

Executive Summary of the Sexual Orientation, Gender Identity and Expression (SOGIE) Supports among Youth in Care Report (2026)



"I think it should be more talked about."

Sexual Orientation, Gender Identity and Expression (SOGIE)
Supports among Illinois Youth in Care

SEPTEMBER 2026



Executive Summary

Since 2022, the Illinois Department of Children and Family Services Division of Diversity, Equity and Inclusion has partnered with Northern Illinois University's Office of Translational Research to lead applied research focused on improving support for Sexual Orientation, Gender Identity and Expression (SOGIE) among children and youth in care. Few child welfare jurisdictions (if any) in the United States have conducted statewide research to understand the SOGIE identities of youth in care and their needed supports. Even fewer jurisdictions have gathered youth perspectives on the level of support they have received both through trusted adults and child welfare services. The Illinois 2025 Youth in Care SOGIE Supports Survey invited all Illinois youth in care aged 12 and older to provide feedback about SOGIE supports they have accessed and those they want to receive. The 2025 survey elaborated on the findings of the 2022 survey summarized in the [Sexual Orientation, Gender Identity and Expression \(SOGIE\) Survey Report](#) published in November 2022.

This statewide survey of Illinois youth in care aged 12 and older was promoted through permanency and residential care staff, foster caregivers, youth services advisors, and the DCFS Office of Communications with promotional materials including a two-page information sheet, a guidance briefing, and a five-minute promotional video. Youth in care were invited to complete the survey from January 23, 2025, through June 23, 2025. **The final survey sample was 659 youth participants, representing approximately 11.3% of youth in care** aged 12 and older (excluding youth with temporary custody orders). Representativeness of the survey sample by age, region, race, ethnicity, and placement type was calculated based on youth in care on February 4, 2025 (shortly after the survey opened as an approximate point-in-time reflection of youth in care over the five-month period).

The analysis of survey representativeness showed that the survey sample of 659 youth in care:

- ❖ Youth in care aged 14 and older proportionately were represented by age. Youth aged 12 and 13 were slightly under-represented in the sample.
- ❖ Statewide, Black youth were proportionately represented. Regionally, Black youth in care were underrepresented in the northern region.
- ❖ Statewide, Latinx youth were proportionately represented in the survey sample. Regionally, Latinx youth in care in central and southern regions were overrepresented.
- ❖ Youth in care who were placed in residential treatment facilities, transitional living programs, group homes, and shelters were overrepresented.
- ❖ Youth in care who were placed in home of relative, youth in college placements, fictive kin, hospital, and juvenile detention centers were underrepresented (See Appendix E for placement type descriptions).



About one-third (31%) of Illinois youth in care survey participants identified as gender diverse, having a diverse sexual orientation, or both.

In this report, LGBTQIA+ refers to lesbian, gay, bisexual, transgender, queer/questioning, intersex, asexual, etc. From this survey research, youth provide nuanced, individual approaches to defining their sexual orientation, gender identity, and expression (SOGIE). Nearly a quarter of the sample (24%) indicated that they are cisgender with a diverse sexual orientation (e.g., not heterosexual). However, nearly all the youth who indicated they were gender diverse (10% of the survey sample) also indicated that they also had a diverse sexual orientation. Only three youth (0.5%) indicated they were heterosexual with a diverse gender. The range of sexual orientation and gender diversity included: 15% bisexual, 6% prefer no labels, 6% lesbian/gay, 5% asexual, 4% pansexual or omnisexual, 3% transgender, 2% non-binary, 2% gender fluid, 2% questioning, 2% queer, 1% intersex, 1% two-spirit, 1% identify as something else.

The vast majority of youth participants (97%) reported having at least one category of supportive adults.

