NCCWE

National Center for Child Welfare Excellence
at the Silberman School of Social Work

Building and translating practice knowledge and evidence into child welfare excellence

REACHING HIGHER

PARTICIPANT HANDOUTS

HANDOUT #1: COMPETENCIES AND LEARNING OBJECTIVES

Module One Competency and Learning Objectives:

Is aware of the importance of improving child welfare practice with LGBTQ youth.
- Get acquainted with trainers and one another
- Identify specific learning needs related to serving LGBTQ youth

Module Two Competency and Learning Objectives:

Knows and understands the impact and scope of LGBTQ youth in the foster care system.
- Explain the impact that foster care placement has on LGBTQ youth
- Explain the current safety and risk factors affecting LGBTQ youth in foster care

Module Three Competency and Learning Objectives:

Knows and understands personal, religious, and cultural views and values that influence worker perspectives on LGBTQ youth and families and be able to develop strategies that balance personal beliefs and professional responsibilities.
- Clarify one's personal, religious, and cultural beliefs and values regarding sexual orientation, gender identity, and expression
- Identify strategies for balancing personal views with professional responsibilities
- Explain common myths and stereotypes of LGBTQ people/culture and understand accurate information regarding these myths/stereotypes

Module Four Competency and Learning Objectives:

Knows and understands the differences in terminology associated with sexual orientation, sex, and gender and can integrate and apply this information for conversations with youth and families.
- Explain the differences between sexual orientation, sex, and gender

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- Increase competency in using accurate and culturally appropriate terminology

Module Five Competency and Learning Objectives:

Knows and understands how to assess, support, and affirm a young person in the process of "coming out."
- Describe the role of the child welfare worker in supporting LGBTQ youth.
- Explain common issues around "coming out" and how they might affect young people in out-of-home care.
- Know that "coming out" is not about sexual behavior, but about the recognition and disclosure of one's self-identity and relational preferences; both of which are critical to psychological, emotional, and social development.
- Explain the potential consequences of social and emotional isolation and discrimination on sexual and gender minority clients.

Module Six Competency and Learning Objectives:

Knows and understands effective engagement strategies for working with LGBTQ foster youth and families.
- Appreciate the issues and concerns presented by families of LGBTQ young people.
- Describe engagement strategies for strengthening and supporting the families of LGBTQ young people.
- Describe permanency planning strategies to help ensure lifelong supportive connections.

Module Seven Competency and Learning Objectives:

Knows and understands how to advocate for LGBTQ young people in their home, school, foster care setting, and community.
- Describe two advocacy strategies for supporting LGBTQ young people.
- Describe two challenges a LGBTQ youth might face in their family, school, community, or church; and identify advocacy strategies.

Module Eight Competency and Learning Objectives:

Identify ways to increase one's own competency in working with LBGTQ youth and families.
- Evaluate one's own competence in working with LBGTQ youth and families.

- Develop an action plan to identify specific tasks to increase learning and competence in working with LBGTQ youth and families.

HANDOUT #2: LGBTQ YOUTH AND RISK

High incidence of substance use and substance abuse problems:

- Massachusetts Youth Risk Survey (2005) indicates higher drug usage at a younger age by LBGTQ youth; and the National Longitudinal Study of Adolescent Health indicated a higher risk for drug use among LBGTQ youth. As is always a concern with substance use, it is possible that many youth are self-medicating to mask feelings of depression, isolation, and lack of self-esteem.

