

IS IT ENOUGH? CONSIDERING THE ADEQUACY OF PUBLIC CARE FOR LGBT YOUTH

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ABSTRACT: Through mapping and feminist care ethical analysis, this paper evaluates current services (public care) for lesbian, gay, bisexual and transgender youth (LGBT) in Washington State, identifying several potential areas and dimensions of unmet need. To contextualize this need, I argue that LGBT youth's demand for public care originates in LGBT youth's exclusion from private sources of care, and that any assessment of adequacy should consider what role community service organizations need to fill—that of family. I suggest that literature on services for LGBT youth underemphasizes this vital point, and that organizations serving LGBT youth would benefit from incorporating a care ethical analysis into their service missions and advocacy work.

KEY WORDS: LGBT youth, family rejection, public care, mixed methods

1. Introduction

We met her by chance on the bus, conflicted to the point of unburdening herself to strangers. A straight woman counseled her to just tell her parents, and look forward to their eventual acceptance; my boyfriend discussed the satisfaction of personal integrity. I asked if she had health insurance, a job, a house, a desire to attend college. She had these things at the time. Three months later she texted me on the road to California—unemployed, uninsured, evicted, estranged.

When I share my sexual orientation, I do it for the usual reasons: as a gesture of personal integrity and as a political act that I hope will contribute to social acceptance of queer¹ people. These two motivations are not necessarily harmonious, although they are often treated as such and it would be nice if they were. The first reason suggests that I should 'come out' when the net benefit to me is positive and when the psychological satisfaction of personal integrity is not eclipsed by the threat of economic penalties or physical violence. This reason elevates the significance of my individual health and fulfillment. The second reason, though, elevates the

¹**Terminology**: In this paper, lacking a better option, I use "LGBT" and "queer" interchangeably. "LGBT" seems to specify four identities, which for my purposes is false precision; I use the term more loosely, to indicate a group of people whose main commonality lies in being marginalized for their sexual and gender identities. I use "queer" in the same sense, and not in reference to the body of academic theory.

importance of group progress, which implies that I should, at times, sacrifice my safety and wellbeing for the sake of 'the cause.' With these tensions embedded in even its most simple rationales, the calculus of coming out is complicated.

This is especially true for LGBT youth, who may have internalized being out as an ideal from exposure to the "hegemonic...'coming out' discourse" of modern LGBT activism but who may not yet know the personal cost of outness; how that cost may differ according to their socioeconomic status, race, or other factors; and, critically, how that cost may fail to be offset by support from new sources (Snider, 1996: 297). It is not part of the dominant discourse to emphasize that a youth who comes out should first make peace with the prospect of spending their next ten or twenty years patching together an adequate relational and economic safety net. But it is exactly this un(der)acknowledged task that youth risk accepting in the likely event that their coming out gesture is met with some degree of family rejection-emotional, economic or both (Anderson, 1998; D'Augelli, Hershberger and Pilkington, 1998; Ueno, 2005; Sadowski, 2010; Potoczniak, Crosbie-Burnett and Saltzburg, 2009; Ryan, Huebner, Diaz and Sanchez, 2007; Saltzburg, 2004; D'Augelli, Grossman, and Starks, 2005; Savin-Williams and Dubé, 1998; D'Augelli and Hershberger, 1993). Contemplating the act of coming out, many youth anticipate the emotional brunt of family rejection (D'Augelli and Hershberger, 1993; D'Augelli, Hershberger, and Pilkington, 1998; Savin-Williams, 2003), and weigh that emotional cost against the emotional pain of closetedness. Harder to foresee is the way that family rejection will resonate in the context of a society characterized by a fiercely individualistic public sphere, shaped by neoliberal public policies (Larner, 2000; Peck and Tickell, 2002). By ignoring the larger context, the discourse of coming out is dishonest, inviting LGBT youth to accept what might be a heavy burden while suggesting it to be unambiguously in their, and the movement's, best interest.

At the moment, public conversation about LGBT youth's need mostly dwells on the phenomena of suicide and bullying in schools (Boldt, 2013; Casey, 2013; Forman, 2013; Haley, 2013; Johnson, 2012; McDonough, 2013). I suggest drastically expanding this focus in two directions to include the private home worlds of LGBT youth and the structure of the public sphere beyond schools. In this expansion, we encounter strong opposition. Moving in the first direction, families are shielded by the persistent notion of parental "sovereignty" over youth (hooks, 2003; McDonough, 2013; McGreevy, 2012). Advocates know this, and tread with caution around families (Sadowsky, 2010: 259). Their differential comfort is easy to see when comparing, for example, Ueno's (2005) emboldened description of the "noxious social environment at school" with his more measured characterization of "conflicts with parents or emotional distance from parents." Pushing in the other direction is no easier. Here, we encounter the neoliberal state, informed by beliefs in competition, independence, and individualism (Harvey, 2005; Hirschmann, 1992; Peck and Tickell, 2002), devaluing care and stigmatizing need (Daly, 2001; Fraser and Gordon, 1994; Lawson, 2007; Tronto, 1993; White, 2000).

My purpose in suggesting this expanded focus is relatively modest. I do not task LGBT youth advocates and service providers with directly combatting neoliberalism and parental sovereignty. I only request that they think of their services as existing in this broader political, economic, and social context, and assess the adequacy of their services in this light. I suggest that they describe this context in their advocacy to straight audiences and in their messages to queer youth. If we continue to invite LGBT youth to come out, we should consider whether there is adequate community support. Feminist care analysis suggests, broadly, that there is not when it comes to the needs of many LGBT youth. My research applies this theoretical lens to the smaller landscape of services for LGBT youth in Washington State.

