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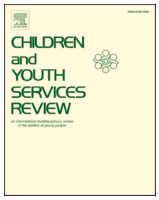

Exploring microaggressions among LGBTQIA+ youth in the child welfare system☆

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ABSTRACT

Research highlights the critical roles that care professionals and peers play in supporting lesbian, gay, bisexual, transgender, intersex, asexual, and other gender and sexual minority youth (LGBTQIA+). While compassionate and affirming care enhances LGBTQIA+ youths' well-being, not all professionals provide this support, leading to negative psychosocial outcomes. This study explores microaggressions experienced by LGBTQIA+ youths in residential care, focusing on microinvalidations, microinsults, and microassaults. Additionally, the current study focused on how LGBTQIA+ youths resisted these microaggressions. Semi-structured interviews conducted with 15 LGBTQIA+ youth in Cantabria, Spain, revealed that these microaggressions stemmed from both care professionals and non-LGBTQIA+ peers. Participants reported microinvalidations (e.g., denial of identities), microinsults (e.g., stereotypes of hypersexuality), and, less frequently, microassaults (e.g., direct and indirect derogatory comments). Youth resisted these microaggressions by asserting their rights, such as challenging restrictions on self-expression, educating others, and either ignoring or confronting perpetrators. LGBTQIA+ racialized youth faced additional compounded discrimination due to intersecting racial and LGBTQIA+ identities. These findings highlight the need for professional training programs that focus on providing affirming care and supporting LGBTQIA+ youths' resilience to improve their well-being and mitigate the impact of microaggressions.

1. Introduction

Lesbian, gay, bisexual, transgender, intersex, asexual, and other gender and sexual minority youth (LGBTQIA+) face disproportionately high rates of major depressive disorder (Connolly et al., 2016; Lucassen et al., 2017), generalized anxiety disorder (Plöderl & Tremblay, 2015; White et al., 2023), and suicidal ideation and behaviors (Haas et al., 2010; Marshal et al., 2011) compared to their heterosexual and cisgender counterparts. The minority stress (Meyer, 2003) and gender minority stress (Testa et al., 2015) models posit that these disparities are the result of exposure to, anticipation, and internalization of heterosexist and cissexist stigma, prejudice, and discrimination. Minority stressors include distal exposures, such as a legislature adopting anti-LGBTQIA+ policies or a family member making a transphobic comment, and proximal stressors, including the internalization of negative messages about LGBTQIA+ people. These heterosexist and cissexist stigmatizing, exclusionary, and discriminatory practices constitute social and structural determinants of social inequalities and health disparities among LGBTQIA+ youth (Henderson et al., 2022).

Many LGBTQIA+ youth report experiencing minority stressors, such as rejection by family members in the home (Bouris et al., 2010; Button et al., 2012; McGeough & Sterzing, 2018), and exclusion, victimization, or bullying by peers at school (Hatchel et al., 2018; Kaufman et al., 2020; McCabe & Anhalt, 2022; Poteat, 2017) and within their broader communities (Hatzenbuehler et al., 2015; Mustanski et al., 2014). Research from the United States has linked these experiences of discrimination, victimization, and rejection to LGBTQIA+ youth's outsized representation among out-of-home care and homeless youth populations (Choi

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et al., 2015; Wilson & Kastanis, 2015; Fish et al., 2019). Though LGBTQIA+ youth largely enter the child protection system for the same reasons as heterosexual and cisgender youth, such as neglect and family substance use, family rejection on the basis of the child's sexual orientation and/or gender identity partially explains the over-representation of LGBTQIA+ youth in child protection services (Baams et al., 2019; Fish et al., 2019).

The violent social forces that disproportionately direct LGBTQIA+ youth into care continue to shape their experiences within the care system. Relative to cisgender and heterosexual youth, LGBTQIA+ out-of-home youth report barriers to accessing services, are targeted for further violence and discrimination by providers, foster parents, and peers, and face increased risk of placement breakdown (McCormick et al., 2017; Schofield et al. 2019; Cossar et al., 2017). The unique needs and experiences of LGBTQIA+ youth in care are specific to the social factors that drive them into the system, the stigma they experienced before and during care, and difficulties accessing supports (e.g., counseling) for healthy LGBTQIA+ development (Fish et al., 2019; McCormick et al., 2017; Schofield et al., 2019). For example, prior experiences of family rejection that drove a child into care may discourage that child from coming out as LGBTQIA+ to care providers and peers. Such learned behavior for self-preservation may help avoid harm while concurrently increasing feelings of isolation and risk of placement disruption (Cossar et al., 2017). Given the challenges faced before, during, and after care, LGBTQIA+ youth in care often need specific support for healthy LGBTQIA+ adolescent development, such as LGBTQIA+-competent carers, access to community spaces and, for trans and nonbinary youth, support with social and/or medical transition. When LGBTQIA+ youth in care have access to supportive and competent carers, they benefit in positive identity development (Gallegos et al., 2011; Mallon et al., 2022; Robinson, 2018; Schaub et al., 2024), increased resilience (González-Álvarez et al., 2022a), and lifelong supportive connections (Mallon et al., 2002).

Extant research shows that care professionals (López López et al., 2024; González-Álvarez et al., 2023; Mallon et al., 2022; Paul, 2020) and peers (Capous-Desyllas & Mountz, 2019; Gonzalez-Álvarez et al., 2022b) are key figures and critical resources for LGBTQIA+ youth as they navigate the child protection system. Professionals who provide compassion, guidance and support of the sexual orientation, gender identity and expression (SOGIE) of the LGBTQIA+ youths in their care are known to optimize these youths' wellbeing, including preparing them for their transition to independent life (Paul, 2020). However, not all care professionals practice compassion, respect, or even show interest in providing SOGIE-specific affirmative care for LGBTQIA+ youths under their supervision. Furthermore, professionals do not always intervene when other heterosexual and cisgender colleagues make inappropriate or discriminatory comments (González-Álvarez et al., 2023). In addition to a lack of compassionate care and non-intervention in cases of discrimination, LGBTQIA+ youths reports of heterosexist and cissexist discrimination and violence by their carers have been associated with worse psychosocial adjustment (Prince et al., 2024).

In spite of this, the current state of LGBTQIA+ child protection literature has paid little attention to the less overt and subtle forms of discrimination perpetuated by care professionals and peers, such as microaggressions. Microaggressions are a form of minority stress (Lawlace et al., 2022; Mereish et al., 2022) that include subtle, direct, or indirect verbal or nonverbal behaviors that communicate negative or derogatory messages towards marginalized individuals (Sue et al., 2007), including LGBTQIA+ youths (Nadal et al., 2011; Nadal et al., 2014; Nadal et al., 2016; Kiekens et al., 2022). These behaviors can occur in everyday interactions and are typically rooted in stigma, biases, or prejudices against LGBTQIA+ persons. Microaggressions are expressed through gestures, comments, or actions that belittle, invalidate, or dismiss the experiences and identities of others. Unlike overt forms of discrimination, which are often explicit and intentional, microaggressions are subtle, often unintentional, and ambiguous. For example, overtly denying a service to an LGBTQIA+ youth based on their sexual orientation is direct discrimination. However, a microaggression might involve a social educator consistently misgendering a transgender youth, even after being corrected, or making subtle comments that invalidate their identity (Nadal, 2023).

