



Cuyahoga County Practice Guide

For LGBTQ+

Children/Youth and Their Families



Cuyahoga County
Together We Thrive
Division of Children and Family Services

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A PRACTICE GUIDE FOR WORKING WITH GAY, LESBIAN, BISEXUAL, TRANSGENDER YOUTH IN THE CHILD WELFARE SYSTEM

Introduction

Lesbian, gay, bisexual, transgender and queer /questioning plus (LGBTQ+) youth and families live in all regions of the state yet are often invisible to communities and institutions, including the child welfare system. LGBTQ+ youth and families have strengths and needs, and some may encounter the child welfare system.

Why a practice guide for this population?

Cuyahoga County Division of Children and Family Services believes all youth and families, including LGBTQ+ youth and families, have strengths and needs. LGBTQ+ people are members of all racial and ethnic cultures, communities and religions. Active homophobia, or anti-LGBTQ+ attitudes and actions, has decreased over time, though violence against LGBTQ+ individuals still occurs regularly across the country. Heterosexism, the assumption that all people are heterosexual, and that heterosexuality is the preferred sexual orientation remains prevalent. This assumption leads to an “invisibility” of the LGBTQ+ population.

Although this community is sometimes invisible, LGBTQ+ people live throughout Cuyahoga County, including urban, suburban and rural areas. Many LGBTQ+ youth face discrimination and lack of understanding from their schools, peers, social service agencies, medical providers, religious communities and families. It is the ethical and professional responsibility of child welfare workers to support and strengthen all youth and families that they serve, regardless of sexual orientation, gender identity and gender expression (SOGIE). According to a CSWE-Lambda Legal study in 2009¹ on social work schools’ effectiveness in addressing LGBTQ+ issues:

LGBT individuals have been subjected to historical discrimination and oppression in American society, causing attendant challenges to their well-being. LGBT youth in out-of-home care are especially vulnerable to discrimination and stigma based on their sexual orientation or gender identity. The social work profession, with its commitment to promote social justice and social change with and on behalf of

¹ Martin, James & Messinger, Lori, Council on Social Work Education – Lambda Legal Stud of LGBT Issues in Social Work. This publication is available on CSWE’s Web site at: www.cswe.org/File.aspx?id=25678

clients, plays an important role in addressing the problems faced by LGBT people.

While it is true that child welfare workers play an important role in addressing the needs of LGBTQ+ people, training and education on working with this population is limited. As with other cultural groups, workers must develop the competencies, knowledge and abilities to engage the LGBTQ+ community from a strengths-based perspective. All individuals and families must be treated respectfully and non-judgmentally, irrespective of one's personal views of SOGIE identities. Each worker has personal biases and sees the world through a lens, based on family upbringing, religious and other cultural backgrounds, and life experiences. Social work ethics and best practice dictates that workers be aware of personal biases and ensure that equitable services are provided to all individuals and families. Although strides have been made in the last two decades towards lessening discrimination against LGBTQ+ individuals, there remains both a lack of knowledge about and some active negative bias against LGBTQ+ identified people. This practice guide is intended to increase the awareness, knowledge and skills of caseworkers, social workers, and administrators in the child welfare system, so they may effectively and competently meet the needs of LGBTQ+ youth and their families.

Chapter 1: Statistics

There are approximately 437,000 youth in the foster care system in the United States.² While it is impossible to precisely determine the number of LGBTQ+ youth in this system, recent studies suggest that these youth make up approximately 19 percent of the total foster youth population.³ The actual percentage may be higher since LGBTQ+ youth are over-represented in foster care because of the discrimination and abuse many of these youth face in their families of origin and in their schools.⁴ Many of these youth – as many as 78% as indicated in a 2001 study- endure further harassment, rejection, or abuse after being placed in out-of-home care.⁵ When youth determine they cannot find a good fit, some LGBTQ youth run away from their placements, preferring to live on the street rather than in homophobic settings where they are in danger of harassment or violence.

LGBTQ+ youth come to the attention of the child welfare system for a variety of reasons. Some come to the attention of the child welfare system because they have engaged in behaviors such as skipping school or running away from home, possibly due to problems related to their LGBTQ+ identity. Although some LGBTQ+ youth are thrown out of their homes when they disclose their SOGIE or when they are found out by their families, not all enter out-of-home placement because of issues directly related to their SOGIE. Like their heterosexual counterparts, LGBTQ+ youth come to the attention of the child welfare system for a variety of reasons. Many are placed for the same reasons as other young people: family disintegration, divorce, death or illness of a parent, parental substance abuse, or physical abuse and neglect.

The CWLA Best Practice Guidelines for Serving LGBT Youth in Out-of-Home Care⁶ states, “LGBT youth have the same developmental tasks as their heterosexual and non-transgender peers, but also face additional challenges in learning to manage a stigmatized identity and to cope with social, educational, and community environments in which victimization and harassment are the norm.” Such stigmatization can result in increased risk factors; such as homelessness, drug and alcohol abuse, depression, and suicidal behavior.

² U.S. Department of Health and Human Services. Administration for Children & Families. (2010) Adoption and Foster Care Analysis and Reporting Systems (AFCARS) FY 2010 data.

³ Sullivan, C, Sommer, S., & Moff, J. (2001) *Youth in the margins: A report on the unmet needs of lesbian, gay, bisexual, and transgender adolescents in foster care*. New York: Lambda Legal Defense and Education Fund.

⁴ Ibid

⁵ Feinstein, R, Greenblatt, A, Hass, L, Kohn, S., & Rana, J. (2001) *Justice for all? A report on lesbian, gay, bisexual and transgendered youth in the New York juvenile justice system*. New York: Urban Justice Center.

⁶ Wilber, S., Ryan, C., & Marksamer, J. (2006) *CWLA best practice guidelines: Serving LGBT youth in out-of-home care*. Philadelphia: Child Welfare League of America. p.27.

According to recent research published in the *Journal of Pediatrics*⁷, LGBTQ+ youth who experienced high rates of rejection from their families based on their sexual orientation or gender identity, when compared with peers from families that reported no or low levels of family rejection, were:

- 8.4 times more likely to report having attempted suicide,
- 5.9 times more likely to report high levels of depression,
- 3.4 times more likely to use illegal drugs, and
- 3.4 times more likely to report having engaged in unprotected sexual intercourse

Homelessness

Homelessness has become more of a risk for LGBTQ+ youth today because the average age youth are coming-out has decreased over time. In the 1970's, people were coming out more commonly at ages 19 to 24 compared to today's average age of 13.4.⁸ Coming-out at a younger age puts LGBTQ youth at a higher risk of homelessness because they are still living with caregivers, who due to their own anti-LGBTQ+ bias, may reject, disown, kick out, abuse, or neglect these youth.

Youth who have experienced the trauma of maltreatment from their birth families often have a more challenging process coming-out in foster care. While in placement, they may face additional rejection, harassment or maltreatment. In some instances, foster families or caregivers have had an established long-term relationship with a youth then disowned, rejected, kicked out and/or forced the youth to act straight or gender conforming when the youth came out.