This paper contains three major sections. The first presents a feminist understanding of care, as it is used to describe and critique uncaring and individualistic neoliberal society. This broader picture of state and family roles in care is an essential context for interpreting the significance of LGBT family rejection. The second section introduces the feminist ideal of "public care" (Lawson, 2010; White, 2000), along with care ethical standards for assessing the quality of care provided. This hopeful vision and these ethical standards guide my subsequent discursive analysis of themes in LGBT youth services literature. In the third section, I describe my use of a geographic information system (GIS) to map services for LGBT youth in Washington State, such as community LGBT centers; support, discussion, and therapy groups; housing; and community health programs. I interpret the resulting service maps in light of a multifaceted picture of LGBT youth need, derived from Census data, and the preceding care ethical critique. In this process, I identify specific examples of service organizations that manifest care ethical principles before suggesting the uptake of care analysis by LGBT service providers in their advocacy and in assessing their own service provision.

2. Care in Society

"Labor of Love"

Care is a broad but nonetheless useful concept. Different typologies add nuance and utility to the concept, enriching rather than weakening its analytic value. Williams (*quoted in* Hines, 2007: 463) foregrounds the emotive and interpersonal dimensions of care, exemplified by such gestures as "helping, tending, looking out for, thinking about, talking, sharing, and offering a shoulder to cry on." More interested in care as a form of necessary, hard, and indisputable labor, Nakano-Glenn describes three contexts where it occurs: in housework, the maintenance of people's narrowly-defined physical environment; in "direct caring," the firsthand provision of care to meet people's physical and emotional needs; and in "kin work," the formation and renewal of social bonds (2010: 5). Tronto's (1993) notion of caring labor is complementary, encompassing activities devoted to "maintaining, continuing, and repairing the world," including the natural environment. Tronto further considers caring an active moral engagement with the needs of others, and divides the act of caring into four phases: "caring about," or noticing the needs of others; "taking care of," or taking preliminary steps to address perceived needs; "care-giving," or actually addressing perceived needs; and "care-receiving," after which the care-giver receives feedback regarding their performance of care (1993: 106-108).

Despite their varying emphases, feminist definitions of care share a focus on interdependence, needs, and emotion, stemming from their adoption of a relational ontology, or theory of being (Cooper, 2007; Lawson, 2007; Robinson, 2005; Tronto, 1993; Williams, 2001). Generally, relational ontologies argue that the "unit of survival" is not in isolated entities, but rather "the unit of survival is in their relationship" (Wilden, *quoted in* Watts, 2005: 152). Caring work and emotions, then, are important features of people's relational existence. This concept of human nature and interaction is squarely at odds with the liberal idea of the rational, self-interested, independent, and implicitly gendered individual, able to satisfy (his) needs and secure (his) freedom through participation in a competitive market (Brown, 2003; Fraser and Gordon, 1994; Harvey, 2005; Hirschmann, 1992; Lawson, 2007; White, 2000). It is this liberal atomistic ontology that has been long dominant in the United States, embraced by individuals and levels of government, briefly eclipsed by the Keynesian welfare state and notions of collective responsibility in the 1940s, but reinstated vehemently in the neoliberal backlash of the 1970s (Harvey, 2005; Peck and Tickell, 2002; Richardson, 2005; Sparke, 2006; Watts, 2005).

Conducted in the 1970s and 80s, early feminist analysis of care took shape as criticism of the "social organization of caring" in the United States (Nakano-Glenn, 2010), especially focused on politicizing the divide between public and private spheres (Cooper, 2007; England, 2008; Hines, 2007; Hirschmann, 1992; White, 2000). Feminists have noted that women perform the majority of care work in the private realm of houses and families, and that, despite its significance, their caring is rewarded with little in the way of wages or social prestige, unlike work performed in the public sphere (Daly, 2001; Lawson, 2007; Nakano-Glenn, 2010; Tronto, 1993). This arrangement is a logical outgrowth of the (neo)liberal ontology that molds the public sphere around the assumption of independent individuals who need no care (Lawson, 2007; White, 2000). Since the need for care cannot be truly erased, only ignored, this (neo)liberal version of the public sphere implicitly depends on the existence of a private sphere, conscripted into serving as the primary site of caring labor (England, 2008; Tronto, 1993). Seen this way the caring private sphere subsidizes the public sphere of paid work and politics, and the central notion of the independent worker and citizen is a fiction hiding an injustice.

Though this arrangement has been naturalized by essentialist ideas of gender and by such expressions as "labor of love" (wherein love is treated as part or all of the compensation for labor performed), the work of feminist social critics reveals powerful forces coercively structuring the arrangement of care in society. Ideologies of gender, race and sexuality—informing people, institutions, laws and government policies—play a role in making care work the responsibility of women and people of color, situated in private houses and (heterosexual) families (Carabine, 1996; Dalley, 1996; Daly, 2001; Nakano-Glenn, 2010; Tronto, 1993). For the situations of LGBT youth, an especially important factor is (neo)liberal government policies that Dalley (1996) describes as operating from the related bases of individualism and "familism." This apparent contradiction of terms is resolved by the fact that, as Dalley (1996: 52) understands it, the traditional concept of family is not relational, but is a form of "possessive individualism." As fathers of families, men lead in the private sphere; as 'independent' workers, business owners and politicians, they lead in the public. Thus familism and independence are two sides of the same coin.