There are three prevalent microaggression types (Nadal et al., 2011; Sue et al., 2007): *microinvalidations, microinsults,* and *microassaults.* Microinvalidations refer to when a person, usually the perpetrator, negates or invalidates the thoughts, feelings, or experiences of individuals from marginalized groups (e.g., denying LGBTQIA+ youths' experiences of heterosexist discrimination or suggesting that they are overly sensitive when they experience such transgressions). Microinsults refer to comments or actions that convey rudeness, insensitivity, or demeaning attitudes towards a person's identity or cultural background (e.g., assuming and vocalizing that all LGBTQIA+ youths are hypersexual or sexual deviants or insinuating disgust against a marginalized group of persons). Lastly, microassaults encompass ambient and explicit derogatory remarks or behaviors intended to hurt or demean someone based on their marginalized identity (e.g., saying heterosexist jokes or heterosexist comments around LGBTQIA+ youths or other marginalized groups). Heterosexist and cissexist microaggressions inhibit healthy LGBTQIA+ identity development (Wright & Wegner, 2012), and are both associated with greater anxiety, depression, post-traumatic stress disorder, and psychological distress symptoms among LGBTQIA+ adolescents (Abreu et al., 2023; Nadal et al., 2016; Marchi et al., 2024; Robinson & Rubin, 2016; Weber et al., 2018).

The term microaggression has sparked debate, particularly because "micro" may misleadingly suggest that these encounters are minor, despite their significant impact. However, the "micro" refers to the subtlety of the bias, not its impact (Torino et al., 2019). While microaggressions are less overt than violent or hostile actions, they still constitute aggression due to their accumulated harmful effects on those who experience them. Moreover, the term macroaggression has been often misused to describe overt discrimination, when this term refers to systemic biases enacted through institutions, policies, and systems (Nadal, 2023).

Despite growing awareness of the challenges faced by LGBTQIA+ youth in care, significant gaps remain in our understanding of their experiences with microaggressions in residential settings. This article aims to address these understudied experiences based on the following conceptual and empirical rationale.

First, experiences of microaggressions within residential settings may have severe deleterious effects on the well-being of LGBTQIA+ youths in care, given that these youths spend most of their time in residential care facilities after they have entered the system (McCormick et al., 2017). While existing research documents experiences of discrimination within the child protection system (Cossar et al., 2017; Dansey et al., 2019; Janzen, 2023; Rogers, 2017), only one study, that we are aware of, has systematically examined the specific types and impacts of microaggressions experienced by LGBTQIA+ youth within the residential care setting (McCormick et al., 2017). Second, while research has highlighted the distinct psychosocial challenges posed by microaggressions compared to other forms of discrimination (Nadal, 2023), there remains a significant gap in understanding how these challenges are navigated by LGBTQIA+ youth in residential care settings. The subtle and cumulative nature of microaggressions makes intent ambiguous, reducing the likelihood that others, including the perpetrators, will recognize them as acts of aggression and further invalidating the experiences of those affected. Thus, a critical gap exists in our knowledge of how LGBTQIA+ youth in care navigate the complex decision-making process of addressing, reacting to, and resisting these coded or subtle forms of discrimination. Third, existing literature often relies on adult perspectives or quantitative measures of discrimination, which may overlook the nuances of how youth themselves perceive and resist these subtle biases.

This study addresses these gaps by exploring the lived experiences of

LGBTQIA+ youth in residential care, focusing specifically on their experiences of microinvalidations, microinsults, and microassaults, and their own strategies for resisting these forms of violence. By centering the youths' narratives of resistance, this study provides a nuanced understanding of the strategies they employ to cope with and challenge microaggressions, offering insights that can inform more effective support and intervention programs.

Moreover, given the complex lived experiences of LGBTQIA+ youth in care and the multiple marginalized identities that these youths hold (e.g., youths who are LGBTQIA+, racialized, and classified as a recipient of child protection services), we used an intersectionality lens (Crenshaw, 1991) to centralize the interlocking systems of power and privilege that initiate and perpetuate pervasive and ambient heterosexism and cissexism within child protection systems (Foradada-Villar, 2021; López López et al., 2024; Martínez-Jothar, *in press*). Moreover, we used the microaggressions framework (Sue et al., 2007; Nadal et al., 2011; Nadal et al., 2014; Nadal et al., 2016) that we integrated with models of sexual and gender minority stress (Meyer, 2003; Testa et al., 2015) to explore microaggression experiences among LGBTQIA+ youths in foster care in Spain. Specifically, we aimed to examine youth's experiences of and reactions to heterosexist and cissexist microinvalidations, microinsults, and microassaults as forms of minority stress. With regards to reactions, we were interested in exploring the ways in which LGBTQIA+ youths proved to be resistant to microaggressions within the child welfare system. We operationalized resistance as working to challenge, disrupt, and change dominant structures and systems of oppression (Robinson & Schmitz, 2021). Understanding processes of resistance among LGBTQIA+ youth in care could help inform social programs that teach care professionals more adequate and affirming LGBTQIA+ child protection care practices and responses that focus on encouraging these youth's sources of resilience to aid their wellbeing during care and in their transition to independence as young adults.

This study aims to address the following research questions: (1) What types of microaggressions (microinvalidations, microinsults, and microassaults) do LGBTQIA+ youth in residential care experience from care professionals and peers? (2) How do LGBTQIA+ youth in residential care resist the microaggressions they encounter? and (3) How do intersecting identities (e.g., LGBTQIA+ identity, race/ethnicity, experiences in the child welfare system) shape the experiences of microaggressions and resistance among LGBTQIA+ youth in residential care?

2. Methods

2.1. Context of this study

This study was part of a larger mixed-methods project (for a more detailed description of the study, see López López et al., 2024). The primary objective of the project was to investigate the experiences and needs of LGBTQIA+ youth residing in child welfare system-operated children's homes (residential care hereafter) in Cantabria, Spain.

