LGBTQ individuals' experiences with delays and disruptions in the foster and adoption process

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ABSTRACT

Purpose: This mixed-methods study reports findings from 337 LGBTQ adults in the United States who reported delays or disruptions in the adoption or foster care process.
Methods: An online survey was distributed by Clark University and the Human Rights Campaign (HRC), a large LGBTQ organization, with the goal of understanding LGBTQ individuals' experiences with adoption and foster care.
Results: Respondents highlighted LGBTQ specific and general barriers, at multiple levels (legal, adoption agency, birth/foster family, child) that interfered with (a) timely progression through the adoption/foster care process and (b) permanency planning.
Conclusion: Adoption practitioners need training in the explicit and implicit ways that LGBTQ prospective adopters may be exposed to marginalization and stress in the adoption/foster care process, and legislation preventing the discrimination of LGBTQ prospective parents is needed.

1. Introduction

Sexual and gender minorities—that is, lesbian, gay, bisexual, transgender, and queer (LGBTQ) people—represent an engaged and promising pool of adopters and foster carers. According to large-scale survey data, nearly half of LGB people in the United States without children would like to become parents someday, with at least 46% of LB women having considered adoption at some point, compared to at least 32% of heterosexual women (Gates, Badgett, Macomber, & Chambers, 2007). Further, sexual minorities are at least four times more likely than heterosexual people to adopt, and at least six times more likely to foster children (Gates, 2013). Yet some LGBTQ people in the United States continue to face challenges at various stages of the adoption or foster care process, which may delay the placement of children in their homes, or the legal adoption of those children, and/or result in disruption of those placements—where disruption refers to a breakdown in the adoptive placement prior to legal finalization (Coakley & Berrick, 2008). Both adults and children are negatively impacted by such delays and disruptions. Prospective adopters who encounter prolonged delays may ultimately abandon foster care/adoption as a means of building their families. Children who experience failed placements are subjected to disrupted relationships with caregivers and changes in their living arrangements, school, and community, and may experience negative psychosocial outcomes as a result (Slayter, 2016).

Even though LGBTQ individuals and couples often seek out foster care and adoption as a means of becoming parents, there are still many more LGBTQ individuals and couples who are interested in these routes to parenthood than who actually pursue them, making LGBTQ people an underutilized resource for the many children who need permanent families (Mallon, 2011). It is important to understand the barriers to adoption that LGBTQ adopters may face—including delays (e.g., in the fostering or adoption process) and disruptions (in foster care or adoptive placements). This mixed-methods study uses data from 337 American LGBTQ individuals who (a) had taken steps to foster or adopt children, and (b) reported placement delays and disruptions, to explore the sexual/gender minority specific factors—and, secondarily, the more general factors—that they perceived as contributing to these delays or disruptions. Our findings have implications for practice and policy, in that they can inform (a) how adoption professionals engage LGBTQ families, and (b) how legislation can better protect the rights of LGBTQ parents.

1.1. LGBTQ people and foster care/adoption

Mounting research evidence suggests that sexual minorities are vulnerable to significant and seemingly unjustified obstacles in their efforts to become foster and adoptive parents (Brooks & Goldberg, 2001; Mallon, 2007, 2011). Social workers in child welfare agencies,

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who may possess negative attitudes, expectations, and beliefs about LGBTQ people, play a major role in deciding who is licensed as a foster or adoptive parent (Mallon, 2011). In turn, home studies—formal assessments, written by social workers, of prospective foster or adoptive parents to determine if they are suitable for child placements—may be biased against LGBTQ prospective adopters, reflecting personal or systemic heterocentric views that all children need a mother and a father for normal development to occur (Goldberg, Downing, & Sauck, 2007; Mallon, 2011). LGBTQ people, in turn, may find that their applications to foster or adopt are rejected, or may simply not receive calls for potential placements (Goldberg et al., 2007). They are also vulnerable to ongoing insensitivity and hostility by social workers (Downs & James, 2006; Goldberg et al., 2007; Mallon, 2011), and a general failure to recognize or acknowledge the important role of LGBTQ people as foster carers and adoptive parents (Downs & James, 2006). The specter of stigma can create ongoing anxiety for LGBTQ persons seeking to adopt (Goldberg et al., 2007; Riggs, 2011). In a study of 84 LG and heterosexual foster-to-adopt parents, Goldberg, Moyer, Kinkler, and Richardson (2012) found that LG respondents narrated heightened concerns regarding the security of their placement due to the possibility for discrimination. Similarly, Riggs (2011) conducted focus groups of LG foster carers and found that most participants voiced anxiety about the possibility or probability for heterosexist discrimination, but also qualified their concerns by making statements like, "I don't want to sound paranoid, but…" (p. 221).

The possibility of discrimination may affect LGBTQ applicants in other ways, besides cultivating a heightened level of anxiety. They may be held—or perceive themselves to be held—to a higher standard, in terms of being considered a "legitimate" or acceptable fosterer/adopter (Wood, 2016). They may be coerced (e.g., by social workers) into presenting themselves in ways that downplay their sexuality, or that highlight their "suitability" in distinct ways, such as detailing how they can provide 'gender role models' for children (Hicks, 2008). Indeed, sexual minority applicants often received the message that they will be successful in adopting or fostering only if they characterize themselves as gender normative, monogamous, non-political, and middle-class, and without other "deficits" (besides their sexual orientation, that is), such as mental health or substance issues (Hicks, 2008; Riggs, 2010; Wood, 2016). There is even some qualitative evidence that some LG parents report feeling pressured to take more "difficult" or less "desirable" children—the assumption being that because they themselves are "less desirable," they cannot afford to be choosy (Goldberg, 2012).

Beyond child welfare and adoption workers, birth and foster parents themselves may also be biased against placement of children in LGBTQ parent households. A few studies have explored this dynamic. Ryan and Whitlock (2008) studied 96 lesbian adoptive parents and found that 15% of those who had adopted via the child welfare system identified birth families as a source of bias or discrimination (compared to 5% for private domestic adopters), although the authors did not provide details as to the exact nature of this bias. Goldberg et al. (2012) found that 10% of the LG foster-to-adopters in their study reported encountering resistance by birth family to placing their children with a same-sex couple.