The following statistics illustrate the extent to which homelessness is a risk factor for LGBTQ+ youth:

- 20-40% of all homeless youth identify as LGBTQ⁹

⁷ Ryan, C., Huebner, D., Diaz, R.M., & Sanches, J. (2009) *Family rejection as a predictor of negative health outcomes in white and latino, lesbian, gay, and bisexual young adults*. *Pediatrics*, Jan: 123, 346-52.

⁸ Ibid.

⁹ Ray, N. (2006) *Lesbian, gay, bisexual and transgender youth: An epidemic of homelessness*. New York: National Gay and Lesbian Task Force Policy Institute and the National Coalition for the Homeless.

¹⁰ Berberet, H., (2006) *Putting the pieces together for queer youth: A model of integrated assessment of need and program planning*. *Child Welfare Journal*, Vol. 85, No. 2

- 65% of 400 homeless LGBTQ youth reported having been in a child welfare placement at some point in the past¹⁰
- Half of a sampling of gay and lesbian youth in out-of-home care reported having been homeless at some point in the past¹¹
- 62% of homeless youth who identified as LGBTQ attempted suicide compared to 29% of their heterosexual peers¹²

In Minnesota, Wilder Research published a report¹³ on LGBTQ homeless youth with data gathered from their 2006 homeless survey. In the 2006 study, 13 percent (71) of 566 respondents age 11-21 identified themselves as LGBTQ. Of the youth surveyed who identified as LGBTQ:

- 26% reported not having had any contact with their family in the previous month
- 23% reported that their main reason for being homeless was “lack of tolerance of sexual orientation or gender identity” [by their caregiver]; 21% said the main reason was due to violence in the home
- 72% reported a history of serious mental health problems
- 49% reported having considered suicide in the past
- 65% reported issues with chemical dependency currently or in the past
- 75% reported having been physically or sexually abused as a child

¹¹ Mallon, G.P., (1998) *We don't exactly get the welcome wagon: The experiences of gay and lesbian adolescents in the child welfare system*. New York: Columbia University Press.

¹² Van Leeuwen, J.M., Boyle, S., Salomonsen-Sautel, S., Baker, N.D., Garcia, J.T., Hoffman, A., & Hopfer, C.J. (2005). *Lesbian, gay and bisexual homeless youth: An eight-city public health perspective*. Child Welfare, Vol. 85, No. 2,

¹³ Pittman, B., (2009) *Homeless youth who identify as GLBTQ: Analysis from the 2006 statewide survey of homelessness in Minnesota*. Saint Paul: Amherst H. Wilder Foundation.

Education

LGBTQ+ youth face discrimination within educational systems as evidenced by the following statistics:

- 33 percent of LGBT students missed at least one day of school in the past month because they felt unsafe, compared to less than 5 percent of all students.¹⁴
- LGBTQ youth are almost twice as likely not to finish high school or pursue college compared to heterosexual youth.¹⁵

Mental & Physical Health

LGBTQ+ youth may be at higher risk for mental or physical health issues as evidenced by the following statistics:

- One study found that 73% of LGBTQ youth had thoughts of suicide v. 53% of their heterosexual peers and 50% of LGBTQ youth had attempted suicide at least once as compared to 33% of their heterosexual counterparts.¹⁶
- A recent study found that 9% of LGBTQ youth study participants met criteria for post-traumatic stress disorder (PTSD) and about 15 percent met criteria for major depression.¹⁷

¹⁴ Kim, R., (2009) *A report on the status of gay, lesbian, bisexual and transgender people in education: Stepping out of the closet, into the light*. Washington, DC: National Education Association.

¹⁵ Quintana, N.S., Rosenthal, J., & Krehely, J. (2010) *On the streets: The federal response to gay and transgender homeless youth*. Washington, DC: Center for American Progress.

¹⁶ Ray, N. (2006)

¹⁷ Mustanski, B., Garofalo, R., & Emerson, E. (2010) *Mental health disorders, psychological distress, and suicidality in a diverse sample of lesbian, gay, bisexual, and transgender youth*. *American Journal of Public Health*, 2010 Dec;100(12), 2426-32.

- LGBTQ youth may use alcohol more often to self-medicate and in one study report current alcohol use at 60% v. 45% of heterosexual peers and binge drinking (44% v. 26%)¹⁸
- LGBTQ youth report having been diagnosed with HIV or another STD at a higher rate than their heterosexual peers (16% v. 7%).¹⁹

While LGBTQ+ youth are at higher risk of suicide, depression, homelessness, and substance abuse, it must be understood none of these risks are set in stone or experienced by all LGBTQ youth. In fact, many of these risk factors can be ameliorated when youth receive support in one or more areas of their lives. The emotional distress that can lead to suicide, substance abuse and other problems is caused, in large part, by social isolation and stigma. Remove the social isolate and much of the emotional distress is relieved.²⁰

¹⁸ Goodenow, C., (2004) *2003 Youth risk behavior survey results*. Massachusetts Department of Education.

¹⁹ Ibid

²⁰ Elze, D.E. & McHaelen, R. (2009) *Moving the margins: Training curriculum for child welfare services with LGBTQ youth in out-of-home care*. Washington, DC: National Association of Social Workers & Lambda Legal.

Chapter 2: Preserving relationships/placement prevention

Preserving Relationships with Families/Reunification

Research has shown that youth who age out of care without permanent family connections have worse outcomes than youth who were never in care, or even youth who spent time in care but were discharged to permanency prior to aging out of the system. It is therefore important to consider what steps can be taken to promote and support reunification with families or consider adoption or other permanency options for youth that will not be reunified and to prevent placement whenever possible.

Preventing Placement/Tailored Family Services

In many cases, placement can be prevented by implementing supportive services. Research from the Family Acceptance Project showed that many families became less rejecting and more accepting within about two years of learning of their child's LGBTQ identity.²¹ In order to prevent the need for placement, agencies can and should provide services such as in-home family counseling with LGBTQ+-sensitive therapists and help the family make connections to community resources for education and support for both the parents and the LGBTQ+ identified youth.

Tailored services could include:

- Support, counseling, and guidance in coping with the immediate adjustment to the family's discovery of the youth's sexual orientation or gender identity;
- Information and guidance related to positive adolescent development, human sexuality and gender identity, and the effects on the youth of family acceptance or rejection;
- Individual and family counseling to support each family member and improve family communication and functioning; and
- Assistance identifying local services and resources to provide ongoing support to the family and youth.

It is vital that the in-home provider have a strong understanding of LGBTQ+ issues and be LGBTQ+-supportive, although it is not necessary that the therapist be LGBTQ+-identified. Effective in-home services should address all safety issues immediately, including any possible physical, emotional or verbal abuse or threats toward the LGBTQ+ youth. Ideally, such services will prevent the need for placement altogether. However, it is essential that the child welfare

²¹ Wilber, S., Ryan, C., & Marksamer, J. (2006)

worker and in-home provider coordinate their work with the family to ensure safety for all of the children in the home. If safety cannot be assured, placement may need to be pursued.