Dalley gives a clear articulation of familism as an ideology governing "major and fundamental cleavages between the public and private spheres" (1996: 27), particularly as it is expressed in welfare policies, broadly conceived as policies that relate to any public provision of care (not merely SNAP and TANF²):

At the root of all community care policies seems to be the firm belief that the family is the appropriate unit and location of care ... contemporary official policies are based on an individualist approach to welfare, placing value on self-reliance, independence and minimal state provision, where families take on most of the burden ... policies are essentially anti-collectivist. In contradistinction to its founding principles, the welfare state as steward of collective responsibility is increasingly expected to adopt a residualist role, supporting private effort rather than taking a lead ... (1996: 11)

In the social organization of care, individualist, and familist assumptions set the initial tone. When exceptions arise, they are dealt with by public care programs which have been imagined along residualist lines. In practice, residualist welfare policies are planned as actively inadequate forms of public care to disincentivize their use (Acker and Weigt, 2010; England, 2008; Fraser and Gordon, 1994; Goode and Maskovsky, 2001; Hickey, 2009; Katz, 1989; Moore and Smith, 2008; Nakano-Glenn, 2010). Starting from an ideal of humans as independent, the explicit goal of this version of welfare is to restore recipients to that state. Welfare policies, ostensibly designed to deal with "exceptions," do not really admit the existence of exceptions. Instead the government deals with exceptions as if they were temporary emergencies that can be corrected with the imposition of strict discipline and the provision of minimal support.

² Two examples of welfare narrowly defined: SNAP, Supplemental Nutrition Assistance Program, and TANF, Temporary Assistance for Needy Families.

These are precisely the policies and attitudes LGBT youth encounter when they are pushed out of their families. For example, the assumption that youth have families pervades financial aid criteria, affecting access to school, lease agreements, housing, health insurance, and medical care. Playing out in the landscape described above—the social organization of care in the United States—family rejection is magnified, rather than ameliorated. The rather deliberate structural absence of a caring entity equivalent to family ensures that family rejection will have a profound effect on LGBT youth, adding economic damages to emotional ones.

3. Public Care and LGBT Youth

"Society's work"

Branching out from their predecessors' work showing the oppressive social organization of care, later feminist theorists took care as a starting point for the development of positive alternatives (Cooper, 2007; Hines, 2007; Hirschmann, 1992; White, 2000). Emerging from this new project are two threads germane to my research: the notion of public care (Lawson, 2010; White, 2000), and the development of care ethical standards for assessing care's quality (Tronto, 1993).

In feminist visions of public care, care is allowed into the sight of broader society, put securely back on the public agenda, and acknowledged as "society's work" (Lawson, 2007: 5). This arrangement would replace norms of private responsibility and residualist welfare with a norm of collective responsibility. Of course, this does not mean that care no longer occurs in the context of families. Explained by Robinson (2005: 12), public care is a vision wherein "[c]are is often and should be delivered by a wide variety of agents—family members, friends, neighbours, communities, schools, health care organizations, as well as states, corporations and even regional or international organizations." In fact, this picture of varied care delivery is the reality obscured by current familist public policies. Caring and needs for caring are already constantly spilling into the public realm—occurring, in substantial ways, outside of nuclear families (Dalley, 1996; Daly, 2001; Nakano-Glenn, 2010). Making care public is not a matter of wholly creating a new reality, but rather a matter of challenging the current arrangements of power and care in society.

Whether public or private, all care is not of equal quality. Often taking place between differently situated parties, acts of caring must navigate serious pitfalls and power inequalities. Human relations are not simple, and care should not be romanticized as physically or emotionally easy work. Tronto's (1993) interest in developing care into a more robust system of ethics leads her to outline a framework for judging the quality of care. Concerning the organization of care work in society, she advocates for the integration of care across its four phases (defined above). This can be contrasted to the present arrangement in which "caring about, and taking care of, are the duties of the powerful ... [while care-giving] and care receiving are left to the less powerful" (1993: 114). To each phase of care she then attributes a corresponding moral quality, necessary for the delivery of good care: "attentiveness" is a prerequisite for "caring about"; the assumption of "responsibility" is a crucial step in "taking care of" needs; "competence" applies to the performance of "care-giving"; and the ongoing practice of "responsiveness" is meant to safeguard against the abuse of power in unequal caring relationships (Tronto, 1993: 127-172). Conversely, ignorance, irresponsibility, incompetence, and paternalism are moral failures, diminishing the quality and adequacy of care.

Moving forward, Tronto's four moral qualities, a feminist insistence on properly valuing care, and a feminist criticism of the current social organization of caring will serve as benchmarks for evaluating paradigms used in LGBT youth services literature and the landscape of public care for LGBT youth in Washington State.

Care for LGBT youth

I define public care for LGBT youth as instances where public entities (the state and civil society) provide care as typically defined to LGBT youth, and additionally provide care for LGBT youth as LGBT, supporting specific needs associated with their sexual orientation and/or gender identity. Examples of public care for LGBT youth are student Gay-Straight Alliances (GSAs); community and school LGBT centers; support, discussion, and therapy groups; telephone hotlines; targeted scholarships; housing; and community health programs.