Legal discrimination is another reality that same-sex adopters must navigate. Although currently all states within the U.S. technically allow for adoption by same-sex couples, this is a fairly recent change, with some states having historically maintained an explicit ban of LGBTQ adoption (Goldberg, Moyer, Weber, & Shapiro, 2013) and many others having operated on de facto bans through the requirement of adoptive couples being married (Giambrone, 2015). With the 2015 U.S. Supreme Court decision making same-sex marriage legal (Obergefell v. Hodges, 2015), and the fall of specific LGBTQ adoption bans (e.g., Goldberg et al., 2013), adoption is now theoretically broadly available to LGBTQ people in the U.S. However, the removal of discriminatory legislation (e.g., the gay adoption ban in Florida; federal restrictions on same-sex marriage) does not guarantee immediate change: rather, the threat and

sometimes reality of discriminatory treatment often linger in its aftermath, and both legal and social service systems may function as "gatekeepers," thwarting LGBTQ adopters' efforts to become parents (Goldberg et al., 2013). Furthermore, current U.S. religious exemption bills, which allow private agencies contracting with child welfare departments to deny applications from LGBTQ prospective foster and adoptive parents based on religious or moral convictions, represent a threat to many LGBTQ people interested in or considering parenthood through these routes (Bewkes et al., 2018; Moreau, 2018). The past few years has seen a proliferation of these bills being introduced in U.S. state legislatures, some of which have now become law (Daugherty, 2019). Given this unsteady legal landscape, and a long history of being discriminated against in the courts, LGBTQ people may experience heightened legal concerns with regards to adoption (Brooks, Kim, & Wind, 2012; Goldberg et al., 2012).

Yet the reality is that LGBTQ people may possess certain qualities that make them especially well-suited to adopt or foster. LGBTQ individuals are more likely than heterosexual individuals to be elective or preferential adopters: that is, adoption is more often their "first choice" route to parenthood (Goldberg, 2012; Goldberg & Smith, 2008). Further, among those who have pursued biological parenthood, they are less "preoccupied" with this as the ideal route to parenthood (Goldberg & Smith, 2008), and by extension, may demonstrate greater well-being (i.e., struggle with less infertility-related grief) than heterosexual applicants at the time that they initiate the adoption process (Mellish, Jennings, Tasker, Lamb, & Golombok, 2013). And, children themselves may benefit from placement in LGBTQ adoptive parent homes. In general, adoption is known to promote cognitive and emotional development in children adopted from foster care, and at least some work has shown this to be true in the same-sex adoption context specifically. Lavner, Waterman, and Peplau (2012) examined, longitudinally, the cognitive development and behavior of 82 high-risk children adopted from foster care in same-sex and heterosexual parent households. They found that regardless of family structure, children showed significant gains in cognitive development and maintained similar levels of behavior problems over time. Notably, this was in spite of same-sex parents raising children with greater biological and environmental risks prior to placement. Qualitative work also suggests that youth adopted by LGBQ parents perceive benefits associated with their family structure, including being more tolerant and accepting of differences (Cody, Farr, McRoy, Ayers-Lopez, & Ledesma, 2017; Gianino, Goldberg, & Lewis, 2009). LGBTQ carers may be an especially important resource for LGBTQ youth (Cody et al., 2017), who face additional challenges in achieving safe and supportive placements (Clements & Rosenwald, 2007; Wilson & Kastanis, 2015).

1.2. Delays and disruptions in adoption and foster care

When prospective parents pursue adoption, some potential challenges along the way include delays in approval, placement, or finalization (Goldberg et al., 2012; Reilly & Platz, 2003) and disruptions or dissolutions of adoptive placements—that is, when a pre-adoptive or adoptive placement is ended (Child Welfare Information Gateway, 2012). Although only a few studies have explored sexual minority specific stressors (e.g., stigma) as a potential contributor to delays in the adoption/foster care process (Goldberg, 2012; Goldberg et al., 2012), and no known research has explicitly explored disrupted placements in sexual minority parent households, there exists a more robust literature on delays and disruptions more generally. This work suggests that agency bureaucracy, red tape, disorganization, worker overload, and delays in court proceedings (e.g., termination of parental rights) may contribute to delays in child placement and adoption—and in turn are sources of stress (Goldberg et al., 2012; McCarty, Waterman, Burge, & Edelstein, 1999; McDonald, Propp, & Murphy, 2001). Research on disrupted placements suggests that child, family, and system level factors may be implicated. Child factors that have been linked to a greater

likelihood of disruption include emotional and behavioral disturbance (Berry & Barth, 1990; Testa, Snyder, Wu, Rolock, & Liao, 2015), intellectual disability (Slayter, 2016), and a history of sexual abuse (Nalavany, Ryan, Howard, & Smith, 2008). Older age at placement (Smith, Howard, Garnier, & Ryan, 2006; Wijedasa & Selwyn, 2017), multiple prior placements (Wijedasa & Selwyn, 2017), and being a member of a sibling group (Selwyn, 2019; Smith et al., 2006) are also linked to disruption. Family factors that are linked to a greater chance of disruption include the presence of biological children (Berry & Barth, 1990) and perceived parenting limitations (Barbosa-Ducharne & Marinho, 2019).

Broader system level factors that have been linked to disruption include insufficient access to respite care and lack of access to other needed services (Reilly & Platz, 2003). Foster parents frequently cite inadequate or inaccessible post-placement supports, including ongoing contact with caseworkers, as barriers to placement continuity and success (Barbosa-Ducharne & Marinho, 2019; McDonald et al., 2001; Reilly & Platz, 2003). Foster/adoptive parents who receive inadequate or inaccurate child information (e.g., diagnoses, history) may also be at elevated risk for disruption (McGlone, Santos, Kazama, Fong, & Mueller, 2002; Smith et al., 2006). By extension, greater adoptive parent preparation (e.g., caseworkers sharing relevant, accurate background on the child) may protect against adoption disruption or breakdown (Barth & Berry, 1988; Paulsen & Merighi, 2009; Smith et al., 2006).

1.3. The current study

The current study of 337 LGBTQ individuals aims to explore foster care and adoption delays and disruptions experienced by LGBTQ adults. It attempts to overcome some of the limitations of prior work. Most research on LGBQ adopters' experiences focuses on delays rather than disrupted placements, uses small samples, and does not include transgender participants; and, the general research on reasons for or contributors to disrupted placements does not include same-sex couples (see Brodzinsky & Smith, 2019, for a review). Our study aims to identify perceived barriers to timely progression through the foster or adoption process, and to legal permanency, with attention to the multiple interrelated systems that impact such outcomes. We draw from ecological (Bronfenbrenner, 1988) and minority stress (Meyer, 1995) theories in framing this study. Specifically, we recognize that LGBTQ adopters interact with and are affected by multiple overlapping contexts—including the legal system, adoption agencies, and birth/foster families—and may encounter general and sexual/gender minority specific barriers (which constitute major stressors) within these systems (Bronfenbrenner, 1988; Goldberg et al., 2012). Exposure to such stressors may result in hypervigilance (e.g., surrounding the possibility of current or future discrimination), resistance and confrontation, or, retreat from the adoption process (Goldberg et al., 2013; Meyer, 1995). Our primary research questions are:

1. What sexual/gender minority specific factors, within various contexts, are invoked to account for difficulties in timely or successful placements?
2. Secondarily, what general factors are invoked to account for delays or disruptions?

2. Material and methods

2.1. Description of the sample

The participants (*n* = 337) are all sexual and/or gender minorities in the U.S. who had taken steps towards adoption/fostering and had encountered disrupted or delayed placements. There were a total of 223 (66.2%) cisgender sexual minority women (SMW), 79 (23.4%) cisgender sexual minority men (SMM), and 35 (10.4%) trans or gender

nonconforming (TGNC) participants, 34 of whom identified as LGBQ and one of whom identified as heterosexual. Within the larger TGNC group, 11 identified as trans, 13 as genderfluid, nine as genderqueer, eight as men, seven as nonbinary, seven as women, two as questioning or unsure, and one as agender. Participants could choose multiple gender identity categories. Those participants who identified as men or women also identified with another TGNC identity.