Other Ways to Support Families

- Support families by acknowledging that it is normal for some parents and siblings to struggle when a child comes out as LGBTQ+.
- Assure the parents that they are not “bad” for not immediately accepting and understanding when their child comes out. It often takes time for parents to come to terms with this new knowledge, and families who realize they need support regarding this issue are to be commended.
- Explore with parents what their main concerns are when their child comes out. Some parents worry that their child will be bullied or be victims of violence at school or in the community, but the worry is expressed through anger rather than compassion or protectiveness.
- Educate the parents regarding the fact that sexual orientation and gender identity are not a choice, and that they did not do anything to make their child LGBTQ+. Let them know that there are people with diverse SOGIE in every racial, ethnic, cultural and religious community, regardless of parenting style.
- Some parents have religious or moral objections to homosexuality; linking them to LGBTQ+ supportive resources within their religious faith, if possible, may help. Have a discussion regarding what help they need to accept their child and continue to love them just as they loved their child prior to knowing this piece of information about them. For many families and adolescents, religion and spirituality are important sources of coping and strength, and providers need to help them understand that loving their child and finding solace in their beliefs are not mutually exclusive.²²
- Parents may want their child to participate in conversion or reparative therapy, which is therapy, intended to change individuals’ sexual orientation. Parents should be aware that this kind of therapy has not been shown to be effective and may further alienate or harm the child. In addition, the American Psychiatric Association, “Opposes any psychiatric treatment, such as reparative or conversion therapy, which is based upon the assumption that homosexuality per se is a mental disorder or based upon a prior assumption that the patient should change his/her homosexual orientation.”²³
- Help the youth understand their family will need time to process this new information about them.

²² Ibid

²³ American Psychiatric Association Web site: <http://healthyminds.org/More-Info-For/GayLesbianBisexuals.aspx>

Promoting and Supporting Reunification for LGBTQ+ Youth

When an LGBTQ+ youth does require placement in care, the worker, youth, and parents will develop a Case Plan. This plan includes steps that the youth, parents, foster parents, and child welfare worker/social service agency must take to address the reasons and family circumstances that led to the placement. It is important to consider steps and/or services that can be used to support a family toward reunification, with specific attention paid to the needs of the families of LGBTQ+ youth. Below is a list of possible reunification goals and services:

- Family will participate in family therapy with an LGBTQ+ knowledgeable therapist. Therapy will focus on increasing the parents' understanding of the LGBTQ+ specific needs of their child, repairing the relationship between family members, and assuring safety for all family members
- Parents will contact the local PFLAG (Parents, Friends and Families of Lesbian and Gays) chapter to discuss support and resources in the community
- Youth will participate in individual therapy with an LGBTQ+ supportive therapist
- Child welfare worker will connect family with local LGBTQ+ resources and the local LGBTQ Center
- Child welfare worker and parents will meet with school officials to discuss steps school needs to take to ensure safety for LGBTQ+ child at school

Most children in foster care will eventually reunify with their parent or primary caregiver. A common question asked is how a worker knows when it is safe to reunify the child with their parent. This question applies to every placement situation, not just those involving LGBTQ+ youth. Considerations include not just whether or not the parent complied with and met case plan goals, but more importantly if they can demonstrate necessary behavioral changes that show that they will be able to provide an emotionally and physically safe home for their child.

Below are some suggested questions to consider prior to reunification:

- Have the parents actively participated in family counseling that focused on repairing the relationship with their LGBTQ+ youth?
- Do the parents demonstrate that they understand the unique needs of their LGBTQ+ youth?
- Do they show that they will support their child, regardless of their gender or sexual orientation, or do they insist that the child needs to “be heterosexual” in order to return home?
- Do they continue to demonstrate anti-LGBTQ+ attitudes and reject their LGBTQ+ youth?
- Do they demonstrate that they understand the impact of prior rejecting words and actions on their child?

- Does the caregiver continue to make verbally or physically threatening statements toward their child?
- Is unsupervised visitation now allowed, or was a trial home visit permitted, due to positive behavioral and attitudinal changes made by the parents?
- Does the youth report they feel safe and ready to return home? How do they report that visits are going?

The worker should be in regular contact with the service provider(s), as well as the parents, youth, and foster parents. When positive behavioral changes have occurred, the worker and family can begin to plan for the youth's return home. Developing a reunification plan will be essential. Reunification can be stressful on all family members, even when everyone has made progress and worked hard to make positive changes. Successful reunification requires thoughtful planning and consideration of steps to take to decrease the possibility of continuing conflict or safety issues.

Reunification plans can include steps such as the following:

- Detailed plans for conflict resolution, if arguments or disagreements arise, such as an agreement that all parties will take a 10 minute "time out", and not resume the conversation until everyone can talk calmly about a topic
- An agreement that all family members will continue in outpatient therapy until the therapist recommends closing the case
- An agreement that specifically allows the youth to attend local LGBTQ+ youth groups or school-based Gay-Straight Alliance meetings
- An agreement that no physical or verbal violence will be used by any household member
- A list of support people and/or agencies that each family member can contact if additional support is needed

It is important that the child welfare worker meet with the family very soon after the reunification to assess how the youth's return home is going. Remember that although a decision was made that a home was safe enough to reunify, the family is going to continue to need ongoing support. Safety should be assessed at every home visit, and the worker should continue to meet separately with the youth at home, school or in the community to have the chance to discuss how the transition home has been.

Helping Youth and Families in Metro and Suburban Communities

Cuyahoga County is primarily a metro and suburban area that has a significant number of LGBTQ+ specific resources, many areas of the state may have limited, if any, LGBTQ+ specific resources or LGBTQ+ sensitive/affirming therapists (for youth placements out of county). In the

absence of such resources, the following are some steps social workers can take to provide support to this population:

- Look for resources online to share with families and youth (see attached Resource List both national and local).
- Make copies of the [Family Acceptance Project](#)²⁴ handbook to give to families; read it and discuss it with them together
- Check your local library for LGBTQ+ -themed books, both literature and self-help, and recommend them to families. If your library does not carry such books, request that they purchase some.
- Contact your nearest PFLAG chapter to learn more about what they offer. Some have a volunteer speakers' bureau that can be brought in to train staff or speak to schools. Others offer a regular support group. Still others provide trained volunteer phone "counselors" to speak with struggling families.
- Check with your local college or university to see what resources they offer to LGBTQ+ college students (see attached Resource Guide). Talk with them about resources they may have that can be utilized by LGBTQ+ youth and families in the community. Ask if they have faculty or students who can provide training, education or support to local social service staff on the topic.
- Talk with your local mental health providers to get a sense of their knowledge of LGBTQ+ issues and whether or not they are LGBTQ+ affirming. If there is limited knowledge, but some interest in supporting these families, contact the closest LGBTQ+ supportive agency to request training. Many agencies will provide free training to interested organizations.
- If you know of other parents or foster parents who have struggled with similar issues (e.g. have an LGBTQ+ child, or are LGBTQ+ themselves), ask if they would be willing to be a source of support and information for other families (be careful to not overuse these resource families, who may become resentful or feel tokenized)

²⁴ Ryan, C., (2009) *Supportive families, healthy children: Helping families with lesbian, gay, bisexual & transgender children*. San Francisco State University: Family Acceptance Project.