High incidence of mental health Issues:

- Note that being gay, Lesbian, bisexual, transgender or questioning is not considered to be pathological or representative of a mental illness. However, the societal stigma, sense of differentness, isolation, and repeated exposure to negative comments and stereotypes place youth at greater risk for depression, anxiety, and substance use. For LBGTQ youth who do experience mental health issues, it is challenging to find affirming treatment by mental health clinicians who are versed in LGBTQ concerns. Further, the double stigma of being both LGBTQ and dealing with a mental illness can be overwhelming. Consider the challenges of being an African American gay male diagnosed with HIV and mental illness. *(Fact Sheet: Mental Health Issues Among Gay, Lesbian, Bisexual, and Transgender. NAMI Multicultural Action Center 2007.)*

High incidence of suicide, suicide attempts, or preoccupation with suicide:

- Recent findings from the Family Acceptance Project linked highly rejecting families with dramatically higher rates of attempted suicide and suicide ideation. The National Longitudinal Study of Adolescent Health (2001) and multiple other studies show a higher incidence of suicidal ideation and suicide attempts with the LGBTQ population.

High incidence of running away, homelessness, living on the street:

- 20-40% of all homeless youth identify as LGBTQ. Many of these youth choose to live on the street instead of with their families or foster families. Many youth are abused or neglected by their families because of their gender or sexual orientation.

Heightened risks for homeless LBGTQ youth:

- Once youth are homeless or living on the street they are susceptible to any number of risks including adequate health care, sexual exploitation, safety, HIV/AIDS and other sexually transmitted diseases. *(Mountz, Sarah. Revolving Doors: LGBTQ Youth at the Interface of the Child Welfare and Juvenile Justice Systems, in LGBTQ Policy Journal at the Harvard Kennedy School. 2011.)*

Over-representation within the juvenile justice system:

- A disproportionate number of LGBTQ youth find themselves involved with the juvenile justice system. *(Irvine, Angela et.al. in Lesbian, Gay, Bisexual, and Transgender Youth and the Juvenile justice System" in Juvenile Justice: Advanced Research, Policy, and Practice. Ed. Jacobs and Sherman. 2011.)* Once youth are running away or living on the streets they open themselves to many levels of risk including increased contact with law enforcement. Efforts to meet survival needs may lead to trespassing, shoplifting, prostitution and/or bartering for sex and other illegal activities. Further, research shows that there may be higher enforcement of sex related crimes within the LBGTQ population.

HANDOUT #3: LGBTQ YOUTH IN THE CHILD WELFARE SYSTEM—HOW ARE WE DOING?

- 78% of youth in placement reported being removed or running away from placements because of hostility toward their sexual orientation or gender identity. (Urban Justice Center 2001)

- LBGTQ youth in a 2002 study reported an average of 6.35 placements. (Mallon, Aledort, and Ferrera, 2002)

- Foster parents may pressure youth to change their sexual orientation suppress their sexual identities or send them back to the agency. (Clements and Rosenwald. Foster Parents' Perspectives on LGB Youth in the Child Welfare System. Journal of Gay and Lesbian Social Services, 19(1), 57-58.)

- Permanency is rarely viewed as an option for LGBTQ youth. (Jacobs and Freundlich, *Achieving Permanency for LGBTQ Youth*. Child Welfare, 85(2), 299-316.)

HANDOUT #4: RESEARCH TO PRACTICE

As each group presents the discussion of their research, take notes in the space provided for "Practice Implications".

Research A: Demographics

Between 5 and 10% of the general population is LGBT. It is likely that youth in out-of-home care in the child welfare system represent an even higher percentage. Mallon noted that child welfare workers often do not identify that they have LGBTQ youth on their caseloads, drawing concern that workers are not communicating with youth in a way that leads youth to be comfortable identifying as LGBTQ.

This estimate comes from the assumption that 5-10% of the general population is LGBT. John C. Gonsiorek and James D. Weinrich, "The Definition and Scope of Sexual Orientation," in Homosexuality: Research Implications for Public Policy (Newbury Park, CA: Sage Publications, 1991.) Courtney, Dworsky, Lee, and Raap (2009) found a much higher percentage of youth in foster care who identified as something other than fully heterosexual. Mid-west Evaluation Former Foster Youth.
Mallon,G. G.P. Let's Get this Straight: A Gay and Lesbian Affirming Approach to Child Welfare.
New York: Columbia University Press. (2000)

Practice Implications:

Research B: Demographics and Homelessness

Existing literature documents that LGBTQ populations have been acknowledged to a greater extent by social services directed toward runaway and homeless youth than within child welfare settings. Many youth experiencing homelessness are living on the streets because they view it as safer or preferable to child welfare placements where they have experienced verbal or physical harassment and a lack of understanding. 52% of youth experiencing

homelessness have had some involvement with the foster care system at some point in their lives.