In Spain, the child welfare system is structured regionally, with each Autonomous Community (such as Cantabria) responsible for the implementation and management of child protection services. These regional authorities are responsible for investigating situations of risk or neglect, providing various forms of care and support to children and families, and making decisions about the most appropriate placement for children in need. Residential care, provided in children's homes managed by various entities (including both public and private organizations), is one type of care available for youth who cannot remain in their family homes due to circumstances such as abuse, neglect, or family dysfunction. As of January 2022, the child welfare system in Cantabria oversaw 26 centers managed by 9 entities, providing care for 161 children and adolescents aged 10 and above. In these residential settings, social educators ('educadores sociales' in Spanish) play a crucial role in the daily lives of the youth. Social educators, who typically hold a university degree in social education, are responsible for providing guidance, support, and supervision to the youth, fostering a safe and supportive environment, and promoting their social and personal development. Their responsibilities include facilitating daily routines, organizing recreational activities, providing emotional support, mediating conflicts, and advocating for the rights and needs of the youth within the residential care setting. While some social educators may have received specific training on LGBTQIA+ issues, this is not always a standard requirement, and the level of awareness and sensitivity to these issues can vary among professionals.

Research with professionals in Cantabria found that most had not received training during their education on supporting LGBTQIA+ youth and were unaware of any relevant training or guidelines within their organizations (López López et al., 2023). Since universities, professional schools, and workplaces are the main sources of specialized training for professionals (López Peláez & Sanchez-Cabezudo, 2015), the absence of LGBTQIA+-focused training may lead to inconsistencies in professionals' awareness, sensitivity, and the quality of support they provide.

Conversations with the child protection board in Cantabria had them estimating that approximately 20 % of all youth in residential care identified as LGBTQIA+ (López López et al., 2024). However, these numbers may be under-estimations given a lack of systematic data collection, reliance on professionals' perceptions based on their everyday operations, and that some youth may not feel comfortable disclosing their SOGIE with care professionals and peers.

2.2. Participants

All LGBTQIA+ youth residing in or having lived in residential care facilities in Cantabria within the two years prior to the study were invited to participate in an interview. Participants were required to have resided in a residential care facility for a minimum of 12 months to be eligible. Individual narrative interviews were conducted with a total of 15 youths, aged between 14 and 21 years. During the interviews, participants were asked to define their SOGIE in their own terms, as detailed in Table 1. None of the participants reported being born intersex when asked about their identity.

2.3. Strategies of inquiry and data generation

To disseminate information about the study and recruit participants, we developed a range of materials, including an animation video, posters, and an Instagram profile. These materials were circulated through the child welfare system facilities with the assistance of the General Directorate of Social Policies of Cantabria. Prior to

Table 1
Summary of interview participants' characteristics.

Participant	Age	Sexual Orientation	Gender Identity	Race/ Ethnicity
1	19	Bisexual	Female	White
2	17	Lesbian	Female	White
3	17	Bisexual	Female	White
4	21	Heterosexual	Trans man	White
5	17	Lesbian	Female	White
6	16	Bisexual	Non binary	White
7	17	Bisexual or pansexual	Doubts about being gender fluid	White
8	14	Bisexual	Trans woman	White
9	17	Lesbian	Female	White
10	19	Bisexual	Male	White
11	20	Bisexual	Female	White
12	18	Pansexual	Female	White
13	16	Likes boys and girls	Female	Black
14	16	Gay	Bigender	White
15	18	Bisexual	Female	Roma

dissemination, the materials were reviewed by LGBTQIA+ youth who were engaged at the early stages of the project and expressed interest and willingness to be involved in its development. Their feedback proved invaluable, particularly in refining the content and language used.

Youths were invited to participate in the study by requesting an interview via email, social media platforms, or through professionals at residential care facilities or other services. We conducted a total of 13 in-person interviews and two online interviews, accommodating participants' preferences, between January and February 2022 (from 48 min to 115 min in duration). The interviews were conducted by two queer researchers with a background in psychology (11 of the youths were interviewed by the first author). Most interviews took place at the offices of the Child, Adolescent, and Family Care Service of Cantabria, and two participants selected an alternative location (a coffee shop and a residential care home). Participants received compensation for their time in the form of a 50-euro gift voucher. All interviews were conducted with the informed consent of the participants and were subsequently transcribed verbatim. All quotes presented here were translated from Spanish (youths' first language) by the first author as closely as possible, to preserve the words and inflections youths utilized.

We utilized a semi-structured interview script, drawing insights from the interview protocol developed for a previous project (López López et al., 2021), and refined based on input from a diverse group of LGBTQIA+ individuals and allies, including both youths and adults. The interview script covered a range of topics, including experiences within residential care, educational experiences, interactions with professionals, relationships with family and friends, encounters with discrimination, health and wellbeing, and various resilience and resistance factors.

2.4. Analysis process

We conducted a reflexive thematic analysis, embracing researcher reflexivity and subjectivity (Braun & Clarke, 2023). After each interview, researchers documented summaries, notes, and potential themes, considering information gathered beyond the interview setting, such as discussions with professionals, unrecorded participant conversations, our own emotional responses, and observations of interactions in residential care.

The analysis process involved 5 steps proposed by Braun and Clarke (2022), which we adapted to our specific research context:

Familiarization: The first author transcribed and read all interviews multiple times to become deeply immersed in the data. This process took several weeks, allowing for a thorough understanding of the nuances in participants' experiences.

Coding: The first and second authors engaged in an intensive coding process, spending numerous hours side-by-side over multiple sessions. We identified recurring patterns and initial themes related to LGBTQIA+ youths' reactions to microaggressions, with a specific focus on detecting acts of resistance against those negative experiences and their interrelatedness to their multiply marginalized social status. This stage involved in-depth discussions about what constitutes a microaggression in the context of our participants' experiences, how youth's own language reflects these experiences, and how these align with existing frameworks. We generated a set of codes derived from the data and informed by existing research literature.

Theme development: The researchers then met on multiple occasions, often for extended periods, to discuss their coding and identify relationships between themes. These sessions were characterized by debates and collaborative meaning-making, engaging the rest of the authors of this article when there were disagreements or doubts.

Theme refinement: The themes were further refined through an iterative process of returning to the transcripts and ensuring that the themes reflected the participants' experiences accurately. This stage involved several rounds of revision and discussion, often leading us to reconsider and adjust our interpretations.

Definition and naming: In this final step, we defined and named the themes, selecting illustrative quotes to represent each theme. It was during this stage that we made the decision to align our findings with the framework of microinvalidations, microinsults, and microassaults, recognizing how our data fit into these categories while still maintaining the inductive nature of our analysis.

This analytical process allowed us to develop a nuanced understanding of our participants' experiences. The decision to incorporate the microaggression framework into our final presentation of findings represented a move towards a more deductive approach, while still maintaining the reflexive nature of our thematic analysis. This hybrid approach allowed us to ground our findings in established theory while remaining true to the unique experiences of our participants.

Moreover, applying an intersectionality lens to our analytical framework allowed the first and second author to consider the interlocking systems of power and oppression at the intersections of heterosexism and cissexism (and racism among the two racialized youths in this study) to meaningfully analyze the participants' complex experiences (Bowleg, 2008; Ghabrial, 2017).