Feminist studies of care have been criticized for largely excluding issues of sexual orientation, with "[r]esearch into practices of care within non-heterosexual families and social networks ... limited to work by a small selection of writers, many of whom are based in the United States" (Hines, 2007: 465). Though the lens of care has been applied to some LGBT adult community spaces—such as a bathhouse (Cooper, 2007), transgender discussion groups (Hines, 2007) and HIV/AIDS services (*ibid*)—the literature for LGBT youth social services works within other paradigms that are deeply susceptible to care ethical critique. Specifically, literature on LGBT youth focuses on the development of LGBT youth into empowered activists and leaders or focuses, in a polarized fashion, on either the emotional or economic needs of LGBT youth.

a) Leadership, independence, empowerment

The first tendency of the literature can be seen in Talburt's (2004: 118-120) argument that adult advocates for LGBT youth services often construct a politically useful image of LGBT youth "at-risk"—"suffering, isolated, and suicidal"—and a second, implicit image of the "well-adjusted" queer youth, who has achieved a "healthy gayness" possibly defined by a "willingness to be out." Both portraits, Talburt (2004: 117) claims, are essentializing, and thus prioritize the concerns of adults to "understand, define and administer" LGBT youth, at the expense of LGBT youth's creative potential, complexity, agency, and desires. To illustrate her point, she recounts an episode of some LGBT youth's attempt to start a GSA. Their vision for the club conflicted with that of their prospective faculty sponsors. One faculty wanted to sponsor a "support" group, while the other wanted to sponsor a group for "political activism" (Talburt, 2004: 120). The students, in the end, designed a group with minimal adult involvement. Talburt endorses this outcome and concludes with a plea for more of such youth empowerment.

Drawing on Tronto's schema, much of Talburt's argument can be taken as a demand for "responsiveness" on the part of adult providers of LGBT youth services. Talburt wants LGBT youth to have resources they can access and shape towards their own ends, unfettered by the paternalistic perceptions and impositions of adults. This point is not one I want to oppose. But there is an underlying current to her argument that I do want to identify and counter. Questions of "adult authority" apply to relations of all youth and adults. I am concerned with the potential of their selective invocation to make LGBT youth a test case for youth empowerment in the absence of care. There is real asymmetry of need between youth and adults; while meeting youth need does not require trampling youth autonomy, the valorization of youth autonomy can easily become justification for providing inadequate support.

Talburt is not alone in magnifying youth agency and praising youth leadership. Literature on school Gay-Straight Alliances reports their beneficial effects on school climate and LGBT students' academic, mental, and physical wellbeing (Goodenow et al., 2006; Lee, 2002; Kosciw et al., 2010; O' Shaughnessy et al., 2004; Russell et al., 2009; Szalacha, and Westheimer, 2006; Walls, Kane and Wisneski, 2008). Toomey, Ryan, Diaz and Russell (2011) study the long-term protective effects of GSA presence, membership, and perceived effectiveness, noting with some surprise that the positive impact of GSA existence at a school is more significant for a youth than actual participation in the GSA. They wonder if the positive impacts of GSA membership could come in the form of "empowerment and possibly civic engagement" (183) rather than in the form of the health outcomes measured by the study, and suggest future research along these lines. The finding, the surprise, and the projected line of inquiry are all worth dwelling on. LGBT youth can be seen as certainly gaining, but also certainly sacrificing something from participation in a GSA. GSA involvement can be painful, costly, unsafe and conducive to burnout. Rhetoric of youth leadership and empowerment considers only what youth gain from participation, brushing aside the question of whether it is just in the first place for LGBT youth to shoulder the burden of providing themselves and their peers with certain kinds of care. While it is not surprising that GSA presence is better than GSA absence, a better counterfactual is perhaps a school wherein the administration proactively and robustly supports LGBT youth.

To valorize youth independence and leadership accords well with dominant norms criticized by feminists, specifically the denial of interdependence and the pathologization of "dependence" (Fraser and Gordon, 1994; Tronto, 1993; White, 2000). In this larger context it should not be surprising when youth themselves reject offerings of adult support, as in the scenario described by Talburt. Rather than so readily accept this youth reaction, adult providers of care should be proactive in addressing the stigma associated with receipt of care. It is simpler to congratulate LGBT youth for their development into activists and leaders than it is to acknowledge that they face diminished access to care they need, deserve, and cannot supply to themselves.

b) Emotion, reinstatement, fragmentation

Drawing explicitly on feminist theorists, Sadowski et al. (2009: 174) write to promote the adoption of a "relational assets" approach in the provision of services for LGBT youth. Their research with LGBT youth aims to uncover the "power of relational connection and the distress caused by relational disconnection" and they recommend that "in the absence of family involvement and/or support, schools and communities should provide relational 'safety nets' for [the LGBT youth] population" (193). Similarly, Asakura (2010) reviews risk factors and adverse outcomes for LGBT youth, and then draws on several psychoanalytic traditions to conceptualize ways in which Queer Youth Spaces might provide LGBT youth with known protective factors, including positive relationships with other LGBT people, supportive teachers, and supportive adults.

