hopelessness, Depression, and Social Support*, 58 J. HOMOSEXUALITY 52, 53 (2010) (“For many youth, the process of acknowledging that one is gay and sharing that information with peers, friends, and family is considered stressful. Moreover, experiencing same-sex attractions can impact the availability of resources that are available to the adolescent with a problem; in turn, these narrowed options can increase the probability of suicidal behavior in these youth.”) *Id.* at 56, 61-62. (noting that increased stressors related to LGBTQ suicide include: “increased likelihood of experiencing other related stressors; increased internal conflict regarding one’s sexuality; greater levels of victimization; reduced peer support; and/or increased family discord related to the adolescent’s sexual orientation and dating behavior. . . , and hopelessness and depression”); see also Joan Rosenbaum Asarnow, Larry J. Baraff, Michael Berk, Charles S. Grob & Mona Devich-

Navarro, *An Emergency Department Intervention for Linking Pediatric Suicidal Patients to Follow-Up Mental Health Treatment*, 62 PSYCH. SERV. 1303, 1308 (2011) (pointing out that although “we currently lack treatments with clear evidence documenting efficacy for reducing suicide attempt rates by adolescents. . .,” follow-up outpatient treatment after emergency treatment does appear to be a promising development.).

57. David R. Katner, *Confidentiality and Juvenile Mental Health Records in Dependency Proceedings*, 12 WM. & MARY BILL RTS. J. 511, 538-539 (2003-2004).

58. LGBTQ youth are caught in a trap: if they disclose their sexual identity, they fear the negative consequences; however, their inability to share their deepest concerns leads to isolation where they cannot benefit from those who could help them cope. See Michael Sadowski, Stephen Chow & Constance P. Scalon, *Meeting the Needs of LGBTQ Youth: A “Relational Assets” Approach*, 6 J. LGBT YOUTH 174, 175 (2009) (“Isolation is one of the experiences gay and lesbian youth have reported consistently in research published over the last two decades. . . [and] more than 95 percent of gay and lesbian youth in one study experienced ‘feelings of being alone, of being the only one who feels this way, of having no one to share feelings with.’”).

59. Russell et al., *supra* note 47, at 224.

60. *Id.* at 227 (“Population-based studies have consistently shown that students who identify or are perceived to be LGBT are at dramatically higher risk for a wide range of health and mental health concerns including sexual health risk, substance abuse, and suicide, compared with their heterosexual peers.”); *Id.* at 228 (observing that LGBT children have varying levels of persistence, which helps them cope with negative social reactions; one study found that the strongest variables that affect resilience are “higher self-esteem, a higher sense of personal mastery, and greater perceived social support. . .”); see also Arnold H. Grossman, Anthony R. D’Augelli & John A. Frank, *Aspects of Psychological Resilience among Transgender Youth*, 8 J. LGBT YOUTH 103, 112 (2011).

61. Child Witness Project, *Three Years After the Verdict: A Longitudinal Study of the Social and Psychological Adjustment of Child Witnesses Referred to the Child Witness Project* 96 (CTR. FOR CHILDREN & FAMILIES IN THE JUSTICE SYS., SEPTEMBER 1993), available at <http://www.lfcc.on.ca/3yrsexecsum.pdf>.

62. *Id.* at 112, 114, 117.

63. Ross E. Cheit, Yael Shavit & Zacherty Reiss-Davis, *Magazine Coverage of Child Sexual Abuse, 1992-2004*, 19 J. CHILD SEXUAL ABUSE 99 (2010); Lisa M. Jones, David Finkelhor & Jessica Beckwith, *Protecting*

Victims' Identities in Press Coverage of Child Victimization, 11 JOURNALISM 347 (2010) [hereinafter Jones et al.].

64. Jones et al., *supra* note 63, at 347.

65. *Id.* at 354. Some media reports have a doubly negative impact on child abuse victims. First, they identify the child, and second, they sometimes present child sexual abuse victims “as less than innocent parties to their own abuse. . .” See also Nicole Corbella & Steven J. Collings, *The News about Child Sexual Abuse: A Systematic Analysis of Reports in the South African English-Language Press*, 35 SOC. BEHAV. & PERSONALITY 387, 395 (2007).