2.5. Ethics

The study design adhered to the guidelines and ethical principles for scientific research outlined by the National Ethics Council for Social and Behavioral Sciences (2018). Approval for the study was granted by the Ethics Committee of University of Groningen in January 2022.

We employed a participatory research methodology, reflecting our ethical commitment to prioritize the perspectives of marginalized groups and to conduct research collaboratively with them, rather than simply studying them as subjects (Desai, 2019; Hillier & Kroehle, 2023; Kidd et al., 2017). Prior to participation, all youths were fully informed about the project's objectives, research questions, methodology, and plans for disseminating the results. Participants were given the option to request additional information about the study through email, phone calls, or text messages. Upon understanding the project's scope, participants provided written consent, affirming their voluntary participation, understanding of the study's objectives, ability to withdraw at any time, and assurance of confidentiality. As most participants were 16 years of age or older, they were able to independently consent to participation. For the participant under 16 years of age, informed consent was obtained from both the primary caregiver and the young person.

To mitigate power imbalances, researchers allowed participants to shape the interview process and offered them various avenues for continued involvement post-interview, including opportunities to remain informed about research progress and findings, provide feedback to the research report, and participate in research dissemination.

It is essential to acknowledge the positionality of the authors, as our backgrounds and lived experiences have shaped our approach to data collection and analysis. All authors identify as queer, a broad term encompassing individuals who do not conform to heterosexual and/or cisgender identities. For us, 'queer' also signifies a critical stance toward dominant norms regarding sexuality and gender, as well as a commitment to challenging heteronormative and cissexist structures. Several authors are racialized as Brown people and/or have direct experiences of migration which informs our understanding of intersectional challenges, including those faced by the youth in this study. Still, we must acknowledge that while the authors of this study have worked closely with youth in the child welfare system, none of us have experienced it firsthand. This awareness shaped our research choices, leading us to actively involve youth as much as possible in recognition of both the values of participatory research and our own positionality.

Our lived experiences and commitment to social justice may have facilitated a deeper connection with participants and a more nuanced interpretation of their narratives (Berger, 2015). However, we also acknowledge that our positionality may have influenced our analysis. To

mitigate potential biases, we engaged in continuous reflexivity throughout the research process (Mauthner & Doucet, 2003), critically examining our interpretations, engaging in dialogue with one another, and seeking feedback from researchers and community members with diverse perspectives and backgrounds.

3. Results

LGBTQIA+ youths in the current study recounted numerous instances of heterosexist, cissexist, and racist discrimination within residential care facilities that we classified as three types of microaggressions: microinvalidations, microinsults, and microassaults guided by the operationalizations proposed by Sue et al., (2007) and Nadal et al., (2011; Nadal et al., 2014; Nadal et al., 2016). Moreover, we explored youth's reactions to experiencing these types of microaggressions, which generally fell under resistance strategies to combat being microaggressed.

3.1. Microinvalidations

We classified microinvalidations as subtle indirect or direct comments or behaviors that negated, dismissed or undermined the lived experiences and realities of LGBTQIA+ youths.

Some participants described being made invisible in the residential care home after coming out. This invisibility, perceived by some as a dismissal of their queer identities by their peers, has been described as more distressing than facing direct oppression in the context of family relations (Coll Planas et al., 2021). The following quote illustrates the experience of invisibility by a non binary person:

> A boy from my residential care home… He is 17 years old. He has been at the home for five years, I think. When I arrived, he was super homophobic and super racist and sexist (…). He did not address me at all. He found out that [chosen name] was not my name [assigned at birth], and he would not talk to me at all, because he did not know what my name [assigned at birth] was (16, Bisexual, Non binary, White).

In addition to experiencing invisibilization from other residents in their homes, some interviewees highlighted the professionals' refusal to acknowledge their LGBTQIA+ identities, contributing to youth feelings and experiences of being made devalued, invisible, and invalidated:

> Most [professionals] don't understand it. Then, there are those [professionals] who simply don't listen to you, or even if they listen to you, they continue with the same thing [their own heteronormative and cissexist perspectives]. And people who think like that never give you arguments, or tell you that it is because of tradition, that it is business as usual (16, Bisexual, Non binary, White).

The reported lack of understanding and unwillingness to learn about LGBTQIA+ realities among some professionals often lead to the perpetuation of myths and misconceptions about LGBTQIA+ identities in their daily professional care practices. This was connected to care professionals enacting acts of microinvalidations. For instance, some youths perceived that their professionals viewed their queer identity as a temporary phase or a stage of transition, rather than recognizing and affirming it as a sexual orientation in itself. Other youths perceived that their care professionals imposed their own beliefs about sexual orientations, which led to youths feeling the erasure of their LGBTQIA+ identities, as was reflected in the following quote:

> Sometimes they [professionals] say that I like guys more than girls. Then another one [professional] says that I like girls more than guys… They are like that. (…) So they think they know more than me. If I say one thing, they're going to say another. Well, no (17, Bisexual, Female, White).

In the descriptions of the participants' experiences we saw how professionals enacted cisnormativity in the residential care facilities, which was observable through microinvalidations. Transgender and gender diverse (TGD) participants described experiences of gender policing and strict gender norms and expectations, which restricted LGBTQIA+ youths' ability to express their gender as they wanted, including physical appearance or the use of their chosen name, as is exemplified by the experience of one young person, who shared:

> And the director [of the residential care home] said no. That they were not going to call me that [chosen name], that this was not going to be addressed in any way [their non-binary identity], and to not even think or ask about cutting my hair. I wanted to cut it short and they wouldn't let me. They wouldn't give me a reason. They said that we had to present an image of the residential care center and that if I cut my hair, that would no longer fit their image (16, Bisexual, Non binary, White).

In summary, LGBTQIA+ youths reported microinvalidations in their residential care homes perpetuated by their peers and care professionals. These microinvalidations manifested in youth's being made to feel invisible, being denied their LGBTQIA+ identities and expressions as well as their lived experiences as LGBTQIA+ young people. The microinvalidations reported by these youths were experienced in heteronormative and cisnormative residential home cultural environments.

3.2. Microinsults

In this study, we operationalized microinsults as subtle direct or indirect comments or actions that convey rudeness, insensitivity, or demeaning attitudes towards LGBTQIA+ people. These remarks insult the individual by implying that there is something wrong or abnormal about being LGBTQIA+ and serve to denigrate and hurt the individual (Nadal, 2023).