Within the SMW, most (162) identified as lesbian, 30 as bisexual, 14 as gay, eight as queer, three as pansexual, one as asexual, one as questioning/unsure, and four indicated they used another term (e.g., sexually fluid; two-spirit; both lesbian and queer). Within the SMM, most (74) identified as gay; four identified as bisexual and one identified as queer. Within the TGNC participants, 15 identified as lesbian, eight as queer, five as bisexual, three as pansexual, two as gay, one as straight/heterosexual, and one indicated they used another term.

Regarding race, individuals could choose multiple categories. A total of 279 (82.8%) identified as White only, 27 (8.0%) as Latinx or Hispanic only, seven (2.1%) as Black/African American only, one as American Indian/Alaska Native only, and one as Asian only. Fifteen respondents (4.5%) selected multiple categories. Seven identified as White and Latinx/Hispanic; two as White and Black/African American; two as White and American Indian/Alaska Native; one as White and Native Hawaiian/Pacific Islander; one as Black and Latinx; one as Black and Asian; and one as Black and American Indian. Seven participants (2.1%) indicated that they identified with a term other than those listed; these included Jewish and Multiracial.

Participants were 42.72 years of age, on average (*SD* = 10.28; range 23–74). The majority (288; 85.5%) reported being partnered; 49 (14.5%) reported being single. Thirty-nine individuals (11.6%) indicated that they had a disability. The majority (249; 73.9%) reported that they worked full-time; 24 (7.1%) reported that they worked part-time; 25 (7.4%) reported that they were homemakers; 16 (4.7%) said they were retired; and five (1.5%) said they were unemployed.

Participants were asked what states or territories they were in when pursuing adoption or foster care. Some participants identified multiple states. The most frequently represented states were CA (46), TX (28), FL (27), GA (20), CO (18), NY (18), IL (17), MA (14), MN (14), OH (14), KY (13), MO (12), NC (12), VA (12), and OR (11). Ten or fewer respondents endorsed AZ (10), NJ (10), PA (10), TN (9), IN (8), KS (8), LA (8), Washington DC (8), MI (7), OK (6), CT (5), MD (4), VT (4), AK (3), IA (3), MT (3), WI (3), AL (2), AR (2), NM (2), RI (2), SC (2), UT (2), WV (2), DE (1), ID (1), ME (1), MS (1), ND (1), NE (1), and SD (1).

2.2. Procedure

The study was approved by the Clark University human subjects review board. Data were collected from October 2018 to February 2019 via an anonymous online survey hosted by Qualtrics that was designed to advance understanding of how LGBTQ people are navigating adoption and foster care processes. The survey focused on LGBTQ people's attitudes about and experiences with adoption and foster care, and was the result of a partnership between the Human Rights Campaign (HRC) and Clark University. All respondents were able to read English, self-identified as LGBTQ or part of an LGBTQ family, and were over the age of 18.

Participants were recruited through social media platforms such as Twitter, Facebook, Instagram, and Reddit. Some social media posts utilized paid ads, which were set to target LGBTQ people and make it more likely they would see the survey link. Ads included photos that depicted diverse groups of LGBTQ people and families with short messages about the survey. In some ads, the text referenced adoption and foster care specifically, whereas on others, the text was more general (e.g. "Calling all LGBTQ people! Take a survey from the Human Rights Campaign and Clark University for a chance to win $25"). Respondents were given the option to enter a random drawing for one of 20 Amazon.com gift cards. HRC also used a network of

Table 1
Reasons for delay and disruption: legal, agency, birth family, child, and parent domains.

Perceived reasons	Delay	Sample quote	Disrupt	Sample quote
Legal discrimination-SOGI[a]	45[b]	"Florida had a ban on gay adoption when I was placed with our son. Initially I had guardianship but subsequently was able to adopt when the state did not appeal our win in court."	2	"Courts decided to take foster daughter to a grandmother [who] originally did not want to care for the baby. But when she realized our foster daughter had two moms, she hired a lawyer and fought back."
Agency discrimination-SOGI	43	"A private adoption agency with religious affiliation wouldn't work with us."	9	"We fostered to adopt and had an adoption placement. The adoption was canceled due to SW accusing us of indoctrinating the child into being gay."
Agency, SOGI (possible)	27	"Our application was denied after the caseworker attempted to get us to withdraw it. No explanation was given."	2	"Two children placed with us were transferred to other homes [without explanation]."
Foster/birth family preferences-SOGI	8	"The biological mother wanted him to have a father."	6	"We fostered two children…but the bio parents did not support that we are an LGBT family [so they were removed]."
Child preferences-SOGI	4	"Daughter came from a religious foster placement and was apprehensive about the idea of being adopted by two dads, and delayed the adoption twice by telling her lawyer she needed a mom."	–	
Legal, general	11	"The BM appealed termination of parental rights. It took years to go through appellate court."	–	
Agency, non-SOGI discrimination	25	"The agency didn't accept we are polyamorous family."	–	
Agency, bureaucracy	50	"I submitted paperwork… and it was misplaced, shuffled around to social workers, and then sat on a desk."	–	
Agency lack of support	10	"Undisclosed health risks were discovered and we opted out as we felt we weren't the best family to deal with those potential risks."	9	"I had a 15 year old boy placed with me. I was unsupported and undermined by caseworkers. It was a failed placement. I told them to remove him."
Birth family, decided to parent post-placement	–		9	"The birthmother decided to raise the baby after he was in my care for a week."
Birth family, (Re)gained custody	–		8	"We were making plans to adopt 2 foster children who had lived with us for 2 years. The judge…went against the recommendations of the children's advocates and reunited them with a biological parent."
Child preferences, non-SOGI related	–		4	"Child did not want to be adopted."
Child's needs/issues	–		11	"Placement disrupted due to child behavioral issues/violence issues."
Personal (e.g., job, health, financial)	27	"I hit a financial snag before starting the classes and decided it was not the best time."	–	

[a] SOGI = sexual orientation and gender identity.
[b] Numbers constitute the number of participants endorsing a given reason.

organizational partners to distribute the survey link via various networks and listservs.

The total number of participants in the dataset was 3853. Not all participants completed every question. Of the full sample, 3298 respondents self-identified themselves or their partner (and thus relationship) as LGBTQ. We excluded all individuals from the dataset who both identified as heterosexual and as cisgender. (With the exception of one trans heterosexual participant, all other participants were nonheterosexual). We further restricted the dataset to persons who said that they had disrupted or delayed placements (*n* = 392). Of these 392, 337 had gone beyond "thinking about" adoption/foster care as a route to parenthood; they had actually taken steps towards it. Thus, we further restricted the dataset to this group of 337, excluding those who had simply "thought about" adoption/foster care.