This emphasis on relationships appears care ethical, but again there is a deeper shortcoming. The adverse outcomes these studies seek to forestall are suicide, depression, loneliness, low self-esteem, substance use, and academic struggles. These outcomes refer to important components of wellbeing, and they affirm the importance of emotion and the existence of youth pain in a way that the prior empowerment paradigm did not. But they mostly pertain to psychological health; they do not discuss the economic implications of impaired family relationships, as identified by feminist care analysis. Moving from a consideration of the individual to a consideration of the individual's relationships is a slight expansion that falls short of a move from the individual to the collective (McKenzie-Mohr et al., 2012). These imagined interventions remain emotional and private, kept at the fairly small scale of "schools and communities" (Sadowski et al., 2009: 193), teachers, and adults (Asakura, 2010). They are not economic and public, in that they do not address trends of funding, policy and discourse. This is most evident in Sadowsky et al.'s phrase "relational safety net" (2009: 193), which draws a line between care for emotional needs and a more comprehensive definition of care that includes financial and physical wellbeing. But this line cannot be drawn in reality without being drawn through the bodies of youth, where economic and emotional needs feed into each other. Economic insecurity can be a constant fresh source of trauma, and emotional burdens may inhibit survival strategizing (McKenzie-Mohr et al., 2012). To focus on the affective dimension of family rejection is important but by itself insufficient.

Literature on LGBT youth homelessness shows the opposite tendency, with emotional needs lost in the shadow of severe economic crisis. In the case of these youth the economic impact of familial estrangement is obvious. LGBT youth are homeless in vastly disproportionate numbers, accounting for about 6.4% of the general youth population (Gates and Newport, 2012) but comprising about 20-40% of the homeless youth population (Ray, 2006). Despite this overrepresentation, LGBT youth often cannot count on safe access to what exists in the way of public care for homeless youth, instead facing discrimination and stigma from service providers (Durso and Gates, 2012; Mallon, 1997; Ray, 2006; Ragg and Patrick, 2006). It is this problem of access that occupies the literature. But from a care ethical perspective, if LGBT youth had ready access to services for the general homeless youth population, the problem would remain as to what kind of services they are accessing—services designed in the tradition of other neoliberal welfare programs, that place emphasis largely on reinstating youth in the private sphere through family reunification or employment (Klodawsky et al., 2006; McKenzie-Mohr et al., 2012). This effort to economically re-privatize homeless youth entirely disregards the fact that working youth will have much remaining need for care; their attainment of 'sufficiency' will be fictional.

In summary, there exists a sharp polarization in perceptions of LGBT youth need, and a resulting polarization of available support. An LGBT youth is either homeless or not; family rejection is either total or publicly unacknowledged. For homeless LGBT youth there is economic support, in the form of shelters and programs with goals that ignore care; for housed LGBT youth there are admitted emotional needs but scant economic support. This dichotomy in available care ignores the spectrum of family reactions to LGBT youth, which range in actuality from "complete connection, acceptance, and respect, to extreme disconnection, rejection, and violation" (Sadowski et al, 2009: 193). Even LGBT people reporting the best case outcome of strong familial acceptance often migrate away from their families of origin (Knopp, 2004; Murray-Gorman, 2007), perhaps suggesting there are LGBT identity-specific needs that generally spill over the boundaries of biological family and must be met by extra-familial sources as a matter of course.

This wide spectrum of need begs a wide spectrum of care, integrated rather than fragmented. The present situation falls short of this ideal, and is well-summarized by McKenzie et al.'s comment: "structural causes of social problems are ignored, difficulties are framed solely as private problems that are not inherently political, and fragmented services for individuals, rather than social change efforts, are the result" (2012: 139). When neoliberal public care is planned to be actively insufficient, community sources of extra-familial care are passively insufficient when they do not take this context into account. This is not to oppose the strategy of attempting smallscale, immediate changes within the power of teachers, therapists, volunteers, and social workers, but to suggest that these parties can see and challenge this context while providing what immediate support they can.

A possible role model in this endeavor comes from Klodawsky et al.'s study of services for homeless youth in Ontario, Canada (2006). They conclude that government policies and funding ignore care as an urgent need of homeless youth, but point to an organization that manages nonetheless to harbor an ethic of care, with great effect:

... what stands out in the interviews is the level of enthusiasm with which youth discussed this facility. Youth's reactions were qualitatively distinct from their mention of any other service. Not only were they more positive, but uniquely, they described it as a place where multiple needs were met ... the integrated approach offered by this multiservice agency seemed to support, simultaneously, youths' vocational and emotional needs. (427)

Klodawsky et al. (2006: 421) reach this point as a detour from their main research purpose, as commissioned by the City of Ottawa: to "explore systematically the extent to which homeless

people in Ottawa [are] diverse in their characteristics ... to examine the complex pathways that resulted in people becoming homeless ... [and] provide longitudinal insights into who would be more or less likely to exit homelessness over time." This commissioned purpose fits neatly into the neoliberal model of residual welfare, with its focus on the behavior and characters of welfare recipients. While Klodawsky et al. manage to obliquely challenge the dominant paradigm by introducing questions about the adequacy of state funding and the underlying ethos of service agencies, my research takes up this question more directly, in analysis of the adequacy of public care for LGBT youth in Washington State.