Our analyses revealed that microinsults were often perpetrated by non-LGBTQIA+ youth in the residential home after the participants disclosed their SOGIE. These microinsults primarily centered on assumptions of LGBTQIA+ hypersexuality and sexual deviance. A common experience reported by the participants was that other non-LGBTQIA+ youth in the residential home refused to share a room or to change clothes in front of LGBTQIA+ youths. This situation was echoed by one participant who noted:

> Interviewee: I once slept with my roommate but with distance because she was afraid I would do something to her. – Interviewer: And she said that to you or this is your guess? – Interviewee: She told me to keep a distance (17, Bisexual, Female, White).

Some youths reported microinsults vocalized in the form of denigrating sexual comments by non-LGBTQIA+ peers in their residential homes:

> But there were some roommates at my house who didn't like me that much. Well, I don't know, maybe they thought that since I said I liked girls, I would like all the girls, and I would like more the ones who slept in my room. (…) Well, they would still tell me that I only knew about scissoring (17, Lesbian, Female, White).

The previous situations highlighted how heterosexism and common beliefs that LGBTQIA+ people are universally promiscuous and sexual deviants (such as the non-LGBTQIA+ roommate's fear that her queer roommate must be threateningly hypersexual) can permeate spaces within residential homes, perpetuating damaging misconceptions about LGBTQIA+ youth and contributing to their isolation and sense of otherness via microinsults.

Microinsults were also perpetuated by care professionals in the residential homes. There were instances when LGBTQIA+ youths experienced being "singled out" by their care professionals via non-verbal gestures that were unwelcomed and perceived to be insensitive, as

reflected in the words of this participant:

> It's not necessary that every time they [professionals] say something about homosexuality or something about gays… they look at us. You don't have to look at me. It's not cool, to be honest. Because it's like: yes, because homosexual relationships… [and he makes a dramatic gesture directed looking at a person to exemplify care professional's singling out non-verbal behaviors] (16, Gay, Bigender, White).

When LGBTQIA+ identities and behaviors are mentioned, care professionals reportedly responded by looking at the LGBTQIA+ youth in the room, emphasizing their "otherness" and implicitly identifying the youth as typical or exemplary of a contentious social topic. Being subtly singled out as an LGBTQIA+ person reinforces the notion of "othering" and constitutes a microinsult by reinforcing the idea that being an LGBTQIA+ person is different or abnormal relative to heterosexuals and that LGBTQIA+ people are individually representative of their communities and ongoing social debates on their social status and rights. These microinsults can occur both intentionally and unintentionally in private or public contexts and may compromise LGBTQIA+ youth's sense of belongingness and further marginalize the individual.

Participants shared instances where care professionals microinsulted youths by targeting their LGBTQIA+ identities. Some of these microinsults involved care professionals imposing and attempting to correct LGBTQIA+ youth's sexual desire within traditional monogamy and heteronormativity. The following quotes provide examples of these accounts:

> A professional told me that if I liked two people at the same time [referring to two people of different gender] I was sexually greedy; that I had to choose either one or the other. And she made me doubt again (18, Bisexual, Female, Roma).

In the following case, care professionals microinsulted a queer youth with suggestive accusations of sexual deviance:

> A professional told me that the other staff said that my roommate and I came out of the bathroom horny, yet we almost did not see each other at the residential care home (17, Lesbian, Female, White).

In summary, LGBTQIA+ youth in residential care homes faced frequent microinsults from non-LGBTQIA+ peers and care professionals. These comments and actions reinforced harmful stereotypes, such as assumptions of LGBTQIA+ hypersexuality. Some non-LGBTQIA+ peers expressed discomfort around LGBTQIA+ youth, and care professionals also contributed to microinsults by imposing heteronormative expectations and categorizing LGBTQIA+ youth as promiscuous. These experiences created hostile environments that alienated LGBTQIA+ youth and reinforced their sense of "otherness" and marginalization.

3.3. Microassaults

Microassaults are subtle direct or indirect deliberate acts of discrimination and hostility toward LGBTQIA+ people. Although microassaults may be more direct than other forms of microaggressions, they are still considered "micro" because they often occur in covert intentional and unintentional ways, such as using derogatory heterosexist language or making offensive heterosexist jokes at the expense of LGBTQIA+ individuals' sense of safety and wellbeing.

Participants in this study did not recount many examples of microassaults experienced in their residential care homes, but ones that occurred in other social environments, such as in their family homes, school, faith communities, or in public spaces (e.g., perpetrators refusing to use trans youths' chosen pronouns, non-LGBTQIA+ youths making sexual jokes about LGBTQIA+ people) – which go beyond the scope of the current study.

In some circumstances, there was nuance and complexity in disentangling severe forms of discrimination from microaggressions that co-occured in the lives of LGBTQIA+ youths within residential care. A participant described being teased or laughed at by non-LGBTQIA+ youths for being a bisexual trans woman, but mentioned that she had not experienced severe forms of discrimination that would compromise her wellbeing.

> Well, I haven't been discriminated against as such [in the residential home]. I have sometimes felt mocked and so on [for being a bisexual trans woman], but I have not been [severely] discriminated against as such (14, Bisexual, Trans woman, White).

The microassaults reported in care settings included derogatory comments about the LGBTQIA+ community, which in some cases prevented youths from freely expressing their SOGIE. These comments were perpetrated by other non-LGBTQIA+ youths in care, but sometimes, by care professionals, as evidenced in the following excerpt:

> There was a TV series, a reality show, that was about a house, and a boy there defined themself as non-binary. Well, a professional came and said 'this guy is mentally ill' (16, Likes boys and girls, Female, Black).

Microassaults specific to LGBTQIA+ racialized youths emerged, which we refer to as intersectional microassaults henceforth (Bowleg, 2013; Lewis & Neville, 2015). The emergence of these intersectional microaggressions suggest that LGBTQIA+ racialized youths face unique vulnerability in predominantly white and cisheteronormative child protection contexts. The accounts of the two racialized youth interviewed for this study revealed experiences of co-occurring microaggressions and interpersonal racism by their white and non-LGBTQIA+ peers and care professionals. The following quote exemplifies these actions, and also illustrates how racialized LGBTQIA+ youth in care are impacted at the intersection of their multiple marginalized identities.

> There was a professional that summer, and I noticed how she said things to me. And I noticed how she said things to some other people with anger, with disgust, with hatred. And I had a friend from the Dominican Republic who is bisexual. So, when that professional found out, she did it also with her (…). She said that we disgusted her, and it showed (…). The other professionals said that this [experience] couldn't be like that [real]. But in the end I think that even they realized it was like that. They didn't say anything, because it was another professional's work. (16, Likes boys and girls, Female, Black)

This quote not only highlights the experience of indirect and direct microassaults by a white care professional but also highlights the invalidation of these experiences when they are reported to other care professionals. These experiences underline the unique challenges faced by racialized LGBTQIA+ youth navigating intersectional discrimination and microaggressions (Nadal et al., 2016). The findings also emphasize that white professionals may be unaware of their own biases and prejudices and those of their colleagues, which can lead to the enactment of microinvalidations and unwillingness or unreadiness to protect youth who have been microaggressed. Professionals may also avoid addressing these injustices to maintain professional relationships or conform to cultural norms within their workplaces.