Chapter 3: Engagement and Building Relationships with LGBTQ+ Youth

Many LGBTQ+ youth choose to not come out until they can be assured that the person with whom they share this part of their identity will be accepting and supportive. The decision to hide one's LGBTQ+ identity is reinforced by social images and expectations, and a culture in which negative and biased (homophobic and transphobic) attitudes are still common and openly expressed.²⁵ Many experts suggest that it is not typically appropriate to ask a young person directly if they identify as LGBTQ+. Workers should expect youth at first to be reluctant to discuss their diverse SOGIE. In order to encourage youth to be open about these issues, workers should adopt an approach that helps youth feel safe to disclose information about themselves – at their own pace and on their own terms.²⁶

What can child welfare workers do to assist an LGBTQ+ youth with the coming out process?

In his book, *Lesbian, Gay, Bisexual, Transgender, and Questioning – LGBTQ Youth Issues: A Practical Guide for Youth Workers*²⁷ Mallon offers ideas to assist social workers in engaging LGBTQ youth in the coming out process. Some of his suggestions are summarized below:

The only sure way of identifying an LGBTQ+ youth is when he or she self-discloses his or her orientation to you—in other words, when he or she comes out to you. It is important to remember that the goal of working with a possible LGBTQ+ youth is not to get them to come out to you, but to facilitate the experience of coming out, if and when a young person decides it is alright to do so. Facilitating the experience means that social workers need to do the following:

- Use the words “gay,” “lesbian,” “bisexual,” “transgender,” and “questioning.” Using these words and your ability to say them with comfort suggests that you are all right with these issues, and possibly, that you are a person it's okay to talk with about these issues.
- Rather than looking for the LGBTQ+ "cues" in the youth, send out your own cues that say loudly and clearly that you are comfortable discussing issues of gender/sexual orientation.
- Make sure that your workplace has some visible signs that it is all right to be an LGBTQ+ youth in your program—posters, books, and flyers around the office are all very useful and clear signs.

²⁵ Wilber, S., Ryan, C., & Marksamer, J., (2006)

²⁶ Ibid

²⁷ Mallon, G.P., (2010) *LGBTQ youth issues: A practical guide for youth workers serving lesbian, gay, bisexual, transgender, and questioning youth*. Philadelphia: Child Welfare League of America.

- Do not make or tolerate jokes or negative comments about anyone based on race, culture, national origin, gender, ability, age, religion, or gender/sexual orientation—and be clear about why.
- Provide all young people with opportunities to talk about gender and sexuality in a healthy way and be sure to include LGBTQ+ people in those discussions.
- Help your organization respond to the needs of LGBTQ+ youth by encouraging training, organizational reform, and review of policies that might discriminate against LGBTQ+ youth.
- Realize that LGBTQ+ youth have more to their identities than the fact that they are gay, lesbian, bisexual, transgender, or questioning. They are just like other young people who need support, appropriate adult role models, care, concern, guidance, and flexibility.

Responsibilities of Child Welfare Workers in the Disclosure Process

Maintaining confidentiality

Confidentiality should also be maintained. No one, including child welfare workers, should ever take it upon himself or herself to out another person. As with other case sensitive information, without the client’s permission, the worker should keep the information confidential.

Sharing SOGIE information with coworkers

In most cases, you should not share this information with coworkers, but it depends. It depends on whether your coworker will be responsible for case management of the case for any period of time. It also depends on how comfortable your coworkers are with issues of SOGIE and whether you agreed not to disclose this information to anyone while discussing it with the youth.

In some cases, youth should be encouraged to disclose to others when they feel safe and comfortable. But no one, including a child welfare worker, should ever disclose someone’s SOGIE to anyone without their permission. Disclosure is a very personal choice.

Documenting SOGIE disclosure

Documenting a youth’s SOGIE depends on the agreement that a worker makes with a youth when at the time of the disclosure and it also depends on the guidelines set by agencies with respect to documentation of sensitive information.

In their training curriculum, *Moving the Margins*,²⁸ Elze & McHaelen offer some useful suggestions that focus on what to do after a youth discloses their gender/sexual orientation to a worker, some of these suggestions have been summarized here below:

- Child welfare workers should be prepared to affirm, validate and accept a youth's expression of same-gender attractions, desires and behaviors; gender variance; and self-identification.
- Utilize a good social work principle of practice – child welfare workers should remember to start where the client is and proceed with gentleness and patience.
- Child welfare workers should stay away from labeling, but instead help youth safely explore and understand their feelings, thoughts and behaviors related to sexuality and gender identity.
- It is important to remember that sexual orientation, gender identity and gender expression are different constructs. Transgender youth may self-identify as gay, lesbian, bisexual, heterosexual, or they may be questioning their sexual orientation or not labeling themselves. Child welfare workers should focus on validating the youth's sexual orientation as it unfolds. Transgender youth may need additional help in differentiating between their gender identity and sexual orientation.
- Allow the young person to take the lead in using whatever terminology they feel comfortable using.
- When a youth discloses to a child welfare worker that they are LGBTQ+, the worker should respond in an affirming, supportive way; anticipate concerns about confidentiality; and give the message that you are willing to talk about any issue.
- When a youth comes out, they are disclosing very personal information about themselves that could potentially lead to negative outcomes in their life; violence and isolation may also be a fear. Make sure to help them examine their fears of coming out. Discuss the possible anticipated consequences.
- Be aware that a youth's disclosure to you makes them highly vulnerable because you as a child welfare worker have the power to tell others. The youth may be afraid that you will not protect their identity.

²⁸ Elze, D.E. & McHaelen, R. (2009)

It is also important to know that not all LGBTQ+ youth will be clear or comfortable about their emerging SOGIE when they first come out. Some youth may be distressed, and others may be confused about their feelings. Let young people know it is normal to be confused and explore their confusion with them. Child welfare workers should be prepared to be affirming and supportive, and able to assess the youth's level of information and provide accurate information, correcting myths and stereotypes as they come up. Youth workers should be very careful not to push youth toward premature resolution of SOGIE.

Young people who have been sexually abused may require even more time to work out their sexual identity. Sometimes experiencing sexual abuse can cause confusion about sexual orientation.

Additionally, child welfare workers should:

- Promote pride. Recognize and affirm the youth's positive attributes and strengths. Promote these strengths as sources of pride²⁹
- Link youth with community resources
 - Be aware of local resources <http://cfswebnew/en-US/lgbtq-resources.aspx>
 - Remember that many schools offer "Gay/Straight Alliances" (GSA's) or similar programs where youth may find support. If your school district does not offer this, consider talking to the school administration about starting one.
- Recognize that many young people, regardless of SOGIE, act provocatively and use a variety of means to express their identity and /or independence. LGBTQ+ youth who are "out and proud" and share this information with many people may be at even greater risk of harassment or violence and will also require support.

²⁹ Ragg, D.M., & Patrick, D. (2008) *Practice brief: Providing services and supports for youth who are lesbian, gay, bisexual, transgender, questioning, intersex or two-spirit*. Washington, DC: Georgetown University Center for Child and Human Development.