2.3. Measures

The average time that participants in this subsample took to complete the survey was 20.77 min (*Mdn* = 9.22, *SD* = 86.48). The survey consisted of demographic questions, including questions about sexual orientation, gender, age, race/ethnicity, employment, income, and partnership status. Questions also assessed attitudes about adoption/foster care, experiences with adoption agencies, and knowledge of state adoption and foster care laws. Most questions were closed-ended, but several were open-ended. The primary questions used in our analysis are:

1. Have you ever taken steps towards adopting or fostering, but the process did not work out and/or was disrupted? (Yes, No, Not sure).
2. *Optional:* Please elaborate on the disruption of your previous foster care or adoption process.
3. *Optional:* If you or another LGBTQ person you know has had either positive or negative experiences with the adoption or foster care process, please share below.

We also examined participants' responses to closed-ended questions about parenthood status, parenthood route, how far they had proceeded in the foster care/adoption process, sources of discrimination in the process, and willingness to pursue foster care/adoption in the future.

2.4. Qualitative data analysis

Responses to the open-ended queries were typically several (e.g., 3–5) sentences of text. A total of 284 of 337 participants (84.3%) responded to the first open-ended question regarding the foster care/adoption process not working out or disrupting, and 60 of these 284 provided additional elaboration in the second open-ended question related to their own experiences with the adoption or foster care process. The first and second author coded the qualitative data using a content analysis method, which is a standard method for examining responses to open-ended questions and represents a process of identifying and categorizing the primary patterns or themes in the data (Patton, 2002). Content analysis represents an organized, systematic, and replicable practice of condensing words of text into a smaller number of content categories (Krippendorff, 1980), with the goal of creating a coding system to organize the data (Bogdan & Biklen, 2007).

The first author initiated the coding process with open coding, which involves examining responses and highlighting relevant passages. Next, she pursued focused coding, which uses initial codes that frequently reappear in order to sort the data, and leads to the specification and refinement of emerging categories or codes. For example, descriptions of agency discrimination were distilled into several subcodes: known or likely, and uncertain or suspected. This process of organizing and sorting is more conceptual in nature than initial coding (Charmaz, 2006). Applying the scheme to the data allowed for the identification of more descriptive coding categories and the generation

of themes for which there was the most substantiation.

The second author independently read through the data and applied the initial coding scheme. Both coders discussed salient points they noted in the responses, a process that led to the refinement of and elaboration upon the initial codes (e.g., descriptions and attributions related to delays and disruption). The second author's input led to the collapsing and/or refinement of several codes, and the development of several new codes. The second coder then applied the final, refined coding scheme to all of the data. The use of two coders enhances the likelihood that the coding scheme is sound, useful, and a good fit to the data (Patton, 2002).

This analysis was carried out using NVivo 12, a qualitative analysis software program developed by QSR International. NVivo allows coders to develop a system of "parent nodes" and "child nodes" to represent different hierarchical levels of the coding system. This system allowed the first coder to build an initial coding scheme into the software that both coders could continue to apply, build, and adapt as necessary. See Table 1 for a list of major codes.

3. Results

3.1. Descriptives

The majority (*n* = 262; 77.7%) of participants were parents, legal guardians, or caregivers of at least one child. Among these, 179 (68.3%) said they became parents via adoption, 141 (53.8%) via foster care, 57 (21.8%) with the help of assisted reproductive technology (e.g., donor insemination, in vitro fertilization, surrogacy), and 31 (11.8%) reported pregnancy through intercourse. Other pathways included stepchildren (five), grandchild (one), relative/kinship placement (one), and rape (one). Participants had an average of 2.25 children (*SD* = 1.41; range 1–6). The majority (*n* = 224; 85.5%) reported that they had the legal authority to make decisions for the children they cared for. Seventeen (6.5%) reported that they had this legal authority for some but not all of their children; 19 (7.3%) reported that they did not have legal authority to make decisions for children in their care; and one person (0.4%) indicated that they were not sure.

Regarding experiences of pursuing adoption/foster care, 206 of 337 (61.1%) said they had pursued adoption/foster care between 2015 and 2018: during or after the year in which same-sex marriage became federally recognized in the U.S. The remaining 131 people (38.9%) pursued adoption/foster care pre-2015. Fifty-two participants (15.4%) said they had actively pursued adoption or foster care (e.g., contacted agency beyond general inquiries), 22 (6.5%) formally submitted an application to adopt or foster a child, 43 (12.8%) had completed a home study to adopt or foster a child, and 220 (65.3%) had expanded their family through adoption or foster care. Sixty-four (19.0%) believed they had been denied by an agency due to their actual or perceived LGBTQ identity, 54 (16.0%) didn't know, and 200 (59.3%) did not believe that they had been denied for this reason. Eighteen participants said this was not applicable as they had never formally applied for adoption/foster care, and one respondent did not answer the question.

When asked which of the following reasons they feared they might be discriminated against during the adoption/foster care process, 213 (63.2%) said sexual orientation, 28 (15 TGNC, 13 cisgender; 8.3%) said gender identity, and 33 (14 TGNC, 19 cisgender; 9.8%) said gender expression. Other reasons were family structure (*n* = 81; 24.0%), age (*n* = 75; 22.3%), religious/spiritual beliefs (*n* = 66; 19.6%), marital status (*n* = 63; 18.7%), relationship status (*n* = 59; 17.5%), work demands/schedule (*n* = 52; 15.4%), financial constraints (*n* = 50; 14.8%), mental health (*n* = 37; 11.0%), race/ethnicity (*n* = 25; 7.4%), lack of support system (*n* = 28; 8.3%), physical health (*n* = 23; 6.8%), education level (*n* = 5; 1.5%), and substance use history (*n* = 1; 0.3%). Twelve indicated other reasons (e.g., size/location of home, *n* = 3; polyamory, *n* = 1).

3.2. Perceived reasons for delays in the foster care or adoption process

Participants' responses highlighted a variety of perceived contributors to delays—that is, stalling or lack of timely progression—in the adoption/foster care process, ranging from the broad (legal, agency) to the more specific and proximal (birth family, child). In some cases, these delays led participants to postpone, or abandon, their efforts to foster/adopt: indeed, 10 participants explicitly stated that they gave up after long delays. We first discuss sexual orientation and gender identity (SOGI) related themes, and then address more briefly general barriers at each level (see Table 1). We follow a parallel structure in the second major section of the Results, when we address perceived reasons for disruption.

3.2.1. SOGI-related discrimination

Perceptions of discrimination through laws and by legal professionals, by adoption agencies and personnel, by birth and foster families, and by children themselves (e.g., in the form of preference for a mother-father family unit) were emphasized by some participants as contributing to delays in the adoption/foster care process.