4. Public Care for LGBT Youth in Washington State

Methodology

Although feminist, critical and queer theorists have long criticized GIS (Brown and Knopp, 2008; Knigge and Cope, 2006), I chose to produce maps because of their potential value in shaping advocacy and contributing to political dialogue. This power comes in large part from the "scientific" sheen that visualization lends to data (Elwood, 2006; Pavlovskaya, 2009), but it also resonates with the "very queer politics of attacking 'the closet' ... disrupting the heteronormativity of space ... [through] visual affirmation of the axiom that 'we are everywhere'" (Brown and Knopp, 2008: 41-42). Assuming, as I do, the presence of LGBT youth in every county in Washington may seem trivial to an academic audience, but counts as a gesture of resistance in other contexts. Beyond its potential political weight, mapping also facilitates the needed spatial analysis of public care for LGBT youth, highlighting deficiencies within certain jurisdictions and disparities between population distribution and service areas.

Though valuable as representations of supply and demand for LGBT youth services, these maps are necessarily partial. They tell a story (Harley, 1989) but do not carry my full argument. Only part of this insufficiency arises from the serious limitations of the available data (discussed below). A more important consideration is the inability of quantitative data to portray both cause and context of LGBT youth need (family rejection in a neoliberal society), and important dimensions of adequate care (ideas, attitudes, relationships). Thus this research takes a mixed methods approach, offering a care ethical framework as a vital counterpoint to the maps (Knigge and Cope, 2006). The preceding literature review serves to contextualize the maps' portrait of LGBT youth need, while a subsequent discourse analysis uncovers some ideas underpinning the services located and compared in the maps.

Mapping LGBT youth demand for public care

A very rudimentary approach to measuring LGBT youth demand for services is to estimate the number of LGBT youth in a given jurisdiction. I consider an estimated count of LGBT youth to be a lower bound on LGBT youth demand for services, assuming that even youth whose families are accepting would benefit from additional, non-family support, such as LGBT adult role models or peers for the sake of identity development (Asakura, 2010). Obtaining even this basic measure, though, is not feasible with existing data. U.S. Census data captures many same-sex households and is useful for some studies of LGBT people (see Adriaenssens, 2011). However, census data cannot be used to precisely count and locate LGBT youth. Their numbers can only be estimated by assuming that LGBT youth are evenly distributed in some constant proportion across the general youth population. Since LGBT adults are not distributed in this fashion (Gates and Newport, 2013), this assumption is probably inaccurate. Furthermore, to make this calculation requires an estimate of LGBT population prevalence, subject to unique challenges of LGBT demography described by Gates (2012). Out of necessity, I use this simple approach to estimating LGBT youth demand for public care in the maps below, but the limitations of the data should underscore the importance of the preceding theoretical discussion.

Mapping supply of public care for LGBT youth in Washington State

a) Washington State Service Level Ratio (SLR) Map

To map the supply of public care for LGBT youth in Washington, I first set eligibility criteria for organizations. Eligible organizations were those that (1) served LGBT youth exclusively; (2) offered physical space; (3) operated year-round; (4) were free to access; and (5) were not based in a school. These criteria expressed my desire to identify organizations that support LGBT youth in a targeted, reliable, and accessible way. Conversely, these criteria can be phrased as exclusion criteria. I wanted to exclude organizations like (1) shelters for the general youth homeless population, that might identify in principle as LGBT-friendly, but cannot guarantee an accepting service climate; (2) crisis hotlines, that offer disembodied services at a distance; (3) annual events like summer camps and workshops; (4) private therapists; and (5) school-based organizations that encourage self-advocacy and activism on the part of participants. Based on preliminary search results, though, I decided to make an exception to criteria (1), including Parents and Friends of Lesbians and Gays (PFLAG) even though it serves all ages and welcomes allies as well as LGBT people. I modified my criteria because my personal familiarity with PFLAG led me to consider it public care for LGBT youth³.

I used a search engine to identify and research eligible organizations, then recorded organization data in a spreadsheet. I loaded organization data and Census population data into a GIS, and estimated each county's LGBT youth population as 6.4% of its general youth population (ages 10-24), based on a recent Gallup poll (Gates and Newport, 2012). Finally, I created a Service Level Ratio (SLR), dividing the number of eligible organizations in a county by the estimated number of LGBT youth in the county. I produced two maps from this data, one showing the SLR of each county (Fig. 1), and another showing counties without any eligible services, ranked by estimated number of unserved LGBT youth (Fig. 2).

b) Thurston County, Washington, Service Level Index (SLI) Maps

In response to limitations of the SLR, I created a Service Level Index (SLI) and used it to rank organizations within a single county (Thurston), chosen for its high concentration of eligible services and for my personal familiarity with those services. While the numerator of the SLR treats organizations as equal in significance (by simply counting them), the SLI is an attempt to vary the weights of organizations to reflect how many services they actually provided. If the SLI scores of each organization in a county were calculated and then summed, the total SLI score for each county could replace the numerator of its SLR, and the resulting ratio would provide a better basis for comparing the adequacy of public care for LGBT youth across Washington counties.