66. See CAL. WELF. & INST. CODE § 300.2, *supra* note 2.

67. In a recent article, William Wesley Patton analyzed dozens of media ethics codes in the U.S. and in over two dozen foreign countries, and determined that no media codes prohibit the publication of identifying information about all three classes of child abuse victims who appear in California dependency courts. William Wesley Patton, *The Psychiatric Implications of Media Ethics Code Policies Regarding the Publication of Child Abuse Victim Data: A Universal Deontological Model Code*, 16 U.C. DAVIS J. JUV. L. & POL. 37 (2012)

68. Melissa Ming Foyne, Jennifer J. Freyd, & Anne P. DePrince, *Child Abuse: Betrayal and Disclosure*, 33 Child Abuse & Neglect 209, 210 (2009) [hereinafter Foyne et al.]; see also Lisa Aronson Fontes & Carol Plummer, *Cultural Issues in Disclosure of Child Sexual Abuse*, 19 J. CHILD SEXUAL ABUSE 491, 493 (2010) [hereinafter Fontes & Plummer].

69. David Finkelhor & Charles Putnam, *Protecting the Privacy of Child Crime Victims*, 17 NAT'L CTR FOR PROSECUTION OF CHILD ABUSE 2 (American Prosecutors Research Institute, 2004) [hereinafter Finkelhor & Putnam]. Heterosexual male child abuse victims often do not disclose abuse by women because their peers will think that they are not “manly”, and also withhold abuse committed by a male because of a fear of being “suspected of being gay. . .” Fontes & Plummer, *supra* note 68, at 498.

70. Sarah E. Ullman, *Relationship to Perpetrator, Disclosure, Social Reactions, and PTSD Symptoms in Child Sexual Abuse Survivors*, 16 J. CHILD SEXUAL ABUSE 19, 21 (2007); see also Foyne et al., *supra* note 68, at 210 (“[I]f disclosure of a negative experience leads to *negative* feedback, *nondisclosure* actually predicts better outcomes.”). At the March 1, 2010 Judiciary Hearing on California Assembly Bill 73 (which would have presumptively opened the dependency courts to the press and public), an abused child who is a member of the California Youth Connection testified that many abused children do not want “their business put out there” and instead want privacy and confidentiality in child abuse proceedings.

71. For an interesting analysis of how the United States Defense

Directive 1304.26 (10 U.S.C. § 654 (1993)), more commonly known as “Don’t Ask Don’t Tell,” affected relationships when LGBT soldiers were forced operate in silence about their sexual orientation and/or identity, see Shawn A. Trivette, *Secret Handshakes and Decoder Rings: The Queer Space of Don’t Ask/Don’t Tell*, 7 SEXUALITY RESEARCH & SOC. POL’Y 214, 214 (2010).

72. Faye Mishna, Peter A. Newman, Andrea Daley & Steven Solomon, *Bullying of Lesbian and Gay Youth: A Qualitative Investigation*, 39 BRIT. J. SOC. WORK 1598, 1607 (2008) (Pointing out that providing LGBT youth with necessary and proper governmental support is difficult because they comprise 35 percent of homeless youth and their “‘nomadic’ existence results in having few resources at their disposal, low educational outcomes, few job opportunities, and unreliable relationships. . . .”); see also Jen Reck, *Homeless Gay and Transgender Youth of Color in San Francisco: “No One Likes Street Kids” – Even in Castro*, 6 J. LGBT YOUTH 223, 224, 226 (2009).

73. Daniel J. Carragher & Ian Rivers, *Trying to Hide: A Cross-National Study of Growing Up for Non-Identified Gay and Bisexual Male Youth*, 7 CLIN. CHILD PSYCHOL. & PSYCH. 457, 460, 468 (2002). “Those gay and lesbian adolescents who manage to hide their sexual orientation experience the stress of constantly monitoring their behavior, of trying to behave heterosexually. . . and living with the fear of being discovered.” Travers & Schneider, *supra* note 50, at 358.