3.2.1.1. Legal discrimination (n = 45). Some participants (15.8% of the 284 who responded to the open-ended questions) named legal forms of SOGI discrimination, such as state laws, as contributing to delays—for example, by creating extra labor and expense in order to adopt:

> My partner and I had a homestudy as a couple in California. But because the Interstate Compact representative in Louisiana made it extremely difficult for lesbians to take children out of the state, even though the state allowed same-gender adoptions, my partner adopted our son and we had to pay extra to redo the home study as well as repeat the whole process for a second parent adoption. (lesbian woman).

Some respondents went to great lengths to circumvent discriminatory laws in order to adopt, which sometimes created intrapersonal and interpersonal strain: "It was illegal for two lesbians to marry and adopt in Florida so my partner and I decided to stop living together; she adopted as a single person in the closet. The relationship did not survive the forced time apart."

Discriminatory judges and attorneys were identified as powerful cogs in the system that required significant time and energy to navigate in order to adopt:

> We have had custody of the children for over five years. The parents have voluntarily terminated their rights, but the judge in our county refuses to grant our adoption by giving us the run around and saying we have to start all over. We've already invested $10,000 and we have yet to have a day in front of a judge. Lawyers around here don't want their practice to be hurt by representing us and they don't want to upset any of the judges they know personally. (lesbian woman).

This quote illustrates the interconnectedness of these systems, whereby bias in one domain (judges) impact the practices of others (lawyers) (Bronfenbrenner, 1988; Goldberg et al., 2013).

3.2.1.2. Agency discrimination (n = 43). Some respondents (15.1%) described SOGI- related discrimination at the agency level as slowing or stalling their adoption process. Some agencies refused to work with participants, presumably because of their sexual orientation, which resulted in lost time, energy, and faith in the system. In other cases, agency discrimination manifested in the form of the homestudies written by social workers. Participants described how their sexual identities were highlighted in ways that undermined the likelihood that they would be seen as stable, appropriate potential parents:

> The agency added an "addendum," without our consent, that they mailed out with every home study that listed five reasons they

thought indicated reasons for us not to be accepted as adoptive parents. They ranged from not staying together long enough to raise a child since we were not legally married to using the child to advance our LGBTQ agenda by "exposing" him or her to the community. (lesbian woman).

Sometimes discrimination came in the form of social workers refusing to place children with participants ("There were several kids we inquired about in the national foster care system that we could not continue the process with because the agencies did not place into LGBTQ homes"; gay man). In three cases, differential treatment occurred in the form of agency workers informing them that they would only be considered for hard-to-place children: "As White lesbians, we were told we could only adopt children of color or those with disabilities. This was very common amongst all our friends, those using county agencies as well as private agencies." Notably, this type of restriction can lead to placement delays by limiting the potential matches for a family—and, by forcing more challenging placements, agencies may be contributing to more prolonged and difficult adjustments or even disruptions.

In some cases, agency discrimination took the form of interfering with permanency planning. One lesbian woman highlighted how agency discrimination, coupled with birth parent preferences, complicated her adoption process and led to legal proceedings involving the agency:

> Social services refused to terminate parental rights…because the birth parents didn't want the kids to be adopted by lesbians. The birth parents had horribly abused and neglected the children, so adoption was an appropriate action. Social service threatened to look for another adoptive family if they terminated even though the children had been with us three years, and all professionals working with the kids advised that it was in the children's best interest to stay with us and be adopted by us. We had to take the social services to court to force them to terminate rights and allow us to adopt.

Three participants explicitly identified gender identity discrimination by agencies as contributing to a slower, more difficult process. A trans queer respondent shared:

> I was asked invasive questions about my genitals during the homestudy interview and about what surgeries I have had. My whole interview/section of the homestudy report focused on my transition…social workers made comments to us and asked us if we were going to "make the kids trans." … We're pretty sure we had a difficult time being matched with kids because of our homestudy/ because I'm trans.

3.2.1.3. Agency discrimination suspected (n = 27). Some respondents (9.5%) suspected but were not certain that the challenges they encountered with agencies (e.g., denial of their application to adopt; receiving few calls about potential placements) reflected SOGI-related discrimination. Often, they were given little to no explanation for why they were deemed inappropriate candidates for fostering or adoption. A lesbian woman shared, "We do not know if delays or lack of placements is discriminatory or if there are not any cases that match our family. We had…three kids for a year and have not had any placements in the last 4 months." A lesbian woman said that she and her wife were told that they would "only be considered for children who were school-age or older" due to a potential conflict of interest (the participant worked for a state agency that dealt with young children). Yet after she spoke to heterosexual couples who worked for the same agency and had pursued adoption, she "learned that the same rules did not apply to them. We dropped out of the process because we felt we were being discriminated against." In the presence of suspected stigma, but feeling helpless to confront it, some participants responded to the stress associated with discrimination by withdrawing from the process (Meyer, 1995).

3.2.1.4. Birth/foster family preferences and interference (n = 8). Beyond the legal and agency contexts, birth and foster families' beliefs and attitudes about sexual orientation and family structure were occasionally (2.8%) blamed for interruptions and delays in the adoption process. One lesbian woman described how the current foster parents of a child tried to put a stop to the placement: "When they realized we were a same-sex couple, they identified themselves and the child as Christians and made multiple homophobic remarks about.. .the ability of same-sex parents to raise children. The team.. .all backed us up and we were told the current foster parents would be spoken to about their discriminatory remarks." A gay woman shared:

> We had a delay in adoption with the child we adopted and it was by a homophobic distant relative who didn't want the child with two moms. It went on for six months with visits with those people and court dates where they tried to take her away. Thank God the law was on our side and they lost!

3.2.1.5. Child preferences (n = 4). In four cases (1.4%), respondents noted children's preferences not to be placed with or adopted by a two-mom or two-dad household as a factor in the elongated nature of the foster/adoption process, whereby specific children that they were interested in and/or children "in general" declined to be placed with them—sometimes reflecting birth family, foster family, or agency influence. A gay man detailed the time they invested in a potential placement that did not work out for this reason: "We were set to accept a placement of two brothers for adoption.. .We moved things in the home around to make the boys more comfortable.. .only to be told two months later that the boys had written a letter stating they didn't want to be adopted by homosexuals." In another instance, a lesbian genderfluid individual described how they were denied placements based on the child's understanding of family:

> We were denied a child several times because a child stated they wanted a mom and dad. We are unsure if children gave that answer because it's all they knew and if explaining a same-sex couple would have changed their answer. If a child knew a same-sex couple was interested, it should be shared with the child. The "mom/dad" thing may have been the only term the child knew to use or was given for them during paperwork.

3.2.2. Non-SOGI-related reasons

Some participants identified non-SOGI related contributors to delays in the foster/adoption process. These reasons included factors that were external to their family (e.g., legal, agency, and child reasons) and internal family factors (e.g., changes in family circumstances or preferences).

3.2.2.1. General legal issues (n = 11). General legal issues, such as delays in court proceedings, complications around the Indian Child Welfare Act, and a long period of time before a child's birth parents' parental rights were terminated, were cited by some respondents (3.9%) as contributing to an elongated, inefficient adoption/foster care process. A lesbian woman said, "[Our] foster child was in care for 6.5 years prior to adoption due to lengthy court proceedings."