I began with data collected for the SLR maps but modified my original eligibility criteria slightly in response to greater personal familiarity with the area and looser time constraints. Eligible organizations were those that (1) served LGBT youth primarily; (2) offered physical space; (3) operated year-round; and (4) were free to access. I used a search engine to identify newly eligible organizations, such as school Gay-Straight Alliance clubs, and to populate the SLI with additional data from organization websites. The SLI fields record (1) the number of hours an

³ PFLAG is an organization in which people, usually heterosexual adults, participate for the express purpose of learning to support their LGBT family members and friends ("About PFLAG", n.d.). As such, participation represents the acceptance of some responsibility for the wellbeing of LGBT people, hopefully lightening the burden of self-care and advocacy on LGBT youth.

organization is open every week; (2) the number of specific subpopulations an organization serves; (3) the number of different types of services it offers; and (4) whether the organization is based in a school. In populating field (3), I used the service type categories of "Therapy" (group and individual therapy); "Safer sex" (testing and education); "Community" (fundraising and entertainment events in the general community); "Advocacy" (anti-bias advocacy and education); and "Group" (social discussion groups). My weighting scheme in the SLI treated more hours of service, more subpopulation service foci, and greater variety of service types as assets, while discounting services based in schools. I loaded organization data and Census population data into a GIS to produce two maps. Fig. 3 shows the individual SLI scores of organizations, versus the assumed distribution of the LGBT youth population across Census tracts (Fig. 3); Fig. 4 shows organizations symbolized by service types, against the same backdrop.

5. Is it enough?

Reviewing the maps, Fig. 1 shows counties' SLR scores ranging from 0.000 to 7.686. Of thirty eight counties, San Juan, Thurston, Stevens and Walla Walla counties rank highest, while twenty-one counties lack any eligible services. Fig. 2 is the inverse of this map, ranking these twenty-one counties by their estimated number of unserved youth. Yakima, Whitman, Franklin, Lewis, and Cowlitz counties stand out as jurisdictions with a potentially high level of unmet demand for services. Of course these maps by themselves are only a starting point for assessing adequacy of services in Washington State. Done at county level, they say nothing about the potential for accessing services in an adjacent county or state (for example, youth in Cowlitz County may find it easy to commute to Portland, Oregon and access services there). They also do not support an assessment of accessibility within a single county, as they don't portray the distribution of population within the county, or public transportation, or other factors important to accessibility. Finally, by simply counting organizations, these maps treat all service providers as equivalent—an issue addressed by Fig. 3.

Fig. 3 shows the SLI scores and locations of individual organizations in Thurston County, versus the assumed distribution of LGBT youth population at the Census tract level. This map shows the heavy clustering of services in downtown Olympia and how that differs from the assumed distribution of the LGBT youth population; what this discrepancy signifies in terms of accessibility should be determined with reference to Thurston County's nationally recognized transit system ("Intercity Transit"). A pattern evident in Fig. 4 is the clustering of services around colleges and high schools. Many of these services, then, are available only to the schools' student populations, not to the surrounding LGBT youth population. Removing these schoolbased services from the map would dramatically illustrate the scarcity of services for youth who cannot visit downtown Olympia. Furthermore, when examining the amount and distribution of types of services, it is clear that downtown Olympia boasts the greatest variety of services. Discussion groups are the type of service most widely distributed through the county, and dominate numerically as well. Every service organization except Partners in Prevention Education (PIPE) offers a discussion group; many organizations offer only a discussion group(s). This is an important pattern to notice because discussion groups are one of the most informal and most participant-reliant types of services offered, and their adequacy as a form of public care should be questioned.

Not visible in these maps, though, are the ideas informing the provision of services to LGBT youth in Thurston County. Believing that these ideas are important, both in terms of shaping current service provision and guiding long-term goals and advocacy, I would like to consider these maps alongside the service rationales of the three largest local service providers: Stonewall Youth, MPowerment Olympia, and Partners in Prevention Education (PIPE). These statements are taken from the organizations' websites and while they are a visible part of the organizations' outreach to supporters and users of their services, they are no doubt only a small part of the story. To do justice to the complexity of motives and approaches present, further work would need to delve much deeper into the vision and service climate of these organizations.

Stonewall Youth

Stonewall Youth is a community organization serving youth ages 14-21. Their mission statement and program descriptions work within a paradigm of youth empowerment, emphasizing the potential (or obligation?) for LGBT youth to be activists, teachers, and mutual care-givers:

Stonewall Youth is an organization of youth, activists, and allies that empowers lesbian, gay, bisexual, trans, queer, questioning, intersex, and asexual (LGBTQQIA) youth to speak for themselves, educate their communities, and support each other. ("About," n.d.)

Stonewall Activism Summer School (SASS) is a free three-day camp which seeks to support young queers and their allies (ages 21 and under) in exchanging skills to be become more effective activists in their communities, and stand in solidarity with the movements that surround us. It is intended to be a space that not only fosters learning and the exchange of ideas, but also encourages networking and collaboration between activists in the Pacific Northwest who are both actively engaged in community work and seek to participate in new organization. Come prepared to push yourself out of your comfort zone, learn new things, and share and explore all your identities. ("Programs," n.d.)

The dominant picture here is not of youth in need of and in receipt of care. Though there is a sensitivity to LGBT youth need in the organization, the articulated norm is of capable, tough, politically active children. When support is mentioned, it is helping youth to reach this state starting from the point of their "comfort zone." Reading these statements out of context, one might well imagine that a population of youth far older than 14-21 is being described.

MPowerment Olympia

The MPowerment Olympia program is a safe sex behavioral intervention, funded by Pierce County AIDS Foundation ("Prevention," n.d.). Text from their webpage (and in fact the very name of the program) echoes Stonewall Youth's focus on youth empowerment and activism:

Build your community with other young gay and bi guys by volunteering with MPoweroly. MPowered men are always on the frontlines of their community, so join us at our events or in our efforts to build a healthier, more active and engaged community! ("Build," n.d.)