Three-quarters (77%) of survey respondents reported having supportive adults from two or more of 17 categories of adults. The 17 categories fell into four groups: 1) family members and fictive kin, 2) placement caregivers or staff, 3) Illinois child welfare staff, and 4) other service providers. A relatively small total number of youth (2%, $n = 16$) reported “I do not have a positive, supportive relationship with any adult.” Most notably, the overall number of reported supportive adults in youths’ lives was relatively similar across the cisgender/heterosexual, LGBTQIA+, and unknown/prefer no labels groups. Among survey participants, more LGBTQIA+ youth identified DCFS advocates and clinical staff as supportive adults than their cisgender heterosexual peers.

About half of youth participants (46%) identified caseworkers as supportive adults, and just over one-third identified their mother (38%) and other relatives (36%) as supportive adults. One-third of youth

participants (34%) identified their therapists/counselors as supportive adults, and over one-fourth (29%) indicated their teachers/school staff as supportive adults. On average, youth participants identified 3-4 categories of supportive adults ($M = 3.6$, $SD = 2.5$). A similar number of supportive adult categories were reported by youth aged 12-14 ($M = 3.9$, $SD = 2.5$) and youth aged 15-17 ($M = 3.6$, $SD = 2.4$), with no statistical difference found between these two younger and older aged groups.

Half of gender diverse youth participants (10% of the overall sample) reported feeling safe sharing their gender identity in their placement.

Ten percent ($n = 66$) of youth participants identified as gender diverse (agender, genderqueer, genderfluid, intersex, non-binary, trans/transgender, questioning/I am not sure yet, or Two-Spirit). Half of gender diverse youth (50%) felt safe sharing their gender identity with the people in their placements. About one-third of gender diverse youth (36%) reported that adults in their placement affirm their gender identity, and less than one-fourth (23%) expressed that other youth in their placement affirm their gender identity. Some gender diverse youth participants indicated their gender identity was not affirmed in their placement by adults (9%, $n = 6$), and some reported their gender identity was not affirmed in their placement by other youth (17%, $n = 11$).

More than one-third (39%) of gender diverse participants were open about their gender identity. One third of gender diverse youth participants (33.3%) reported they never had their gender identity outed by adults. The remaining 27% indicated they had been outed by one or more categories of adults. Among categories of adults who outed them, gender diverse youth participants more frequently cited adult siblings and other relatives as having outed their gender identity. Compared to other categories of adults, family members and fictive kin were more frequently rated by gender diverse youth as “not trusted at all” to respect their gender identity and expression. Gender diverse youth participants also more frequently reported family members and fictive kin as not knowing their gender identity. Additionally, gender diverse youth participants rated family members and fictive kin more frequently as “rarely” or “only sometimes” respecting their pronouns and chosen name.

Half of youth participants with diverse sexual orientations (29% of the overall sample) reported feeling safe sharing their sexual orientation in their placement.

Nearly one-third of youth participants (29%, $n = 188$) identified as having a diverse sexual orientation (i.e., asexual, bisexual, lesbian/gay, pansexual/omnisexual, two-Spirit, queer, or questioning). Half of youth participants with diverse sexual orientations (51%) reported feeling safe sharing their sexual orientation with the people in their placements. Under one-third of youth with diverse sexual orientations (30%) reported that adults in their placement affirm their sexual orientation, and only 13% reported that other youth in their placement affirm their sexual orientation. Some youth with diverse sexual orientations indicated their sexual orientation was not affirmed in their placement by adults (5%,

$n = 10$), and some reported their sexual orientation was not affirmed in their placement by other youth (9%, $n = 16$).

About one half of youth participants with diverse sexual orientations (56%) reported they never had their sexual orientation outed by adults, and about one-third (31%) were open about their sexual orientation. Digging deeper into specific categories of adults who outed them, three fourths of youth with diverse sexual orientations (78%, $n = 147$) indicated no categories of adults outing them, and 15% indicated one category of adults outed them. Among categories of adults, youth with diverse sexual orientations more frequently cited mothers, foster parents, and other relatives as having outed their sexual orientation.