3.2.2.2. Agency discrimination, non-SOGI related (n = 27). Some participants (9.5%) reported agency discrimination based on non-SOGI related personal characteristics. These included fertility (the participant was trying to conceive while trying to adopt; n = 6), housing (e.g., insufficient space; n = 5), race (n = 5), mental health or substance abuse history (n = 3), relationship status (single or polyamorous; n = 3), health (e.g., HIV status; n = 2); age (too old or too young; n = 2); and religion (Jewish; n = 1).

3.2.2.3. Agency bureaucracy, red tape, and fraud (n = 50). Some

participants (17.6%) named general challenges related to agency disorganization and bureaucracy as impeding timely progression through the foster/adoption process. Delays in classes, background checks, and processing of paperwork were frequently mentioned. A lesbian woman said, "Delays seemed.. .closely related to bureaucratic organizational red tape and conflicting information with regards to the paperwork related to the child." In eight of these 50 cases, fraud or bankruptcy was named, such that their agency "took [their money]" before abruptly closing their doors. Said one gay man, "[Agency] declared bankruptcy and we lost all of our money."

3.2.2.4. Agency communication issues (n = 10). Some respondents (3.5%) identified ways in which placements were delayed due to miscommunications and conflicts related to appropriate placements. One lesbian woman described a prolonged experience of miscommunications about proper matches. Although she and her partner repeatedly indicated their interest "in an older sibling group.. .we were repeatedly told it would be difficult to adopt an infant. We put aside pursuit of adoption for several years. When we returned to the process we did end up.. .adopting an infant, although we stated interest in any age under six!" A few respondents described explicit conflicts with agencies that delayed their adoption process and led them to switch agencies or give up on the process. A bisexual woman said, "They tried to place a child with us with special needs that we were unable to safely accommodate and when we refused we were never contacted again, essentially 'black balled' for not accepting a child we felt unskilled to look after."

3.2.2.5. Personal, self-initiated (n = 27). Some participants (9.5%) noted that delays or interruptions, including halting the foster care or adoption process temporarily or permanently, were due to personal reasons. These included financial issues (n = 9), educational or career transitions (n = 4), health crises (n = 3), changes in relationship or marital structure (e.g., becoming single; n = 3), and partners not supporting adoption (n = 3). Five participants named general timing issues (e.g., they did not feel it was the right time to become parents).

3.3. Perceived reasons for disrupted/failed placements and failed matches

Participants named a variety of SOGI-related contributors to disrupted or failed placements and matches, which we discuss, followed by general reasons. Overall, fewer participants discussed reasons for disrupted placements than delays in the adoption/foster care process, likely reflecting the fact that disruptions are far less common than routine delays.

3.3.1. SOGI-related discrimination

Participants described SOGI-related discrimination in the legal system, by adoption agencies and personnel, and by birth and foster family that impacted the disruption or failure of their foster and adoptive placements.

3.3.1.1. Legal discrimination (n = 2). In two cases (0.07%), legal discrimination was cited as a factor in the removal of children from respondents' homes. A gay man said: "The judge ordered 'return to parent,' saying kids deserved chance to grow up with a mother, knowing [that we, the] foster parents were two gay men."

3.3.1.2. Agency discrimination (n = 9). Some respondents (3.2%) described situations that highlighted SOGI-related discrimination by child welfare agencies, adoption agencies, and/or social workers as a factor in the disruption of a child placement. A lesbian woman stated: "Child was removed from our care and placed in a residential facility because they decided he needed a 'father figure.'" Discrimination was even invoked by participants who were placed with hard-to-place, and also potentially LGBTQ children:

They removed the 14-year-old child, who self-identified as "questioning"…after a discussion in our home about how he wanted a father (on Father's Day, no less). The social worker (also a licensed attorney) came to our home and told us we had to "suspend" talking about "sexual orientation" and "adoption." When we refused, she removed the child that day (Father's Day) and he never returned. (lesbian woman).

3.3.1.3. Agency discrimination suspected (n = 2). Two respondents (0.07%) stated that they suspected SOGI-related discrimination as a reason for their disrupted placement(s), but could not confirm it. In both cases, children were moved from the respondent's home to another placement without explanation—yet the circumstances surrounding the child's removal seemed to point to discrimination. One lesbian woman shared that shortly after her child's former foster parents "discovered that we are gay," the agency tried to "find another placement for the child."

3.3.1.4. Birth/foster family preferences and interference (n = 6). In a few cases (2.1%), placements disrupted when birth family members realized the child had been placed with a two-mom or two-dad family, and resisted the placement. A lesbian woman said, "The grandmother originally did not want to care for the baby. But when she realized our foster daughter had two moms, she hired a lawyer and fought back." Another lesbian said: "We fostered two children.. [but the] bio parents did not support that we are an LGBT family [so they were removed]."

3.3.2. Non-SOGI-related reasons

Some participants identified non-SOGI related contributors to disruption—namely, a variety of agency related reasons, difficulties with the "match" of the placement, and some child-specific reasons.

3.3.2.1. Agency lack of support or guidance (n = 9). Some respondents (3.2%) felt that the lack of post-placement support and guidance by agencies and professionals played a role in the disruption of their placements. In some cases, too, they felt misled by professionals regarding the nature and severity of the child's needs. These participants tended to say they initiated the disruption (i.e., they requested the removal of the child), rather than it resulting from outside intervention. A lesbian woman shared that the disruption of an at-risk teen placed in their home was "due to the agency not cooperating with her care needs. We did not feel supported by the agency staff." A queer woman said: "We were placed with a child who was not a good match for our family.. .but we thought we needed to say yes or they'd refuse to place another child with us. We disrupted at six months when we'd received minimal support with the bad match."

3.3.2.2. Birth family changed mind/decided to parent (n = 8). Some respondents (2.8%) were placed with children via private domestic adoption (which involves voluntary relinquishment of children), after which the birth mother changed her mind and decided to parent. (Birth mothers have a period of time, typically weeks to months, to sign relinquishment papers and/or change their minds after placement.) A lesbian woman shared: "[It was] an adoption of a newborn through an agency. The mother decided to parent after I had custody of him for a week."

Of note is that 23 additional respondents stated that the expectant parents changed their mind post-match but pre-placement, typically because they decided to parent. Although not a failed or disrupted placement, these participants did experience a jarring shift in plans whereby they had imagined and planned for a particular child—and open adoption—but then experienced the sudden termination of those fantasies when the expectant parents decided to parent.

3.3.2.3. Change in plan for permanency; birth family (re)gained custody (n = 20). Participants who were pursuing adoption via foster care inevitably encountered situations where children in their care were removed from their homes and placed with birth family, ending the placement and negating the possibility of adoption (7.0%). A lesbian woman said: "He was with us from birth to 2. We became guardians moving towards adoption, with the [biological] mom's blessing. [The] biological father swooped in a year later, state paid for DNA testing, he was granted custody. [The] father was supposed to keep in contact and let [child] visit.. .but he disappeared."