Chapter 4: Ensuring Safety in Placement

Civil Rights of Youth in Care

The most basic of the fundamental civil rights guaranteed to all people in Cuyahoga County custody is the right to safety. It is outlined in Ohio Administrative Code 2151.01, that all children/youth in the care and custody of the state have an affirmative right to safety, which imposes a corresponding duty on the County to provide protection from harm. A young person has a legally enforceable right to safety while in foster care. This right includes, among other things, the right to protection against threats to a young person's physical, mental, and emotional well-being, the right to services to prevent harm, and the right to monitoring and supervision.

- **Right to protection of physical, mental, and emotional well-being**

The physical and emotional well-being of LGBTQ+ youth is at risk if the young person is harassed or mistreated based upon their actual or perceived SOGIE. In situations where LGBTQ+ youth in foster care are mistreated and their physical or emotional well-being is harmed, the caretakers, as well as the professionals responsible for making the placement decision and providing on-going monitoring of the placement are responsible for rectifying the situation.

- **Right to services to prevent harm**

The right to safety also includes the right to receive services to prevent physical or psychological harm or deterioration while in foster care. Child welfare professionals must be vigilant to avoid contracting for services that use inappropriate or unethical practices when dealing with LGBTQ+ youth, such as so-called "conversion therapy" and other controversial practices intended to involuntarily change a youth's SOGIE.

- **Right to monitoring and supervision**

The duty to protect young people in the child welfare system imposes a corresponding duty on the professionals involved to maintain regular contact with them in order to insure their continued safety. LGBTQ+ young people in county custody are vulnerable to mistreatment and harm from a variety of sources, both inside and outside their placements. By maintaining regular contact with a young person, the lines of communication are more likely to be open, and the caseworker is more likely to learn of harassment and abuse and be better prepared to take the necessary steps to stop it.³⁰

While working toward developing a positive, respectful relationship with an LGBTQ+ youth, it is vital that child welfare workers ensure that any placement a youth goes to enter is safe and

³⁰ Estrada, R., & Marksamer, J., (2006) *The legal rights of young people in state custody: What child welfare and juvenile justice professionals need to know when working with LGBT youth*. Washington DC: Lambda Legal and San Francisco: National Center for Lesbian Rights.

supportive. LGBTQ+ youth are particularly vulnerable to “failed” placements, multiple rejections, and frequent transitions.³¹

Once an LGBTQ+ youth enters the foster care system, their case worker is an important link to support and safety. It is critical that a youth’s case worker has the capacity, understanding and willingness to support the youth’s social and emotional development while in foster care. It is the child welfare worker’s responsibility to assess and serve the needs of each child without bias and to ensure the safety of all children in foster care.³²

Things child welfare workers should consider:

- Foster parents’ attitudes toward LGBTQ+ youth. Agencies must be particularly attuned to placing young people who identify as LGBTQ+ with foster families who are committed to providing a safe, supporting and affirming environment for the young person while in care.³³
- Educating foster parents on LGBTQ+ issues. Agencies should recruit, train and provide ongoing support to families, including LGBTQ+ individuals and families, who are able to provide a safe, loving placement for youth who are LGBTQ+ and involved with the child welfare system.³⁴
- Lack of permanency. Youth in foster care who are LGBTQ+ may be less likely to find a permanent home than other children, whether that means reunification, adoption or transfer of permanent legal and physical custody. Where reunification is part of the youth’s case plan, agencies should support the families to ensure that the parents or guardians develop the capacity to address the youth’s needs in a healthy, understanding manner when the family is reunified. One of the issues that affects youth in the system who are sexual, or gender minorities is not enough focus on permanency. Child welfare workers often give up on the idea that these youth will find a family that’s excited to have them.³⁵
- Lack of Safety. Safety is a paramount issue for LGBTQ+ youth. LGBTQ+ youth are at higher risk for physical violence and verbal harassment in their homes, schools, and communities. The child welfare system has a mandate to ensure a child’s safety in foster care as required by the Adoption and Safe Families Act of 1997.³⁶

³¹ Wilber, S., Ryan, C., & Marksamer, J. (2006)

³² U.S. Department of Health and Human Services, Administration on Children and Families (2011) ACYF-CB—IM-11-03

³³ Ibid

³⁴ Ibid

³⁵ *Addressing the needs of LGBTQ youth in care* (2009). Seattle, WA: Court Appointed Special Advocates for Children.

³⁶ Adoption and Safe Families Acts of 1997, Pub. L. No. 105-89

- Confidentiality can be difficult to navigate when a youth’s safety is involved. How do you advocate for protection without outing a youth who would rather not be open? LaRae Oberloh, program manager with the Sioux Falls Area Casa Program of South Dakota offers this advice, “I think that foremost is to respect the confidentiality of the youth. If safety is an issue, the key is to leave it to the youth to decide whether to disclose their SOGIE. A trusted adult can tell the youth, ‘We have these resources, and I can help you with this issue’ and let them have control. The youth may say, ‘Okay, fine, let’s do this.’ We’re better off including them and developing a plan to ensure their safety. But once it’s documented that a youth has come out, that will follow wherever he or she goes, and that’s not always a good thing.”³⁷

Steps child welfare workers can take to help ensure LGBTQ+ youth will be safe while in out-of-home care

- **Recruitment:** Recruiting caregivers that are LGBTQ+ themselves, or that are outwardly supportive and “allies” to the LGBTQ+ communities.
- **Screening/Home Studies:** As is true for straight individuals, not all LGBTQ+ people should be caregivers. The question is not whether LGBTQ+ applicants should be approved, but whether they will be offered the same fair process and open opportunity as non-LGBTQ+ people who seek to adopt or foster. Home study forms and processes should be inclusive and should directly address LGBTQ+ issues. Inclusive forms are gender neutral (e.g. “Applicant 1” and “Applicant 2” versus “Mother” and “Father”) and do not presume that the applicants are heterosexual.

During the home study process, workers need to address cultural competency and cultural differences. All families should be encouraged to process their feelings about issues related to SOGIE. Families that are uncomfortable caring for LGBTQ+ youth in an unbiased way should **not** have these youth placed in their care. Some families may express hesitation during the home study but given the opportunity to discuss some of the issues such a placement might bring up, and given training and support opportunities, these families may become appropriate and supportive placement options for LGBTQ+ youth.

- **Training:** Foster parent orientation training must include information on cultural issues. Such training should include information specifically regarding LGBTQ+ youth.