In summary, microassaults were less frequently reported within care settings but occurred in other social environments. The observable microassaults experienced by participants centered around their care professionals and non-LGBTQIA+ peers mocking, condemning, and denying the identities and lives of LGBTQIA+ individuals. Additionally, intersectional microaggressions, particularly microassaults intertwined with microinvalidations, emerged prominently among LGBTQIA+ racialized youths, who faced unique and compounded discrimination and invalidation of their experiences related to their intersecting racial and LGBTQIA+ identities within predominantly white and *cis*-heteronormative residential care contexts.

3.4. Resistance in the face of microaggressions

This study also explored the various ways by which LGBTQIA+ youth resisted microaggressions. Specifically, we explored how youth engaged in acts of resistance against microaggressions as a means of cultivating resilience.

In response to experiences of microaggressions in their residential homes, some participants demonstrated various forms of resistance that were grouped in four prominent strategies: 1) ignoring perpetrators as a way to disempower their transgressions, 2) affirming their rights as LGBTQIA+ youths in care as an act of resistance, 3) educating perpetrators of their wrong doing, and 4) standing up for themselves and confronting the perpetrator.

3.4.1. Ignoring perpetrators as a way to disempower their transgressions

Across all forms of microaggressions, LGBTQIA+ youths ignored or chose not to respond to hurtful comments, which are known resistance strategies that enable the LGBTQIA+ youth to manage their social interactions in a way that prioritizes their safety and well-being (Paceley et al., 2021). This act of resistance also aids with diminishing the power of these transgressions. For the following participant, this strategy seemed a viable way of preventing giving attention or validation to the aggressor's behavior, thereby discouraging its repetition:

> Indifference! It's clear to me now. Pure indifference. If you don't pay attention to them, they'll see that you don't care, that you're going to ignore them. You're not going to care what they say or anything. So, they're going to say, well, if they don't care, why should I mess with them? (17, Bisexual, Female, White).

3.4.2. Affirming their rights as LGBTQIA+ youths in care as an act of resistance

A youth with a non-normative gender illustrated how embodying their queerness and asserting their agency in the face of a cisheteronormative restrictive context can be an act of resistance itself (Robertson, 2018). Part of these efforts involve LGBTQIA+ youth's interest in keeping themselves educated about those guidelines and policies that affect their lives. The following quote demonstrates that LGBTQIA+ youths' initiative to learn their residential homes' policies was an act of resistance that empowered them to advocate for their right to express their gender identity.

> And I read all the laws. And when I found the laws that said that this could not be done [to forbid a person in care to choose their hairstyle], I told them, and then I cut my hair. They let me cut my hair! (16, Bisexual, Non binary, White).

The same youth continues to describe the refusal of some care professionals to use LGBTQIA+ youth's correct pronouns and describes how care professionals' religious beliefs influence their ability to provide affirming care. LGBTQIA+ youths' ability to affirm their own gender and advocate for themselves (*insisting, insisting, insisting*) can be viewed as a resistance strategy in the face of microinvalidations.

> Some [professionals] do, some don't [use the chosen pronouns]. For example, [name of care professional] is very narrow-minded. Especially because she is very Christian. They [pronouns] don't get into her head very well. (…) But in the end, if I keep insisting, insisting, insisting… they will have to do it (16, Bisexual, Non binary, White).

3.4.3. Educating perpetrators of their wrongdoing

A demonstration of participants' resistance to oppressive care experiences was their strong motivation to improve the climate in their residential homes. This was done by LGBTQIA+ youths' advocacy efforts that proposed measures to increase LGBTQIA+ youth affirming care practices in residential homes. For example, youth spoke about the need to combat negative stereotypes and prejudices against LGBTQIA+ people in their homes through raising awareness and training the group home on issues of sexual orientation and gender identity/expression. In a heartfelt reflection, a young person shared:

> I think they [professionals] should raise more awareness. Maybe bring the entire residential care home together and raise awareness. I believe that people should be made aware that each person is who they are, and that we should not treat people badly or make bad comments about people

A participant took it upon themselves to educate the perpetrator of their heterosexist and cissexist transgressions, aiming to transform the transphobic social climate of the home. This action constituted an act of resistance and self-respect of their nonbinary identity, as this youth refused to accept mistreatment by others and advocated for social change within the residential home.

> I also try to talk to the person who said it [microsinsults], to make them see the reason that it's not something I have to hide, nor is it something I have to be ashamed of. I am who I am and I don't have to be ashamed of who I am. (17, Bisexual, Female, White)

Another nonbinary youth described their non-LGBTQIA+ peer's background as coming from hardship, including maltreatment. By advocating for their own needs, the nonbinary youth appears to have built a bridge on which their peer could "go little by little" toward recognizing the nonbinary youth's existence and humanity.

> By correcting him and by refuting things and all that, I got him to stop being an asshole. And now, well, he is not perfect. He had this inside, and now he has to go little by little, but he is improving and he is becoming better. And it's difficult for him because he had it inside. But he tries. (16, Bisexual, Non-binary, White)

It is evident that this nonbinary youth's compassion and empathy were a source of resilience that enabled them to connect with their peers' personal history and journey toward understanding and acceptance of LGBTQIA+ youths in the residential home.

3.4.4. Standing up for themselves and confronting the perpetrator

Other LGBTQIA+ youths also showed resistance in the face of microaggressions not only by ignoring non-LGBTQIA+ peer perpetrators but also by confronting their peer directly when ignoring did not end the microaggressions, as described in the following excerpt:

> At first I tried not to pay attention to them. But they kept coming at me, until one day I said: 'Hey, that I like women is one thing, and whether I like you is another. Basically, because I don't like your personality. Period. That's it. I don't like you. I like women. I like this girl in particular. I don't like you. We have to coexist here. You follow your path, I follow mine. I don't care about your life. You don't get involved in mine.' And that's how it ended. (17, Lesbian, Female, White)

In the example of the microassault described in the previous section, where a care professional said that a non-binary person in a TV reality show was 'mentally ill' in the presence of an LGBTIA+ youth in their residential home, this youth confronted the perpetrator by questioning the care professionals biased and prejudicial pathologizing of nonbinary individuals:

> I was like, how can you say that this guy is mentally ill? (16, Likes boys and girls, Female, Black)

As described above, in more pervasive experiences of microaggressions, LGBTQIA+ youths' courage to proactively confront the perpetrator proved a useful resistance strategy that put an end to being transgressed. LGBTQIA+ youths also showed courage and resistance by questioning care professionals' cissexist microassaults. It is likely that directly addressing perpetrators of microaggressions may be a more efficient way of stopping these discriminatory behaviors, only if this will

not place the LGBTQIA+ youths' at greater risk. This form of resistance also suggests that more efforts are necessary by the child care protection system that focus on correcting, educating, and holding non-LGBTQIA+ peer and professional perpetrators accountable for their maltreatment of LGBTQIA+ youths with the intention to improve safety within residential homes.