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

Mallon, G. and Woronoff, R. 2006. Busting out of the child welfare closet: Lesbian, gay, bi-sexual, and transgender affirming approaches to child welfare. Child Welfare 85(2): 115-122.

Practice Implications:

Research C: Resilience—the Role of Family

The single most significant factor in predicting resilience and positive outcomes for LGBTQ youth is a family that is accepting and supportive of the youth. Caitlin Ryan, a social worker for the Family Acceptance Project at San Francisco State has managed this multi-year mixed methods study. Ryan also found that there are effective ways to work with families to help them modify rejecting behaviors and increase their level of support. These efforts ultimately lead to strengthening families and helping LGBTQ youth to remain at home.

Ryan, Caitlin. 2010. Engaging families to support lesbian, gay, bisexual, and transgender youth: The Family Acceptance Project. Prevention and Researcher 17(4): 11-13.

Practice Implications:

Research D: Resilience—Importance of Positive Relationships

Rodrigo Torres in a doctoral dissertation for DePaul University in 2012 focused on relational resilience in a qualitative analysis focusing on gay, bisexual, and questioning male youth. Torres argues for a less deficit based framework when looking at how to more effectively work with the gay, bisexual, and questioning population. Relational resilience focuses on strengthening relationships rather than focusing on increasing the individual's strengths or skills. Torres argues that connective, positive, and supportive relationships are key to resilience.

Torres, Rodrigo, 2011. In their own words: A qualitative analysis of relational resilience in the lives of Gay, Bisexual, and questioning male youth. Chicago. DePaul University, Paper 111.

Practice Implications:

Research E: Resilience—Faith and Spirituality

Lease, Horn, and Noffsinger-Frazier (2005) note that faith experiences result in more positive feelings about self and better psychological health. Further, a report related to the aging LGBTQ population identified religious and spiritual activities as a key factor relating to positive mental and physical health.

Lease, Horne, Noffsinger-Frazier. Affirming faith experiences and psychological health for Caucasian lesbian, gay, and bi-sexual individuals. Journal of Counseling Psychology. 52(3). 2005.

Fredriksen-Goldsen et.al. Disparities and resilience among lesbian, gay, bi-sexual, and transgender older adults. Aging and Health Report.

Practice Implications:

Research F: Risk—Bullying and Harassment at School

While trying to deal with all the challenges of being a teenager, gay/ lesbian/ bisexual/ transgender teens additionally have to deal with harassment, threats, and violence directed at them on a daily basis. They hear anti-gay slurs such as "homo", "faggot" and "sissy" about 26 times a day or once every 14 minutes. Even more troubling, a study found that sixty percent of middle school LGBT youth had experienced physical harassment and more than a third were actually assaulted as a result of sexual orientation. Middle school students face more hostile environments than high school students, and may have fewer resources to help them. Most students do not report bullying or harassment. What makes this even more concerning is that harassment has been identified as a critical factor in predicting outcomes.   The more harassment a youth experiences, the greater the likelihood that he or she will engage in risky behaviors.

GLSEN. 2009. The experiences of lesbian, gay, bisexual and transgender middle school students (GLSEN Research Brief) New York: Gay, Lesbian and Straight Education Network.

Bontempo D.E. and D'Augelli. 2002. Effects of at-school victimization and sexual orientation on lesbian, gay, or bisexual youths' health risk behavior. Journal of Adolescent Health, 30, 364-374.