Compared to other categories of adults, youth with diverse sexual orientations had higher levels of trust in therapists/counselors and caseworkers to affirm their sexual orientation. Similar to findings from gender diverse youth, youth with diverse sexual orientations more frequently reported family members and fictive kin as not knowing their sexual orientation. Among categories of adults, youth with diverse sexual orientations reported a higher level of trust in other service providers (e.g., therapists, counselors). Youth with diverse sexual orientations indicated a lower level of trust with their father and other relatives to respect their sexual orientation.

More than one-third (38%) of LGBTQIA+ youth participants did not know about available resources.

Among 234 youth in care survey participants who accessed DCFS SOGIE resources, 83% said the resources met their needs, and 17% indicated that the resources did not meet their needs. More than one-third (35%) of LGBTQIA+ youth participants indicated they are aware of supportive resources and know how to access them, however, 38% did not know about available resources. One-fourth of LGBTQIA+ youth participants were aware of DCFS resources, but did not know how to access available resources, and a small proportion (2.5%) reported being blocked from accessing DCFS resources. Increased access to SOGIE identity supports is greatly needed, particularly for LGBTQIA+ youth in care.

Youth participants' recommendations emphasized a clear desire for more support, respect, and inclusive environments. Youth reported a general desire for additional support and resources. Youth recommendations included: 1) provide guidance to staff and caregivers in being respectful and open-minded regarding SOGIE identities and showing appropriate boundaries; 2) offer support groups, community-building in PRIDE, and classes on SOGIE topics; and 3) expand SOGIE resources especially on social media, videos, websites, and in-person classes. Youth identified specific examples of support they were interested in, such as help with hormone shots and changing their name. These suggestions highlight the importance of culturally responsive, youth-centered approaches that prioritize belonging, safety, and equitable access to resources.

Recommendations

1. Strengthen identity-affirming practices across all placement types

Youth participants identified inconsistent respect for their gender identity and sexual orientation as a significant concern.

Recommendations:

- ❖ Require all placement providers (traditional foster homes, fictive kin, group homes, and residential facilities) to complete enhanced, mandatory SOGIE-affirming training focused on confidentiality, pronoun use, trauma-informed practice, and understanding outing as a harm.
- ❖ Embed SOGIE-affirming expectations into licensing standards and staff supervision supports at DCFS and among child welfare contributing agencies.
- ❖ Develop placement-specific coaching and technical assistance for caregivers who request support in understanding SOGIE topics and providing supports for LGBTQIA+ youth.

2. Establish youth safety and affirmation protocols

Only half of gender diverse youth participants and half of youth participants with diverse sexual orientations reported feeling safe sharing their identity at their placement.

Recommendations:

- ❖ Ensure all caregivers and placement providers receive training on supportive practices for youth gender identity and sexual orientation.
- ❖ Avoid placing youth with providers where youth have previously experienced harassment, and who have not complied with training requirements.
- ❖ Create standardized, youth co-designed tools to assess placement affirmation and safety.

3. Expand availability and awareness of SOGIE resources

More than one-third of LGBTQIA+ youth participants were unaware of Illinois DCFS SOGIE resources, despite high satisfaction among youth who accessed them.

Recommendations:

- ❖ Develop an outreach plan that ensures youth in care receive SOGIE resource information during intake, placement changes, and quarterly visits.
- ❖ Partner with youth to design age-appropriate outreach – particularly using social media, videos, and websites, which youth identified as preferred formats. Include displays that raise awareness about Illinois DCFS SOGIE resources for placement facilities.
- ❖ Promote youth-friendly resources (e.g., warm support phone line), such as when they experience outing, bullying, or maltreatment, including anonymous options and follow-up requirements.