3.3.2.4. Child needs/challenges too much to handle (n = 11). Closely interrelated with agency lack of preparation or support was the issue of children's emotional/behavioral problems as being "too much to handle," and ultimately the reason for disruption. Some participants (3.9%) asserted that the children they were placed with presented with needs and challenges that they felt were unmanageable. A lesbian woman shared that she was unprepared for the level of their child's "sexualized behaviors, [which] made him a risk to the community, and he was then placed in a residential treatment home."

3.3.2.5. Child preferences (n = 4). In a few cases (1.4%), children's preferences not to be adopted at all, and/or to age out of the system, were invoked as the reason for a disrupted placement. A lesbian woman said: "The child was 17 and wasn't interested in being adopted; she just wanted somewhere to wait until she aged out."

4. Discussion

In light of their interest in foster care and adoption (Goldberg, 2012), LGBTQ people should be regarded as highly valuable assets by the child welfare system and adoption agencies (Brooks & Goldberg, 2001; Mallon, 2011), yet they continue to face challenges at various stages of the adoption or foster care process. Such challenges may delay the placement of children in their home, or the legal adoption of those children, and/or result in disruption of those placements (Coakley & Berrick, 2008). Given the current attacks on the rights of LGBTQ people to become foster carers or adoptive parents in the U.S. (Daugherty, 2019), it is more important than ever to understand the nature and consequences of heteronormative practices in the child welfare and adoption systems. The current study, which aimed to examine barriers to timely progression through the adoption/foster care process, and to legal permanency, suggests that, like heterosexual applicants, LGBTQ individuals who seek to adopt or foster encounter routine annoyances and frustrations (e.g., overworked caseworkers) but also contend with SOGI-related discrimination, in multiple contexts (Bronfenbrenner, 1988; Meyer, 1995). Both may result in LGBTQ people abandoning their efforts to foster or adopt.

Prior studies of barriers faced in the foster-care and adoption process by LGBTQ people were characterized by small samples, the absence of gender minorities, and lack of explicit exploration of sources of delay or disruption specifically (Goldberg et al., 2007, 2012; Riggs, 2011; Wood, 2016). These studies, however, documented that discriminatory laws are sources of stress for LGBTQ adopters (Goldberg et al., 2007); and, SOGI-related discrimination by agencies is not uncommon (Downs & James, 2006; Goldberg et al., 2007) and manifests at every stage of the process, including the homestudy process and agency programming and training (Goldberg, 2012; Goldberg et al., 2007; Mallon, 2011). Further, this work documented that some LGBTQ foster/adoptive applicants describe suspicions of agency discrimination without "proof," leaving them to wonder about what to do (Goldberg et al., 2012; Riggs, 2011). Birth parent bias has been described as well, with between 10 and 15% of participants explicitly commenting on this source of SOGI-related discrimination (Goldberg et al., 2012; Ryan & Whitlock, 2008). And, other sources of stress and delay in the foster care and adoption process (disorganization, heavy caseloads) have also been documented

among LGBTQ adopters (Goldberg et al., 2012).

This study builds on this research to highlight how these and other sources of bias, such as children, are interconnected, and, how they may lead to delays or disruptions. For example, participants identified instances of how the behavior of biased judges impacted the practices of attorneys, including their willingness to take on LGBTQ adopters as clients. Participants also shared examples of children espousing preferences for a mom-dad household, perhaps reflecting the impact of foster parent or agency biases and language. Heterosexist stigma, then, may proliferate across all major systems that LGBTQ prospective adopters interface with, amplifying their stress during an already stressful process (Goldberg et al., 2013; Meyer, 1995).

Indeed, our findings highlight how bias against LGBTQ prospective foster and adoptive parents manifests in both subtle and explicit ways across many of the interrelated systems involved in child adoption and foster care, and may have serious consequences—for example, elevating the chance that LGBTQ people will give up on parenthood, or increasing the likelihood that placements will disrupt. Indeed, exposure to LGBTQ-related discrimination by the legal system, agencies, and birth/foster family members, combined with the routine "hassles" (e.g., red tape, delays in court proceedings) associated with foster care and adoption, may lead some LGBTQ people to abandon foster care or adoption as a means of building their families. Although some participants responded to such challenges by taking a break from the process, switching agencies or methods of adoption, or spending money on legal counsel, others simply gave up on their parenting goals. Likewise, this study points to how certain agency practices, such as placing hard-to-parent children in LGBTQ parent homes, may increase these families' risk for disruption. LGBTQ parents who are pressured to take "hard-to-place" youth because of agency professionals' devaluation of their parenting, for example, are also likely to struggle with their children's behavior, feel that they need more supports than they have, and be at risk for disruption. In this way, SOGI-related bias in any part of the foster care or adoption system is likely to lead to additional problems that may lead to elevated risk for delays and disruptions.

4.1. Implications for practice

LGBTQ applicants need protection against discrimination—such as in the form of rules and guidelines for child welfare professionals. Failing to provide such protection can fuel anxiety for LGBTQ applicants, who may worry about agency discrimination when, for example, they are not getting calls about prospective children—anxiety that is not unreasonable or ill-placed, given LGBTQ people's vulnerability to systemic discrimination (Goldberg et al., 2007; Riggs, 2011). Our respondents not only pointed to instances of obvious agency SOGI-related discrimination as impacting the timeliness or permanency of their placements, but also highlighted suspected or possible discrimination, the uncertainty of which likely created additional stress as they tried to navigate the often difficult and exhausting adoption/foster care process (Meyer, 1995). Further, not only did one out of five participants believe that an agency had declined to work with them because of their LGBTQ identity, but almost one in six said they were unsure or did not know whether this was the reason for a denial. Such uncertainty may itself be a source of strain.

Child welfare and adoption agency personnel should actively pursue ongoing training regarding the needs and experiences of LGBTQ foster care and adoption applicants. Agency staff should be educated about the role and impact of heteronormativity and cisnormativity in the lives of LGBTQ people—as well as the strengths that they bring to adoption and foster care. Agencies should also not only enforce practice guidelines, such that the consequences of workers engaging in discriminatory behavior are clear (Riggs, 2011), but also do a thorough evaluation of their programming, materials, supports, and resources, with an eye towards their treatment of LGBTQ applicants. For example, they should ensure that their paperwork is explicitly inclusive of individuals with a range of gender identities and sexual orientations, and they should review the questions asked of expectant parents as well as children in foster care to ensure that they do not implicitly or explicitly privilege a particular type of adoptive family (e.g., mom-dad family). Agencies should consider enlisting the help of existing resources aimed at helping agencies to develop more inclusive practices. The Human Rights Campaign's All Children-All Families Program (https://www.hrc.org/campaigns/all-children-all-families), for example, teaches and promotes LGBTQ-inclusive policies and practices, and has been implemented with success in a wide variety of settings, including state and county public child welfare agencies, multi-state, and multi-site private agencies, and smaller placing agencies and adoption exchanges.