Practice Implications:

Research G: Child Welfare Practice Risk--Multiple Placements

LGBTQ youth experience more placements, placement disruptions, and unstable placements in both the juvenile justice and child welfare systems. Mallon, Aledort, and Ferrera in 2002 documented 6.35 average number of placement for LGBTQ youth and asserted that this was related to non-affirming placements where youth may not feel safe or accepted.

Mallon, G., Aledort, N. and Ferrera, M. 2002. There's no place like home: Achieving safety, permanency, and well-being for lesbian and gay adolescents in out-of-home care settings. Child Welfare 81(2): 407-439.

Practice Implications:

HANDOUT# 5: BELIEFS AND SOURCES OF INFORMATION

BELIEFS	SOURCES OF INFORMATION

HANDOUT #6: MYTH/FACT SHEET

About youth

Myth: Adolescents are too young to know that they are LGBTQ.

Fact: Research has consistently shown that the average age of awareness of LGBTQ identity is 10 years of age; the average age of disclosure is 14.

(D'Augelli, A., Grossman, A. and Starks, M. "Parents Awareness of Lesbian, Gay and Bisexual Youth's Sexual Orientation", Journal of Marriage and Family, May 2005.)

Myth: LGBTQ youth must be separated from the general population to ensure their safety.

Fact: Isolation and separation only serve to punish LGBTQ youth. The safety of youth in out-of-home care is best ensured by adequate staffing, training, and meaningful programming.

(Model Standards Project: Creating Inclusive Systems for LGBT Youth in Out-of Home Care. Child Welfare League of America, 2005.)

Myth: Providing youth with information about LGBTQ identity, exposing youth to LGBTQ role models, or promoting interaction with LGBTQ peers might falsely convince a youth that he or she is LGBTQ.

Myth: Sexual abuse may lead to identification as LGBTQ.

Myth: Youth have control over their sexual identity and orientation and can choose not to be LGBTQ.

Fact: The American Psychological Association acknowledges that the exact cause of sexual identity and orientation has not been identified but the APA concludes that most people "experience little or no sense of choice about their sexual orientation." Knowing gay people, being exposed to information about

LGBTQ issues, being sexually abused or any number of other supposedly causative factors has no basis in research.

About adults

Myth: Gay men molest children at higher rates than heterosexuals.
Fact: In a study by Jenny, Roesler, & Poyer (1994), researchers reviewed the medical charts of 352 children evaluated for sexual abuse in a Denver children's hospital. In 74 cases the abuser was another child or adolescent, none of whom were identified as lesbian or gay. In 9 cases the abuser could not be identified (e.g. each parent accused the other). In 269 cases, the child (219 girls and 50 boys) was abused by an adult. Both girls and boys were most likely to be abused by their fathers, stepfathers, or other men married to female relatives. Only 2 of these 269 abusers (less than 1%) were identified as gay or lesbian. The researchers concluded that "most child abuse appears to be committed by situational child abusers who present themselves as heterosexuals."(p.43)

Myth: Having LGBTQ parents negatively impacts children's adjustment.

Fact: The research does not show that children of LGBTQ parents are negatively impacted by the parents' sexual identity or orientation. Cambridge Psychologist Dr. Michael Lamb, a leading researcher on child development, summarized over 40 years of research noting that other factors have much greater impact on the child's development. The US National Longitudinal Lesbian Family Study has shown that children of Lesbian parents are just as happy as children of non LGBTQ parents. Finally Dr. Charlotte Patterson of the University of Virginia has documented that adopted children of same-sex couples were well adjusted.

This list was developed using the following materials:

"The myths: Ten Tall Tales Debunked". Southern Poverty Law Center.
"LGBT Youth in Detention: Myth and Reality." The Correctional Association of New York. (2006)
"13 Myths about LGBT parents." www.mombian.com (2012)

HANDOUT #7: PACKING AND UNPACKING MY SUITCASE

Consider these questions:

- What Do Social Workers Need to Become LGBTQ Competent?