74. *CWS Stakeholders Group: CWS Redesign: Conceptual Framework 41* (May 2002) (estimating that between 70 to 84 percent of dependent children need mental health services); *Court Orders Community Mental Health Services for Thousands of California Foster Children* (Mar. 15, 2006), available at <https://www.aclusc.org/releases/view/101688> (“[C]hildren in foster care . . . are among the populations of most concern because they have the greatest need for services, defined by a higher risk for or prevalence of mental disorder than a relevant comparison population.”); OFF. OF THE SURG. GEN., CTR FOR MENTAL HEALTH SERVS. & NAT’L. INST. OF MENTAL HEALTH, *MENTAL HEALTH: CULTURE, RACE & ETHNICITY* 16 (August 2001), available at <http://www.ncbi.nlm.nih.gov/books/NBK44243/>.

75. CO. OF LOS ANGELES DEPT. OF MENTAL HEALTH AGENCY REP., *THE STATUS OF CHILD ABUSE IN LOS ANGELES*, at 218, 225 (ICAN 2010), available at http://ican.co.la.ca.us/PDF/Data_2010.pdf [hereinafter *CHILD ABUSE IN LOS ANGELES*](pointing out that in one study “gay males (42%) were more likely to meet criteria for a major depressive episode than heterosexual males (24%). Sexual minority youths were also more at risk for suicidal ideation (73%) than were heterosexual adolescents

(53%). . .[and] [l]esbians (64%) were nearly twice as likely as their heterosexual counterparts (37%) to have attempted suicide.”); Maurice N. Gattis, *Psychological Problems Associated With Homelessness in Sexual Minority Youths*, 19 J. HUMAN BEHAV. SOC. ENVT. 1066, 1070 (2009).

76. Robert Racusin, Arthur C. Maerlender, Anjana Sengupta, Peter K. Isquith & Martha B. Straus, *Psychological Treatment of Children in Foster Care: A Review*, 41 COMMUN. MENTAL HEALTH J. 199, 202-293 (2005).

77. Tyrone Donnon, *Understanding How Resiliency Development Influences Adolescent Bullying and Victimization*, 25 CAN. J. SCH. PSYCHOL. 101, 102 (2010). Having strong resiliency lowers victimization. *Id.* at 110. Although self-esteem may increase resiliency, “high degrees of heterosexist discrimination influences PTSD symptoms both directly and indirectly by diminishing one’s self-esteem, which in turn results in more PTSD symptoms.” Dawn M. Szmanski & Kimberly F. Balsam, *Insidious Trauma: Examining the Relationship between Heterosexism and Lesbian’ PTSD Symptoms*, 17 TRAUMATOLOGY 4, 9 (2010).

78. Shawn C. Marsh, William P. Evans & Daniel J. Weigel, *Exploring Models of Resiliency by Gender in Relation to Adolescent Victimization*, 4 VICTIMS & OFFENDERS 230, 231 (2009).

79. *Id.* at 232, 242.

80. *Id.* at 243. The “minority stress” model “describes stress processes, including the experience of prejudice events, expectations of rejection, hiding and concealing, internalized homophobia, and ameliorative coping procedures.” Meyer, *supra* note 27, at 675 (“Recent analyses suggest that for lesbians, gay men, and bisexuals, empirical evidence about stress processes and the main effect support social stress hypotheses. Studies have shown that lesbians, gay men, and bisexuals who experience more prejudice-related stress have more mental health problems than those who have experienced less stress. . .”); Sharon Schwartz & Ilan H. Meyer, *Mental Health Disparities Research: The Impact of Within and Between Group Analyses on Tests of Social Stress Hypotheses*, 70 SOC. SCI. & MED. 1111, 1113 (2010).