4. Discussion

This study sought to explore the experiences of microaggressions among LGBTQIA+ youth in residential care in Spain. Specifically, we aimed to identify the types of microaggressions encountered by these youth, understand how they resist these subtle forms of bias, and examine how intersecting identities shape these experiences.

4.1. Summary of main results

The LGBTQIA+ youths interviewed in this study described navigating stressful experiences of microaggressions in their residential homes, largely stemming from enacted heterosexist and cissexist discrimination from their care professionals and non-LGBTQIA+ peers. The microaggressions reported by LGBTQIA+ youth in this study reflected the three types of microaggressions furthered by Nadal et al. (2016) – microinvalidations, microinsults, and microassaults – though microassaults were reported less frequently within residential care settings. Care professionals and non-LGBTQIA+ peers enacted microaggressions based on stereotypes and misconceptions of LGBTQIA+ youth, such as beliefs that LGBTQIA+ youth are hypersexual or that queerness is a phase. Youth discussed the different supports and strategies they use to cope with and confront these adversities, including ignoring, affirming their rights, educating, and directly challenging discrimination.

LGBTQIA+ youth reported that care professionals engaged in microinvalidations of their identities. These microinvalidations included denials of youth sexual orientations and gender identities, refusals to use pronouns, and attempts to control youth expression of their sexual orientations and gender identities. Youth resisted these efforts by insisting on their rights to self-expression, as in the example of the youth who researched laws and learned that they have a right to cut their hair, and in doing so persuaded their care professionals to permit them to cut their hair. Overall, microinvalidations served to signal to LGBTQIA+ youth that their identities and self-expression are unacceptable within residential care settings.

Respondents also shared many examples of microinsults. These microinsults almost all centered around stereotypes of LGBTQIA+ people as being hypersexual and sexually deviant. Youth reported being perceived as sexual threats to their peers, and of professionals telling them that their attraction to people of multiple genders reflects on their character as "greedy." In sum, the microinsults reported by LGBTQIA+ youth in this study revealed how their care professionals and peers treat them as sexual threats that must be controlled or kept at a distance.

Some youth reported experiences of microassaults. While less commonly reported and more regularly experienced outside of residential care settings, when they do occur in residential homes, microassaults are nonetheless the enactment of hateful beliefs that can make youth feel unsafe or targeted where they live. Youth reported being mocked and having people who share their identities described as "mentally ill." Intersectional microassaults were identified among LGBTQIA+ racialized youth who emphasized how care professionals look at them with disgust, and the youth linked this reaction to both their LGBTQIA+ and racial identities. When those same youths sought help from care professionals in response to these microassaults, the care professionals cast doubt on the veracity of their claims and defended their colleagues. Reported microassaults emphasized, especially, how multiple intersections shape LGBTQIA+ youth negative experiences in residential care settings.

4.2. Key takeaway messages

The experiences of microinvalidations, microinsults, and microassaults reported by LGBTQIA+ youths in the current study fell within the microaggression taxonomies described by Nadal et al, 2016. In particular, LGBTQIA+ youths' experiences of microinvalidations stemmed from non-LGBTQIA+ peer and care professionals' endorsements of *heteronormative or gender-conforming culture/behaviors*, *use of transphobic and/or incorrectly gendered terminology*, as well as their *denial of heterosexism and transphobia*. This was evident in non-LGBTQIA+ peer and care professionals' denials of LGBTQIA+ youths identities, refusals to use chosen pronouns, and denying youths' SOGIE. Microinsults, overall, captured the perpetrators' assumptions of *universal LGBTQIA+ experiences* where they stereotyped LGBTQIA's youths as hypersexual (Linville, 2014). Non-LGBTQIA+ peers and care professionals also perpetuated + microinsults under *the assumption that LGBTQIA+ youth have sexual pathologies or abnormalities*, this was evident in LGBTQIA+'s experiences of being classified as sexual predators. Lastly, microassaults fell within the *discomfort/disapproval of the LGBTQIA+ experience* taxonomy. This was observed in the disgust expressed by care professionals toward LGBTQIA+ racialized youth and in care professionals' labeling non-binary people as "mentally ill." Overall, the current study broadens the microaggressions literature by demonstrating how heterosexist and cissexist, microinvalidations, microinsults, and as well as intersectional microassaults permeate within child protection residential homes, mainly perpetrated by non-LGBTQIA+ peers and care professionals, which ultimately compromised the safety and wellbeing of LGBTQIA+ youths in residential care.

Although participants in this study did not recount many instances of microassaults in their residential care homes, previous publications from this project have documented a wide range of such incidents occurring in other social environments, including family of origin homes, schools, faith communities, and public spaces (López López et al., 2023). The fact that participants identified these situations in other contexts suggests they are capable of recognizing hate-motivated violence against LGBTQIA+ people. Yet, the lower incidence of heterosexist and cissexist microassaults within residential care in this study contrasts with findings from other recent studies on LGBTQIA+ youth experiences in similar care settings (see, for example, Schaub et al., 2024). One possible explanation for this discrepancy could be the required higher level of professional training and education among staff working in residential care in Spain (Bravo et al., 2022). As noted earlier, these professionals are typically required to hold a university degree, often in social education, a field that has increasingly incorporated content on sexual and gender diversity, although there are significant variations in the curricula across different universities in Spain. Additionally, in recent years, the child protection system in Cantabria has provided some options for professional training on these issues, and introduced anti-discrimination policies at the regional level. This may account for the heightened sensitivity of these professionals, who might be better equipped to prevent more overt forms of discrimination and violence in residential care.

Our findings are consistent with prior research demonstrating that Black LGBTQIA+ youth are subject to unique and compounded microaggressions that simultaneously target their minoritized racial and sexual or gender identities. Lewis and Neville (2015) describe how gendered racial microaggressions specifically impact Black women, while Bowleg (2013) highlights that Black gay and bisexual men experience microaggressions that are inseparable from the intersection of their racial and sexual orientation identities. The cumulative effect of these intersecting forms of discrimination has been linked to heightened health disparities among LGBTQIA+ racialized youth (Abreu et al., 2023; Balsam et al., 2011; Mereish et al., 2022; Nadal et al., 2016; Parra & Hastings, 2020; Salerno et al., 2023). Furthermore, intersecting systems of heterosexism, cissexism, and racism contribute to the overrepresentation of LGBTQIA+ youth and racialized youth in out-of-home

care compared to their heterosexual, cisgender, and white peers (Grooms, 2020; Pinderhughes et al., 2019).