³⁷ *Addressing the Needs of LGBTQ Youth in Foster Care, The Connection – Fall 2009*

- **Supporting Caregivers:** All caregivers need and deserve support, regardless of the SOGIE of the child or youth placed in their care. When LGBTQ+ youth are placed in outside of the home, however, these families may need some specialized supports. Caregivers may be interested in more detailed and specific information about normal developmental issues for LGBTQ+ youth, including greater understanding of the “coming out” process and how this may impact the youth and the family. Caregivers should be reassured that it is normal to feel nervous or unsure about how best to meet the needs of a LGBTQ+ youth, and that it is okay for them to ask questions.
- **Policies and Procedures:** Policies should be in writing and located in an easily accessible place that makes very clear what steps an LGBTQ+ youth in care can take if they experience harassment or discrimination in substitute care. No youth should be told or expected to not talk about their SOGIE, and any safety issues such as threats of harm or actual maltreatment must be addressed immediately. If it becomes clear that the caregiver’s home cannot be supportive and accepting of the youth, unfortunately a placement change may be necessary. However, in many cases, with skilled mediation or problem-solving resources, difficulties can be worked out in order to maintain stability for the youth.
 - [Safe Identification of LGBTQ2S + Youth](#)
 - [Non-Discrimination Policy: Youth and Families](#)

Things for caregivers to consider³⁸:

- Acknowledge that foster youth in your care may be LGBTQ+ – don’t assume all are heterosexual
- Examine your own beliefs and attitudes that might impact your ability to support LGBTQ+ youth in your care. Regardless of your personal beliefs, it’s a caregiver’s responsibility to provide a safe, nurturing and nonjudgmental environment to all youth in their care.
- Educate yourself on LGBTQ+ issues through reading books, watching films, conducting research on the internet, and/or attending workshops.
- Understand that being LGBTQ+ isn’t a “choice” or something a young person can change. The leading mental health and child welfare associations have long recognized that a diverse SOGIE is a normal variation on human sexuality. A youth in care should never be subjected to “conversion” or “reparative” therapies for the purpose of changing their SOGIE.
- Know that your acceptance or rejection affects the health and well-being of the LGBTQ+ youth in your care.
- Respect the privacy and confidentiality of LGBTQ+ youth.

³⁸ Child Welfare League of America & Lambda Legal (2002) *Getting down to basics: Tools for working with LGBTQ youth in care*. Philadelphia and Washington, DC.

- Apply the same standards to LGBTQ+ youth that you apply to other youth for age-appropriate adolescent romantic behavior.
- Provide safety in all settings for LGBTQ+ youth
- Be an advocate for LGBTQ+ youth
- Acknowledge that there's more to an individual than just one's SOGIE.
- Avoid making assumptions about a young person based entirely upon these characteristics.
- Don't assume that every struggle faced by an LGBTQ+ youth is the result of this aspect of their identity. Many of their struggles are in fact a result of the lack of support they have received from their caretakers and peers.
- Take advantage of community resources for you and your LGBTQ+ youth.

Chapter 5: Ensuring Safe Placement in Residential Care

Supporting Safe Placement of LGBTQ+ Youth in Residential Care

Sometimes LGBTQ+ youth are placed in residential facilities, when a family foster/kinship home is not appropriate or not available.

In some cases, LGBTQ+ youth are neglected and/or discriminated by facility staff and peers, there are inadequate policies, protections, support services and insensitivity:

- Some LGBTQ+ youth in the foster care system experience verbal harassment and physical or sexual abuse because of their diverse SOGIE. This abuse can be perpetrated not only by youth peers, but also facility staff and child welfare workers. When the abuse is between peers, it either is sometimes condoned by facility staff or goes unchallenged.³⁹
- When LGBTQ+ youth are harassed or discriminated against, foster care facilities sometimes respond by moving the LGBTQ+ youth to another – often more restrictive – facility or isolating them rather than addressing the underlying homophobia or transphobia.⁴⁰
- LGBTQ+ youth are sometimes segregated or put in isolation based on a myth that LGBTQ+ youth will “prey” on other youth. This segregation not only reinforces the notion that LGBTQ+ youth are bad or to blame for harassment directed at them but can also result in further denial of access to resources and support.
- Facilities sometimes discipline LGBTQ+ youth for engaging in age-appropriate conduct that would not be punishable if between two youth of different genders.
- LGBTQ+ youth are sometimes subjected to reparative or conversion therapy by foster care staff and/or child welfare workers.

Policy of Respect

All children regardless of their race, national origin, economic status, sex, SOGIE status, religion, disability, national origin and HIV status deserve to be respected, cared for and supported by their county child welfare workers, foster family, kinship and/or residential care facility staff.

This policy of respect should be enforced with all staff regardless of their position; as well as other residents of a residential care facility. This policy statement should also be displayed in the lobby of county social service offices as well as residential care facilities where youth are placed. People should be treated according to their self-identified SOGIE not the SOGIE the staff of a residential care facility or county child welfare worker assumes for the child. The importance of

³⁹ Feinstein, R., Greenblatt, A., Hass, L., Kohn, S., & Rana, J. (2001)

⁴⁰ DeSetta,, Al. (2003) *In the system and in the life: A guide for teens and staff to the gay experience in foster care.* New York: Youth Communication.

respecting a child's self-identity concerning SOGIE cannot be understated. An LGBTQ+ youth who experiences disrespect or bias from facility staff or agency child welfare workers is at greater risk of being bullied, harassed, isolated, depressed and/or suicidal.

Creating a welcoming environment:

Prior placing an LGBTQ+ youth in a residential facility, child welfare agencies should determine if the facility has a welcoming environment. Consider the following best practices and look for signs that they are LGBTQ+ friendly.

- Are there signs or posters in the lobby or intake area that indicate that LGBTQ+ youth are supported and respected? Examples include rainbow or pink triangle stickers, posters that portray LGBTQ+ youth and families, and other materials that promote acceptance such as "Safe Zone" or "Hate-Free Zone."
- Is the agency anti-discrimination policy posted in a prominent place? If so, does the policy include SOGIE, in addition to the commonly included protected classes of race, religion, color, national origin, sex and disability?
- Is staff (including administration, non-direct practice staff reception staff, and volunteers) required to participate in regular training on diversity issues, including issues regarding sexual orientation and gender identity expression? Is administration willing to share details about the training, such as who conducts the trainings, and/or curricula that are used?
- Is staff comfortable talking about LGBTQ+ related topics? How do they demonstrate their comfort with the subject?
- Do facility forms use gender neutral language? For example, is the option for selecting gender open-ended? This allows youth to self-identify their gender upon admission as well as provides an opportunity for staff to educate youth about SOGIE when non-transgender youth ask about this.
- Do facility forms include a statement that the facility is welcoming and supportive of all gender identities and sexual orientations?
- Does the facility have a policy that addresses confidentiality? Youth who choose to come out to one or more staff or peers should have the assurance that their disclosure will be kept confidential, unless or until the LGBTQ+ youth chooses to share the information with a larger group.

- Has the facility gone through the process of inviting a group of LGBTQ+ youth and adults to do a walk-through of the facility, to determine what they have done well, and what other steps the facility can take to ensure it is welcoming to LGBTQ+ youth?

Confidentiality and Privacy

All staff within residential facilities should be ready to talk with incoming youth who self-identify as LGBTQ+ about their privacy and safety considerations. The conversation should be open and honest and include the following topics: preferred name and pronouns, options for housing or sleeping arrangements, privacy in showers and bathrooms, safety concerns and confidentiality. Child welfare workers should be sure that these confidentiality measures are in place when referring youth to a facility.

Confidentiality is important and even more critical to stress with youth identifying as LGBTQ+. These youth may or may not be “out” at all or only to certain people and it is up to the youth to determine to whom and how they come out. A child welfare worker should stress to the residential facility that it is critical that confidentiality and respect be honored in the way that the LGBTQ+ youth is requesting it to be.