- What are "your" issues re: LGBTQ persons?

- How Can You Replace Myths with Accurate Information

- How Can You Use Respectful Appropriate Language

- But my mother told me it was true……

- What did your parent(s)/ folks who raised you, tell you about LGBT people?

- What are your earliest memories as a child about this topic?

- What role did class, culture, ethnicity, race, religion, gender, geography/region, ability, or generation(age) play in this scenario?

- But my mother told me it was true……

- What is the big RED BUTTON on top of your head about LGBT Issues?

- What can you "just not get?" about LGBTQ issues?

- If you do *get it* what drives you crazy about what your colleagues "*cannot get it?*"

- How did what your mother told you effect you as a social worker?

- How have you acted on this?

- Do you still reflect on what you were told by your mother as a basis for your practice?

- When did you start to (if you have) to make some judgments based on other information, what moved you?

- How does a social worker make the leap from *personally* based values and practices to *professionally* based values and practices?

- What beliefs, ideas, or personal qualities do you want to remove from your suitcase at this point?

- What beliefs, ideas, or personal qualities do you want to "grow" or bring more along?

What beliefs, ideas, or personal qualities will you remove from your suitcase at this point?

What beliefs, ideas, or personal qualities do you want to "grow" or bring more along?

What new beliefs, ideas, or personal qualities do you want to pack for the journey?

HANDOUT #8: DEFINITIONS OF LGBTQ TERMS

No one owns definitions and definitions constantly evolve over time. Some terms may be used slightly different in different geographical areas, by certain groups of people, or even different age groups. The terms below are adapted from definitions by:

Mallon, G. and Betts, B. (2005) Recruiting, assessing and retaining lesbian and gay foster and adoptive families: A good practice guide for social workers. London: British Association of Adoption and Foster Care.
National Association of Social Workers and Lambda Legal Defense and Education Fund (2009). *Moving the Margins: Curriculum for Child Welfare Services with Lesbian, Gay Bisexual, Transgender, and Questioning Youth in Out-of-Home Care.* Definitions. Pp.31-37.

Gay/Lesbian

- **Gay** is generally used to refer to males or females who are romantically, emotionally, and sexually attracted to the same gender. The term is sometimes used exclusively for males.

- **Gay** is sometimes used as an adjective, especially in school settings, where the term is deeply offensive, e.g. "That shirt is so gay." The derogatory implication is that the object or person is inferior, weak, effeminate, or stupid.

- **Lesbian** is generally used to refer to females who are romantically, emotionally, and sexually attracted to the same gender.

- Generally speaking gay and lesbian are preferable over the term homosexual which can be viewed as derogatory and places the emphasis on "sex".

Bisexual

- **Bisexual** is a term referring to sexual attraction toward people of both genders. Someone who is bisexual is attracted to and may form sexual and affectionate relationships with both men and women, though not necessarily at the same time. Bisexuality may be transitional for those coming to terms with their lesbian or gay identity as it can represent a

mediating position between homosexual and heterosexual in the traditional cultural system.

- **Questioning** refers to persons who may be exploring or re-exploring sexual orientation or gender identity. Persons may be questioning as part of the process of transitioning to identifying as LGBTQ. Questioning may be a normal part of any person's growth and development

Gender/Gender Identity/Gender Role

- **Gender** refers to an ascribed social status that is generally assigned at birth and is congruent with the sex that is assigned at birth.

- **Gender Identity** is the inner psychological sense that one has regarding oneself as being male or female, both, or neither. Gender identity is how one identifies and may or may not be congruent with the sex that was assigned at birth.

- **Gender Role** is how one expresses or communicates their gender through behavior or appearance. One may express a gender role that is congruent with the sex that was assigned at birth or that is not congruent with the sex that was assigned at birth. One may express a gender role that is congruent with gender identity or that is not congruent with gender identity.