Intersectional identities can have a complex interplay with resistance, as LGBTQIA+ youth navigate not only heterosexism and cissexism, but also racism and xenophobia, requiring adaptive strategies that address multiple, intersecting systems of marginalization (Nadal et al., 2016). For instance, Black LGBTQIA+ youth may employ assertive confrontation and education as forms of resistance, as we have seen in the present study, while simultaneously utilizing resilience strategies grounded in racial pride and community connectedness (Lewis & Neville, 2015). Thus, it is crucial to recognize that the strategies LGBTQIA+ youth use to resist microaggressions and discrimination are often shaped by their racial and cultural backgrounds, which influence both the nature of their resistance and the resources they rely on. Black youth, for example, may engage in culturally rooted resistance practices that reflect collective values and the historical experiences of oppression, drawing strength from family, spiritual beliefs, or cultural traditions (Bowleg, 2013; Harper et al., 2004).

4.3. Implications

The findings of this study underscore the ongoing need for further training to help professionals recognize and address the more subtle forms of discrimination that persist in alignment with recent studies in this population (Schaub et al., 2023). Furthermore, future studies should explore the attitudes and knowledge of child protection professionals towards LGBTQIA+ youth. Understanding LGBTQIA+ attitudes and knowledge among care professionals throughout their employment can help identify areas where professionals may need additional training to ensure they provide inclusive and affirming care (Langarita et al., 2024).

In this study, we integrated an analysis of youths' resistance strategies, as we contend that focusing solely on microaggressions and discrimination may not sufficiently capture the complexity of LGBTQIA+ youth experiences in residential care, nor provide effective solutions to the challenges they face (see Asakura, 2016). This approach enabled us to identify several resistance strategies that could inform professional training programs and care interventions, aimed not only at fostering resilience within this group but also at addressing structural oppression within child welfare systems. Accordingly, we recommend that future research explore resistance strategies across a broader range of social contexts, such as schools, health services, and public spaces. Furthermore, future studies should examine collective resistance strategies, in addition to individual acts of resistance, within this population.

An important implication of our study is the need for professionals to actively support youth self-advocacy. This requires targeted training to help professionals recognize and affirm youth agency while simultaneously addressing the structural barriers that hinder their ability to advocate for themselves (Spencer et al., 2020).

Finally, beyond the challenges faced by all LGBTQIA+ youth in these settings, our research reveals that racialized youth encounter additional systemic and interpersonal barriers. The perpetuation of microaggressions by care professionals against multiply marginalized LGBTQIA+ youth in contact with child protection services needs to be thoroughly examined. Furthermore, in the specific context of Spain, the experiences of minoritized youth, including LGBTQIA+ racialized youth such as Roma, Black, and unaccompanied migrant youth within the care system, have been largely overlooked. Analyzing the complex processes of multiple marginalization and their impact on these youth's resilience and resistance strategies is essential for improving interventions and dismantling oppressive structures within child welfare systems. Moreover, understanding the culturally informed resistance strategies of this youth is essential for developing interventions that empower them within child welfare systems and other institutional contexts.

4.4. Strengths and limitations

Previous research has shown that LGBTQIA+ foster youths often experience heterosexist and cissexist discrimination and violence in child protection contexts (Cossar et al., 2017; Paul, 2018; Schaub et al., 2024). However, less attention has been given to understand the more subtle and covert forms of discrimination perpetrated by care professionals and peers within these settings. To our knowledge, this is the first study to explore the experiences of heterosexist and cissexist microaggressions in residential care homes. Moreover, our study tried to avoid a stigmatizing perspective by examining not only the discrimination faced by these youths in residential care homes but also highlighting the ways they resist these challenges.

Nevertheless, several limitations should be acknowledged. The findings must be understood within the specific geographic and social context of the study. Experiences of youth in residential care may differ across various regions in Spain and internationally. Several factors could influence the transferability of our results to other provinces within Spain and other countries, globally. For example, the specific policies and practices of the child welfare system in northern Spain, along with the cultural attitudes towards LGBTQIA+ individuals and the characteristics of the participants in our study (e.g., predominantly white) may not reflect the social context and lived experiences of LGBTQIA+ youths in CPS in other parts of the country or the world. Due to the ever changing nature of policies and guidelines regarding LGBTQIA+ youth all over the world, this study is also somewhat bound by time.

However, certain aspects of our findings may be relevant to other social contexts. The experience of microaggressions and the strategies used to resist them are likely to be common themes for LGBTQIA+ youth in care across different countries and regions (Marchi et al, 2024). While the specific manifestations of these themes may vary across geography and social context, the underlying effects of microaggressions on the well-being of LGBTQIA+ individuals are likely to be similar (Mendoza-Pérez et al., 2023). Therefore, while caution is warranted when transferring our findings to other contexts and countries, we believe that they can provide valuable insights for researchers, policymakers, and practitioners working with youth in care in other contexts.

Furthermore, the study included interviews with 15 youths who were open about their LGBTQIA+ identities in their residential care homes. Most of these participants were referred by child protection professionals, which may indicate a gatekeeping effect in the recruitment process. As a result, the perspectives of youths who are not open about their LGBTQIA+ identities may not have been fully captured, as noted by some participants. Additionally, the sample was predominantly white, which limited the study's capacity for a thorough intersectional analysis. Furthermore, several LGBTQIA+ identities, such as intersex and asexuality, were not represented among the participants of this study. Future studies should prioritize exploring these underrepresented identities.

4.5. Conclusion

This study has provided valuable insights into the experiences of microaggressions among LGBTQIA+ youth in residential care. Our findings reveal that these youth experience microinvalidations, microinsults, and microassaults from both care professionals and peers, which can have a significant negative impact on their mental health and well-being. However, LGBTQIA+ youth also demonstrate active resistance to these microaggressions, employing strategies such as asserting their rights, educating others, and ignoring or confronting perpetrators. Furthermore, our findings highlight the importance of considering intersectionality, as LGBTQIA+ racialized youth face additional compounded discrimination due to intersecting racial and LGBTQIA+ identities.

CRediT authorship contribution statement

Mónica López López: Conceptualization, Data curation, Formal analysis, Funding acquisition, Investigation, Methodology, Project administration, Writing – original draft. **Luis Armando Parra:** Conceptualization, Data curation, Formal analysis, Investigation, Methodology, Writing – original draft. **Rory Patrick O'Brien:** Investigation, Validation, Writing – review & editing. **Mijntje ten Brummelaar:** Data curation, Methodology, Project administration, Investigation, Writing – review & editing. **Mireia Foradada Villar:** Writing – review & editing. **Gabriela Martínez-Jothar:** Writing – review & editing.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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Data availability

The data that has been used is confidential.

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