Sleeping and Bathroom Arrangements

Sleeping arrangements for LGBTQ+ youth may be a complicating factor for facilities. Youth who self-identify as LGBTQ+ should not be treated differently in terms of sleeping arrangements or housing placements. If a youth reports that they are being treated differently in terms of sleeping arrangements at the facility where they are placed, then the child welfare worker should contact the facility director to discuss the situation and ensure that the youth will be treated equally in this regard.

Some residential care facilities worry that allowing an LGBTQ+ youth to be placed in the same bedroom with other children of the same sex will lead to sexually inappropriate behavior by the LGBTQ+ youth. LGBTQ+ youth are no more likely to engage in sexually inappropriate behavior than non-LGBTQ+ youth. An overall policy of “no sexual activity” and “no physical or sexual violence” would cover these types of situations for all youth regardless of their SOGIE.

Often residential facilities choose to place transgender youth in the sleeping areas of youth of their biological sex, as opposed to the current gender identity of the transgender youth. These concerns seem to be related to safety. Specifically, programs may be fearful that a transgender girl may sexually or physically assault another resident—again these types of attacks typically do not happen and the above-mentioned policy on violence would cover this. The best practice is to ask the youth during the intake where they would be most comfortable sleeping. The youth can determine if they are most comfortable in the boys’ or girls’ areas or in an individual room. Some facilities may have a private room available. Before this option is given, staff should

consider that this may not be a helpful option as other youth who don't have a private room may get angry or resentful and take it out on the youth who does get this room.

This discussion needs to take place prior to placement in single-sex facilities. If the residential facilities are separated by gender, discussions with the youth can help determine which facility is most appropriate.

Bathroom arrangements are also presented as concerns for many residential facilities, particularly for transgender youth. Ideally, bathroom and shower facilities for all youth should offer privacy, including single stalls and locking doors. It is uncomfortable for anyone to be naked and not have a choice about whether others see them that way or not.

If a facility cannot accommodate individual restrooms for each resident, it is best practice to have at least one single-stall restroom with a door that locks. Such a restroom should be gender-neutral, available for all youth to use regardless of gender identity. An alternative for facilities that do not have a single restroom is to allow for a youth to use the group facilities privately. These options can also provide privacy for youth with medical issues or for any youth who feels uncomfortable bathing and using the bathroom in the presence of others.

Dress Codes

A good practice for residential facilities is to create and enforce gender neutral dress codes if they feel the need to have a dress code in place. For example, a policy could simply require that everyone wear clothing that covers certain parts of their body.

If a child welfare worker is planning on placing a youth in a residential facility they should make sure that the facility will not require an unreasonable dress code. Transgender youth should never be penalized by a dress code that is based on biological sex expectations. For example-if a transgender male to female youth is wearing female clothing then they should be allowed to do so and vice versa.

If a staff member has safety concerns regarding a youth's choice of clothing, staff should feel comfortable raising this issue with the youth by asking, "Are you comfortable that you will be safe dressed the way you are?"

Chapter 6: Special considerations for diverse SOGIE youth

All people have a gender identity. Gender identity refers to a person's internal sense of being male, female or something else. For some people, one's gender identity matches the gender assigned to them at birth—for example, i.e. a person born female would identify as a girl and later as a woman. This may not match for people with diverse SOGIE.

Individuals that have a different gender identity than the biological sex they were assigned with at birth are often referred to and/or refer to themselves as “transgender”. An example of this would refer to a person that was assigned a female sex at birth but whose gender identity is male. This person would be considered a transgender male. Similarly, a person who was assigned a male sex at birth but whose gender identity is female would be considered transgender female.

Some people are confused about the difference between sexual orientation and gender identity or gender expression. Some people believe that all gay, lesbian and bisexual people are transgender, or vice versa. Remember that transgender female youth see themselves as females and that transgender male youth see themselves as males. Sexual orientation, gender identity and gender expression are all separate things. (see glossary in Appendix).

Unique barriers for people with diverse SOGIE

Some of the barriers that LGBTQ+ people face:

- Difficulty in obtaining a social security card, state ID or driver's license
- Lack of family support
- Lack of education due to harassment in school/educational setting
- Discrimination by health care providers leading to less/no health care services
- Inability to pay for transgender-related healthcare such as hormones, counseling, and gender reassignment procedures. Many transgender-related health care is not covered by insurance providers in the U.S.
- Higher risk for substance abuse and addiction
- Discrimination by housing providers and landlords, social service agencies and/or employers
- More vulnerable to becoming involved in street crimes due to lack of employment/income
- Victimization from crimes targeting LGBTQ+ people (hate crimes)
- For children- being prohibited from making necessary decisions for themselves because of their age, such as living and dressing according to their gender identity and gender expression
- Higher risk for depression and suicide

LGBTQ+ children face a high risk of being harassed, abused, disowned and/or kicked out by their biological or out of home care families. There is a high level of intolerance of LGBTQ+ people which leads many parents to try to force their children to conform to gender norms associated with their assigned sex. This can be devastating for the child and cause them to become isolated, depressed and/or suicidal. It also can cause them to run away from their home and face a life on the streets. Due to the high rates of non-acceptance of biological/foster families of LGBTQ+ children and the high rates in which these youth either run away or are kicked out of their homes, there is a large disparity of the number of LGBTQ+ youth who experience homelessness.

Ensuring respectful services for diverse SOGIE youth

- Remember that LGBTQ+ youth should have the same rights as all youth. They should not be held to different standards due to their SOGIE.
- When working with a transgender youth, call them by their preferred name. Ask the youth what they prefer to be called. Do not assume it is the name that is in their case file or on their legal ID. Make sure to use the correct pronouns (he, she, etc.).
- Use forms that include the fill-in options for youth to disclose their own SOGIE, i.e. have a form that says “gender _____” vs. a form that has checkboxes for female and male.
- Ask questions in a way that avoids assumptions. For example, ask if they are dating someone instead of if they have a boyfriend or a girlfriend.
- Be able to provide information about LGBTQ+ and trans-specific services available for youth.
- 74% of transgender youth reported being sexually harassed at school, and 90% of transgender youth reported feeling unsafe at school because of their gender expression.⁴¹ If the youth discloses bullying, whether it is at school or somewhere else, address it by contacting the appropriate people to resolve the issue.
- Attempt to send the youth to a clinic that you know is LGBTQ+ friendly. (See resource guide).
- Ensure that youth are able to receive all transition-related treatment required or recommended by the youth’s health care provider.
- Ensure that safe sex messages are inclusive of all SOGIE statuses.
- Find local resources that can help assist transgender youth with legal issues like getting their names changed and getting identity documents (ID, birth certificate, etc.).

⁴¹ *Lesbian, gay, bisexual and transgender students and their experiences in schools*. The 2001 National School Climate Survey. New York: Gay, Lesbian and Straight Education Network.