Play safe, but play hard. MPowered men know how to have a good time, and how to do it right. Bar crawls, speed dating, dance parties, wherever the night ends, MPowered men stay protected. ("Play," n.d.)

Live long and live well. MPowered men know their HIV status, and know what to do about it. MPowerment provides testing, condoms, lube, and the skills to talk sexy about safer sex. ("Live," n.d.)

Alongside the promotion of leadership development, a second important image appears what Richardson (2005) identifies as the neoliberal "self-producing, self-regulating subject," transposed into the sphere of sexual behavior "where the goal is for individuals to internalise new safer sexual norms in the interests of minimising HIV transmission" (518). Mpowered men are on the "frontlines," accepting responsibility to maintain their own and their community's health. But MPowerment is not just a vehicle for the cultivation of this self-regulating mindset (Foucault, Burchell, Gordon, and Miller, 1991). The organization is better understood as mediating between government and community funds that are committed for HIV prevention ("About PCAF," n.d.), and the articulated needs of program participants—often a desire for social connection:

MPowerment is extremely important. It's one of the epicenters of our community. As gay men, we know that MPowerment is looking out for us and has a space for us to be and to nurture our relationships with each other.

I feel the community does need a place for young gay, bi, queer men, because we don't have a lot of places to hang out.

I knew what I wanted; I wanted a space where I could be with queer men who both supported and challenged me; I wanted a space outside of the hook-up and Grindr culture ... I wanted to develop friendships with queer men.

Before MPowerment, I really didn't even know any other gay people.

It's just guys coming together to hang out. (MPoweroly, 2012)

The language here is of social connection, belonging, receipt of care, and protection, versus the isolation, fleeting encounters, and dispersion felt in the absence of the program. Departing from the script on the organization's webpage, being an 'Mpowered man' seems like a relaxed endeavor, and participants are able to 'hang out' rather than necessarily 'build.' While the worth of the organization may have to be justified to funders in epidemiologic terms, it is nonetheless a space of care where young gay and bisexual men have their social and emotional needs met. Perhaps it is not overly idealistic to advocate for closure of the gap between funding pleas and the meanings participants make of the program as an important source of care. A defense can be made of the need for gay men to just 'hang out,' forming connections that are unjustly long overdue.

Partners in Prevention Education (PIPE)

PIPE is an organization providing a range of services to homeless youth, ages 12-30, a significant number of whom are LGBT (PIPE, 2013; "Queer Art," n.d.). Immediately of interest is the organization's expansive definition of "youth;" the upper bound of 30 suggests a belief that a youth's claim to care does not expire at 18 or 21. This willingness to recognize need and vulnerability is coupled in the mission statement with a willingness to see and name oppressive forces in frank terms:

Our Mission: To engage homeless and at risk youth and adult allies in the elimination of sexual violence, bias, hate and general crimes as they contribute to homelessness and as they exist in street culture. We achieve this through social change work, violence prevention education, and survivor support services including advocacy, therapy and support groups ("Home page," n.d.).

More effort is given to specifying oppression and available support services than is spent developing a portrait of the organization's clients. This stands in significant contrast to neoliberal

fixation on identifying the irresponsible deficits of 'bad' citizens and the responsible behaviors of 'good' citizens. What portrait is offered functions as a claim for care; clients are depicted as "survivors [and] homeless or at risk." Specific support services are described, and it is the organization, unambiguously, that supplies them: educating, advocating, and working towards change. Like the caring agency described by Klodawsky et al. (2006), PIPE is a multiservice organization with a strong sense of the needs of its service population. But it is a definite outlier in Thurston County, and a likely outlier in the state.

Overall, from the picture I have developed here, the landscape of public care for LGBT youth in Washington is fragmented and displays a willingness to delegate major responsibilities to youth, tasking them with self-advocacy and community building. This is evident in the slight variety of services available, in the general scarcity of services, and in the language used to discuss the needs of LGBT youth, which tends to omit or minimize their need for care.

6. Conclusion

I argue here that organizations serving LGBT youth should develop a contextualized understanding of youth's needs. Examining the public discussion about LGBT youth, the literature of LGBT youth services, and the landscape of care for LGBT youth in Washington, reveals that services for LGBT youth are inadequate, not only in number but also in ambition. Often youth need the kind of economic and emotional care that resides in families and is scarcely to be found elsewhere. While funding challenges are an obvious constraint, organizations can hold as an ideal the provision of more comprehensive care to youth, such as economic, therapeutic, and advocacy support. Existing GSAs, safe sex interventions, discussion groups, crisis hotlines, and school bullying policies dwindle in light of LGBT youth need. Too much of the burden of caring is shifted onto youth by their families, government, and LGBT service providers. Youth may be eager to accept this responsibility—coming out and gaining an activist identity without noticing at first the extent of what they have lost and the magnitude of what they have additionally been asked to do. The willingness of youth to prove their strength and independence, though, should not be uncritically valorized. Facing the loss of familial support, LGBT youth need to be able to turn to an integrated support structure that sees itself as playing the role of family not romanticized, but in a practical, material sense.



Fig. 1: LGBT Youth Service Level Ratio, Washington Counties, 2012



Fig. 2: Unserved LGBT Youth in Washington Counties, 2012



Fig. 3: LGBT Youth Service Level Index, Thurston County, WA, 2013





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