4. Strengthen the network of adults to support LGBTQIA+ youth in care

While most youth identified several categories of supportive adults, LGBTQIA+ youth relied more on professionals – caseworkers, counselors, DCFS advocates – than on family members or fictive kin. Youth reported being outed most often by family members, including adult siblings and other relatives, creating emotional and safety risks.

Recommendations:

- ❖ Expand access to professional advocates and SOGIE-competent mental health providers.
- ❖ Ensure each youth has designated points of contact trained in SOGIE-affirming practice.
- ❖ Create sponsored clinical support interventions that support SOGIE-identity affirmation with family members, fictive kin, and foster caregivers.
- ❖ Train all staff and caregivers on ethical, developmental, and legal aspects of SOGIE privacy and confidentiality.
- ❖ Support permanency staff to facilitate supportive conversations and decision-making regarding identity-affirming care in youth placements with caregivers, especially for LGBTQIA+ youth experiencing little or no support in their placements for their SOGIE.

5. Tailor SOGIE education and support to youth at their developmental stages

Youth requested classes, support groups, and identity-related learning opportunities, especially digital and peer-centered supports. Recommended supports varied by youth age.

Recommendations:

- ❖ Identify or develop SOGIE education materials and curricula, appropriate for different age groups, co-designed with youth.
- ❖ Expand peer-support opportunities such as Pride groups, support circles, and youth-led learning sessions.
- ❖ Build learning pathways for youth exploring transition-related needs, name changes, or pronoun use.
- ❖ Support and train staff on SOGIE-identity affirming strategies, including using self-identified names and pronouns. Training and supervisory supports should include respecting legally changed names.

6. Build systemwide accountability for SOGIE-Affirming care

High-impact change requires consistent expectations and ongoing monitoring.

Recommendations:

- ❖ Embed SOGIE-affirming expectations into systemic accountability structures – statewide, regionally, and locally with DCFS and Child Welfare Contributing Agencies.

- ❖ As part of early engagement with child protective services, ensure that the investigation process includes asking about youth aged 12 and older about their sexual orientation and gender identity (e.g., staff indicate in contact notes that they asked about youth's SOGIE, their name(s) and pronouns, requests about confidentiality, etc.)
- ❖ Support all staff to tailor SOGIE-related communication and engagement with youth and families in support of children of all ages who self-identify their gender identity as different from their sex assigned at birth. SOGIE identity awareness may occur at an early age.
- ❖ Integrate SOGIE-affirming indicators into monitoring practice, including child protection investigations, licensing reviews, quality assurance processes, and Administrative Case Review (ACR).
- ❖ Track outcomes for LGBTQIA+ youth in care compared to non-LGBTQIA+ youth in care (placement stability, well-being, service access, safety reports) over time.
- ❖ Publish annual updates on SOGIE support implementation and progress.

7. Co-design solutions with youth

Youth participants provided clear recommendations and articulated unmet needs, representing a critical opportunity for partnership.

Recommendations:

- ❖ Continue to work with youth through the Youth Advisory Affinity Group to continue expanding SOGIE policy and programming and to design training content, resource materials, and digital outreach.
- ❖ Continue to involve youth in reviewing and refining survey instruments for future cycles.

8. Expand and strengthen SOGIE-affirming community partnerships

Youth participants' interest in support groups, Pride spaces, and transition-related assistance signals a need for broader community access to SOGIE-affirming resources.

Recommendations:

- ❖ Expand partnerships with LGBTQIA+ community centers, youth organizations, and healthcare providers to expand accessible supports.
- ❖ Facilitate transportation, virtual programming, and flexible scheduling to increase access to supportive resources – particularly important for reaching youth in underserved, isolated, and rural placements.
- ❖ Streamline and expand pathways for youth to receive assistance with name changes, documentation updates, and transition supports where appropriate.

Click here for the full 2026 report, titled, ["I Think It Should Be More Talked About" – Sexual Orientation, Gender Identity, and Expression \(SOGIE\) Supports among Illinois Youth in Care.](#)