- Familiarize yourself with local area support groups, counseling and other services specific to LGBTQ+ youth so you can refer youth to those services as appropriate.
- If you are placing an LGBTQ+ youth in a foster home, ensure the foster parents will be supportive of the youth's SOGIE.
- If you are placing a transgender youth in a residential facility, ensure the facility is safe and respectful for transgender youth (see Chapter 4.)

Transgender health care

For child welfare workers working with a youth who is transgender, it is good to have some basic knowledge of health care needs. The summary below provides an overview, but it is important that you speak with a qualified medical professional for specific details for any youth you are working with.

Some of the dynamics that play into the health care of transgender individuals:

- Many transgender people experience violence because of their gender expressions. Some transgender people do not feel safe making changes to their physical appearance, including through surgery or hormones, because they may be more vulnerable.
- Surgeries are very expensive and oftentimes not covered by insurance. While hormones are less expensive than surgery, their cost is still prohibitive to some transgender people.
- The process of changing gender on vital documents such as birth certificates, social security cards, drivers' license, etc. can be extremely difficult.

Gender Reassignment Surgery

Sometimes transgender people do not have the resources or legal authority (due to age) to have gender reassignment surgery or to pursue hormone therapy. Transgender people may or may not seek out surgery, hormones, or other transition-related medical care. These are deeply personal decisions. Parental consent is required for youth under the age of 18 to have reassignment surgery.

Hormones

People who are in the process of transitioning from female to male often take testosterone which increases muscle mass, causes facial and body hair to grow, lowers the pitch of one's voice and changes body fat distribution to a male pattern. People who are transitioning from male to female take estrogen along with testosterone-blockers which cause breast development, softened skin, and redistribution of body fat in a female pattern

Ideally, hormones are prescribed by medical professionals and their effects are monitored with regular check-ups. However, because many people can't afford to get hormones through the medical system, some people may purchase hormones through an underground market.

If transgender people are using non-prescription hormones, silicone injections or other risky practices to make their physical appearance more congruent with their gender identity, keep in mind that they are doing so out of real need that are related to mental health and physical safety. While safer transition alternatives should be found as quickly as possible, transgender people should not be shamed for wanting to change their bodies in these ways but should be made aware of the dangers.

The following is a list of things to consider in terms of hormones:

- Disruption in hormone treatment may have mental and physical effects.
- A transgender person may possess syringes for hormones-not necessarily for illegal drug use.
- Hormones purchased on the street come with risk. If needles are shared there is a risk for HIV or other disease transmission. The dosage of hormones may not be at the correct level for the person using them.
- Without regular medical check-ups the hormones may be causing or exacerbating other health problems that go undetected and untreated.

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LGBTQ2S+ Glossary

1. **Affirm- Validate and Confirm, to show or express a strong belief in or dedication to.**
2. **Ally- A person who is not LGBTQ+ but shows support for LGBTQ+ people and promotes equality in a variety of ways.**
3. **Androgynous- Identifying and/or presenting as neither distinguishably masculine nor feminine.**
4. **Asexual- The lack of a sexual attraction or desire for other people.**
5. **Bisexual- A person emotionally, romantically or sexually attracted to more than one sex, gender or gender identity though not necessarily simultaneously, in the same way or to the same degree.**
6. **Cisgender- A term used to describe a person whose gender identity aligns with those typically associated with the sex assigned to them at birth. Also known as Gender Binary.**
7. **Closeted- Describes an LGBTQ+ person who has not disclosed their sexual orientation or gender identity.**
8. **Coming out- The process in which a person first acknowledges, accepts and appreciates his or her sexual orientation or gender identity and begins to share that with others.**
9. **Gay- A person who is emotionally, romantically or sexually attracted to members of the same gender. Often used to describe men.**
10. **Gender-expansive- Conveys a wider, more flexible range of gender identity and/or expression than typically associated with the binary gender system.**
11. **Gender expression- External appearance of one's gender identity, usually expressed through behavior, clothing, haircut or voice, and which may or may not conform to socially defined behaviors and characteristics typically associated with being either masculine or feminine.**
12. **Gender-fluid- (AKA gender non-binary) A person who does not identify with a single fixed gender; of or relating to a person having or expressing a fluid or unfixed gender identity.**
13. **Gender identity- One's innermost concept of self as male, female, a blend of both or neither – how individuals perceive themselves and what they call themselves. One's gender identity can be the same or different from their sex assigned at birth.**
14. **Gender non-conforming- A broad term referring to people who do not behave in a way that conforms to the traditional expectations of their gender, or whose gender expression does not fit neatly into a category. This term is not often used anymore due to the negative connotation of non-conforming.**

15. **Genderqueer-** Genderqueer people typically reject notions of static categories of gender and embrace a fluidity of gender identity and often, though not always, sexual orientation. People who identify as "genderqueer" may see themselves as being both male and female, neither male nor female or as falling completely outside these categories.
16. **Gender transition-** The process by which some people strive to more closely align their internal knowledge of gender with its outward appearance. Some people socially transition, whereby they might begin dressing, using names and pronouns and/or be socially recognized as another gender. Others undergo physical transitions in which they modify their bodies through medical interventions. There is no set timeline or list of activities or events.
17. **Intersex-** People who are born with any of several variations in sex characteristics including chromosomes, gonads, sex hormones, or genitals that, according to the UN Office of the High Commissioner for Human Rights, "do not fit the typical definitions for male or female bodies".
18. **Lesbian-** A woman who is emotionally, romantically or sexually attracted to other women.
19. **LGBTQ2S-** An acronym for "lesbian, gay, bisexual, transgender, queer and Two Spirit." There is sometime a + added to this acronym to indicate that someone may fall elsewhere on the continuum.
20. **Living openly or To be out-** A state in which LGBTQ+ people are comfortably out about their sexual orientation or gender identity – where and when it feels appropriate to them.
21. **Outing Someone-** Exposing someone's lesbian, gay, bisexual, transgender or other identity to others without their permission. Outing someone can have serious repercussions on employment, economic stability, personal safety or religious or family situations.
22. **Pansexual-** Not limited in sexual choice with regard to biological sex, gender or gender identity.
23. **Polyamorous-** The practice of, or desire for, intimate relationships with more than one partner, with the knowledge of all partners involved. Also described as "consensual, ethical, and responsible non-monogamy."
24. **Queer-** A term people often use to express fluid identities and orientations. Often used interchangeably with "LGBTQ2S+."
25. **Questioning-** A term used to describe people who are in the process of exploring their sexual orientation or gender identity.
26. **Sexual orientation-** An inherent or immutable enduring emotional, romantic or sexual attraction to other people.
27. **SOGIE-** Acronym for Sexual Orientation, Gender Identity, Gender Expression.
28. **Support-** to defend as valid or right, to Advocate, Assist or Help

29. **Transgender-** An umbrella term for people whose gender identity and/or expression is different from cultural expectations based on the sex they were assigned at birth. Being transgender does not imply any specific sexual orientation. Therefore, transgender people may identify as straight, gay, lesbian, bisexual, etc.
30. **Two-Spirit-** (also **two spirit** or, occasionally, **two spirited**) is a modern, pan-Indian, umbrella term used by some indigenous North Americans to describe certain people in their communities who fulfill a traditional third-gender (or other gender-variant) role in their cultures.