81. Kate L. Harkness, Alanna F. Bruce & Margaret N. Lumley, *The Role of Childhood Abuse and Neglect in the Sensitization to Stressful Life Events in Adolescent Depression*, 115 J. ABNORMAL PSYCHOL. 730, 730 (2006) (“GLB adolescents also experience more depressive symptoms compared with heterosexual adolescents”); Claire McCallum & Suzanne McLaren, *Sense of Belonging and Depressive Symptoms Among GLB Adolescents*, 58 J. HOMOSEXUALITY 83, 84 (2011) (Suicide rates and depression of LGBT youth are “strongly linked to homophobia, youth victimization, harassment, and rejection in their homes, schools, and communities).

82. U.S. DEPT OF HEALTH & HUMAN SERVS., SUBSTANCE ABUSE &

MENTAL HEALTH SERVS. ADMIN. CTR. FOR MENTAL HEALTH SERVS., FUNDING & CHARACTERISTICS OF STATE MENTAL HEALTH AGENCIES 2009, xiii, , *available at* <http://store.samhsa.gov/shin/content/SMA11-4655/SMA11-4655.pdf> [hereinafter FUNDING & CHARACTERISTICS] (“From 2005 to 2007, the majority of SMHAs [state mental health agencies] experienced budgetary expansion and an increase in the number of persons served. However, during 2008, the U.S. economy began a drastic slowdown resulting in the deterioration of state government finances. As a result, almost all state governments are experiencing major declines in state revenue, forcing 48 states to reduce expenditures for FY 2009 and FY 2010. Readers are cautioned that growth in state mental health services may not continue beyond the period covered in this report. During the summer of 2009, the National Association of State Mental Health Program Directors (NASMHPD) Research Institute, Inc. (NRI), surveyed SMHAs about the impact of the recession on mental health services. Of the 45 SMHAs responding, 89 percent have experienced a reduction to their fiscal 2010 budgets. While the budget reductions in some SMHAs are relatively small, nine face budget cuts greater than 10 percent to their mental health programs in 2010. Five SMHAs expect budget reductions of five to 10 percent, and an additional 13 SMHAs anticipate budget cuts, but whose budgets had not been finalized to the point they could report specific budget reductions.”); Am. Acad. of Pediatrics, *Insurance Coverage of Mental Health and Substance Abuse Services for Children and Adolescents: A Consensus Statement*, *available at* <http://aappolicy.aappublications.org/cgi/content/full/pediatrics;106/4/860> (“Mental health needs of children and adolescents are increasing while access to behavioral health, mental health, and substance abuse services is decreasing.”).

83. ST. OF CALIF. GOV.’S BUDGET, ENACTED BUDGET SUMMARY 2011-12, HEALTH & HUMAN SERVS., *available at* <http://www.ebudget.ca.gov/2011-12-EN/pdf/Enacted/BudgetSummary/HealthandHumanServices.pdf>.

84. *No. CV-02-05662 AHM (SHx)*, *US District Court for the Central District Court of California/Western Division*, filed December 20, 2002. *For a history of Katie A. v. Bonita*, visit http://www.youthlaw.org/litigation/ncyl_cases/child_welfare/00/. *For the Los Angeles County Department of Mental Health’s response to Katie A.*, see CHILD ABUSE IN LOS ANGELES, *supra* note 75.

85. *CWS Stakeholders Group: Summary of CWS Stakeholders Conceptual Framework: Year Two Report 13* (February 2003) see also Paul J. Wright & Christopher J. McKinley, *Mental Health Resources for LGBT Collegians: A Content Analysis of College Counseling Center Web Sites*, 58 J. HOMOSEXUALITY 138, 145 (2011) (finding that mental health services for LGBT college students are totally inadequate; “despite the fact

that LGBT students are at a disproportionate risk for violence and harassment, only 30% of counseling centers stated that they offered individual counseling for LGBT students and only 11.3% stated that they offered group counseling for LGBT students.”); Erik Eckholm, *States Slashing Social Programs for Vulnerable*, N.Y. TIMES, Apr. 12, 2009, at A1 (reporting on how the sustained economic recession during 2008-2009 required many states to reduce drastically their governmental mental health services to abused children).