4.2. Implications for policy

This study demonstrates that SOGI-related discrimination is present across many levels of the foster care and adoption process (e.g., agencies, judges, birth family). Such discrimination may lead to delays in child placements and disrupted placements, which creates stress and difficulty for LGBTQ prospective parents on practical, financial, and emotional levels. There is a clear need for legislation banning discrimination based on SOGI factors across all levels of foster care and adoption. Such laws exist in some U.S. states (e.g., CA, DC, MI, NJ, NY, RI; Movement Advancement Project, 2019), while others have explicit laws allowing SOGI discrimination based on religious beliefs (e.g., AL, KS, MI, MS, ND, OK, SC, SD, TX, VA; Movement Advancement Project, 2019). Our findings suggest various ways in which inconsistencies in these types of protections forced participants to take additional actions in order to become parents, including moving between states in search of more favorable foster care and adoption experiences, switching agencies or type of adoption, or taking legal action against a discriminatory agency. Other prospective parents felt trapped and unable to advocate for themselves or address bias and gave up on their parenthood plans altogether. These findings show how encountering SOGI discrimination, even from only one or a few professionals in the adoption and foster care systems, can create significant problems and stress for LGBTQ prospective parents. This is important to consider in light of recent "religious exemption" bills aimed at allowing for SOGI-related discrimination by state-licensed child welfare agencies or other providers (Daugherty, 2019; Movement Advancement Project, 2019). While LGBTQ prospective parents can and do find ways to work around these types of discrimination, the passing of such legislation can only serve to exacerbate the challenges with delays and disruptions that LGBTQ prospective parents are already facing—as well as doing nothing to reduce the number of children waiting for permanent homes.

Further, it is worth considering the implications of these findings—and the unsteady legal and policy environment that LGBTQ prospective parents are currently facing in the United States—for scholars, activists, and advocates of LGBTQ parenting rights internationally. Amidst a patchwork set of state laws and policies, LGBTQ people's rights are indeed vulnerable to discrimination. In the absence of national laws prohibiting discrimination according to sexual orientation and gender identity, lawmakers, organizations, and individuals will continue to be emboldened by anti-gay rhetoric that positions LGBTQ people as anti-"family," and will search for and find loopholes that permit them to discriminate without consequence—and LGBTQ people will continue to struggle unnecessarily. The rise of anti-LGBTQ sentiment and policies that aim to restrict LGBTQ people from becoming parents in the United States may in turn have resounding effects internationally, encouraging similar restrictive efforts (Jones, 2018). Yet on a positive note, the rise of these anti-LGBTQ forces may also create the impetus for international coalition building advocating for LGBTQ people and parenting rights broadly (Jones, 2018).

4.3. Limitations

Although the sample was large, and captures elements of LGBTQ adopters' experiences that have not been studied in any depth in prior work—namely, experiences with delays and disruptions—the sample was still predominantly White, cisgender lesbian identified women. Our sampling strategy enabled us to access a large number of LGBTQ people with varying levels and types of experiences with foster care and adoption—yet this also resulted in limitations. For example, participants' foster care and adoption experiences spanned years before and after federal legalization of same-sex marriage, meaning that some participants' experiences may be less relevant to the current time. Additionally, our reliance on social media channels for a web-based survey resulted in a sample biased towards participants with internet access, stable housing, and time to take the survey. The use of social media advertising can often fail to reach many LGBTQ people. Popular methods of online targeting include making an estimation about someone's LGBTQ identity based on their affinity for LGBTQ organizations, attendance or interest in LGBTQ events, and/or engagement with LGBTQ cultural icons/trends. This method can yield a disproportionately White and cisgender sample, as mainstream LGBTQ organizations may not be fully inclusive or representative of people of color and TGNC communities.

The survey questions themselves may also have resulted in the underrepresentation of certain groups of LGBTQ people. By requiring someone to identify as a member of the LGBTQ community in order to participate in a survey, we may have inadvertently dissuaded or failed to reach those who are not yet comfortable with their LGBTQ identity. Indeed, many sampling and targeting techniques cater to LGBTQ people who are the most visibly "out," failing to reach those who may feel unsafe or unable to disclose their SOGI and other personal information.

We did make a conscious effort to mitigate the impact of these limitations by diversifying recruitment strategies, involving a variety of other organizations as partners in outreach, and using sensitive question wording. Future work should perhaps employ other methods, such as drawing on organizations geared towards LGBTQ people of color, TGNC communities, and/or possibly using targeted ads (e.g., Facebook boosts) for certain underrepresented communities.

The survey nature of the data meant that we could not probe for important details or context, as we would be able to in an interview. This limited the questions we could address and the depth and specificity of our analysis. Future work that employs interviews to gain more in-depth data on LGBTQ individuals' experiences with delays and disruptions will no doubt reveal important new insights. Likewise, future work should explicitly inquire about experiences with foster care and adoption separately, in order to more precisely identify processes and challenges specific to each of these routes. We also did not ask explicitly about legal, agency, birth family, foster family, or child contexts as sources of bias; in turn, many more participants than mentioned issues in these arenas may have experienced them. Future work can probe explicitly about SOGI- and non-SOGI related difficulties in each of these, and other, domains. Future work can also include separate, targeted questions related to delays versus disruptions; and, separate questions related to gender identity versus sexual orientation. Indeed, although few participants spoke specifically to gender identity-related discrimination in their open-ended responses, those who did provided powerful examples of how agency personnel clearly need specialized training in screening and supporting gender minority applicants.

The purpose of this study was to explore the experiences of LGBTQ individuals with regard to foster care and adoption delays and disruptions. We did not include a comparison group of heterosexual individuals. Future work can seek to recruit a broader range of individuals to better articulate the degree to which the experiences that participants named are sexual and gender minority specific versus common to applicants in general. Finally, we did not explore whether and how participants from different states or regions of the United

States may have had systematically divergent experiences of the foster care and adoption process. Future research can seek to recruit LGBTQ adopters from a select number of states to better understand the role of state laws, policy, and climate in adoption delays and disruptions.

4.4. Conclusions

Permanency planning seeks to either reunify children with their original families or find alternative, permanent families for children (Brodzinsky & Smith, 2019). It goes without saying that permanency planning is undermined when promising placements are delayed or interrupted, and when placements disrupt or break down. The findings of this study suggest that LGBTQ adopters perceive a range of systemic factors, some related to their sexual orientation and gender identity, that undermine permanency planning and ultimately may result in the reduction of the pool of willing or available LGBTQ carers and adopters. Adoption practitioners have the power and responsibility to advocate for the children in care—and the LGBTQ applicants who seek to build their families through foster care and adoption. They should receive ongoing training that sensitizes them to the challenges that face LGBTQ applicants, and seek to minimize LGBTQ applicants' exposure to additional stress. With greater attention and awareness of the ways in which diverse systems can support versus thwart placement and adoption by LGBTQ people, child welfare professionals can truly make a difference in the lives of children and families.

Declaration of Competing Interest

None of the authors have any conflicts of interest to report.

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