86. FUNDING & CHARACTERISTICS, *supra* note 82, at 18. In addition, children served through state mental health facilities have the highest per day cost of treatment than any other segment of the population serviced. *Id.* at 74. The poor economy has affected the child dependency system in the following ways: (1) hiring slowdowns or freezes; (2) consolidation of DCFS field offices; (3) elimination of contracts with private mental health care provider; and (4) non-profit service providers have reduced staff and salaries. Bruce A. Boyer & Amy E. Halbrook, *Advocating for Children in Care in a Climate of Economic Recession: The Relationship Between Poverty and Child Maltreatment*, 6 NW. J. L. & SOC. POL’Y 300, 308-309 (2011) [hereinafter Boyer & Halbrook]; Elizabeth T. Boris, Erwin de Leon, Katie L. Roeger & Milena Nikolova, URB. INST. NAT’L. STU. OF NONPROFIT-GOV’T. CONTRACTING 1 (2010), <http://www.urban.org/UploadedPDF/412227-National-Study-of-Nonprofit-Government.pdf>. In addition, during economic downturn, the “availability of contract-based therapeutic services” is substantially reduced, and attorneys within dependency court systems have complained that parents and children within the system must suffer much more “extensive waiting periods for psychological evaluations, which often form the foundation for meaningful therapy.” See Boyer & Halbrook, *supra* note 86, at 311.

87. Surg. Gen. Workshop Agenda, *Making Prevention of Child Maltreatment a National Priority: Implementing Innovations of a Public Health Approach*, NAT’L INSTS. OF HEALTH (March 30–31, 2005), available at <http://www.surgeongeneral.gov/topics/childmaltreatment/>.

88. U.S. Public Health Service, *Rep. of the Surg. Gen. Conf. on Children’s Mental Health: A Nat’l Action Agenda*. U.S. DEPT. OF HEALTH AND HUMAN SERVICES (2000) at 4, available at <http://www.surgeongeneral.gov/cmh/default.htm>.

89. Finkelhor & Putnam, *supra* note 69, at 1.

90. Meyer, *supra* note 27, at 680 (“Research has suggested that LGBT youth are even more likely than adults to be victimized by antigay prejudice events, and the psychological consequences of their victimization may be more severe”); see also Kathryn E. Grant, Bruce E. Compas, Alice F. Stuhlmacher, Audrey E. Thurm, Susan D. McMahon & Jane A. Halpert,

Stressors and Child Adolescent Psychopathology: Moving From Markers to Mechanisms of Risk, 129 PSYCHOL. BULL. 447 (2003). Haas et al., *supra* note 49, at 22 (“[C]onsensus has grown among researchers that at least part of the explanation for the elevated rates of suicide attempts and mental disorders found in LGB people is the social stigma, prejudice and discrimination associated with minority sexual orientation.”).

91. Cai Wilkinson & Anna Kirey, *What’s In A Name? The Personal and Political Meanings of “LGBT” for Non-Heterosexual and Transgender Youth in Kyrgyzstan*, 29 CENT. ASIA SURV. 485, 489 (2010) (“[N]ot disclosing one’s non-heterosexual or transgender status still requires information control, since there is a danger of being ‘outed’, that is, having someone discover one’s status.”).

92. See HIDDEN INJUSTICE, *supra* note 9, at 7 (One of the “Core Recommendations” by the Equity Project for LGBT children is that all “[j]uvenile justice professionals must adhere to all confidentiality and privacy protections afforded LGBT youth. These protections must prohibit disclosure of information about a youth’s sexual orientation and gender identity to third parties. . .without first obtaining the youth’s consent.”); A PLACE OF RESPECT, *supra* note 17, at 34 (“Disclosure should not occur without first talking with the youth and obtaining his or her consent.”).