Sexual Orientation/Sexual Behavior

- **Sexual Orientation** is commonly accepted term for the direction of a person's sexual attraction, emotional or physical attraction, and its expression. Examples include homosexuality, heterosexuality, and bisexuality.

- **Sexual Behavior** generally reflects one's sexual orientation, but sexual behavior and sexual orientation are not always congruent. Sometimes people are aware that they are attracted to one sex more than another, but continue to behave as if that were not the case.   LBGTQ youth may act out sexually with the opposite sex as a way to hide or deny sexual feelings that are directed toward same sex partners.

Transgender

- **Transgender** is generally considered an umbrella term encompassing many different identities. It is generally used to describe an individual who is seen as "gender different". **Transgender** may also be used to describe people living in a gender role that is different from the one they were assigned at birth, but who do not wish to undergo any or all of the available medical options, or people who consider that they fall between genders or transcend gender. The term may include any number of diverse identities of individuals who identify themselves as transsexual (pre-operative, post-operative, or non-operative), cross-dressers, androgynous, drag kings, and drag queens. **Transgender** people may be heterosexual, bisexual, gay, lesbian, or asexual.

Heterosexuality/Homosexuality

- **Heterosexuality** or "straight" refers to people whose overall attraction is for members of a different gender.

- **Homosexuality** refers to people whose overall attraction is for members of the same gender. Many people consider the homosexual to be an outmoded term and the preferred terms are gay and lesbian which denote cultural and social matters as well as sexual orientation. In addition, prior to 1972 the term homosexual was a diagnostic term used to pathologize gay men and lesbians.

Coming Out/Disclosure/Being Out/Being Found Out/In the Closet

- **Coming Out** is the process of recognizing and acknowledging non-heterosexual orientation in oneself, and then disclosing it to others. Coming out is usually a gradual process that happens over time as a person who openly discloses to more and more people. Coming out can be used interchangeably with "disclosure" as in "I just came out to my parents."

- **Disclosure** is the point at which a LGBT person tells his or her sexual orientation to another person. It is not appropriate to use terms such as discovered, admitted, revealed, found out or declared, which are pejorative terms, suggesting judgment.

- **Being Out** is a term that describes a person who is open about their sexual orientation to friends, family, colleagues, and society. Not everyone who is "out" is necessarily out to all of these groups. Some people choose, for example, to be out to their family but not to their colleagues.

- **Being Found Out** describes a situation where someone else finds out about a person's sexual orientation or gender identity. Being Found Out can precipitate a crisis for a youth who is not prepared to come out or has not made a decision to come out.

- **In the Closet** refers to a person, for his or her own personal reasons, chooses to hide his or her sexuality from others.

Pink Triangle/Black Triangle/Rainbow Flag/Stonewall

- **The Rainbow Flag** was created in 1978 for San Francisco's Gay Freedom Celebration and represents the diversity, yet unity, of gays and lesbians universally. The Rainbow Flag or symbol is often used to denote LBGTQ safe and supportive environments in human services, educational facilities, or businesses.

- **The Pink Triangle** has been reclaimed by the gay community as a badge of honor and also as a symbol of militancy against institutionalized oppression. In Nazi Germany homosexuals were forced to wear the pink triangle and were treated as the lowest status individuals by the Nazis.

- **The Black Triangle** was used by the Nazis to identify "socially unacceptable" women. Lesbians have reclaimed the Black Triangle as a symbol in defiance of repression and discrimination.

- **Stonewall** is a bar in Greenwich Village that was the site where gays and lesbians fought police for five days in 1969. The event marks what many consider to be the Independence Day of gay and lesbian culture.

HANDOUT #9: MY ROLE IN WORKING WITH LGBTQ YOUTH

I need to ask the youth if they identify as LGBTQ.

0	1	2	3	4	5
Not my role		Possibly			Definitely My Role

Notes:

I need to encourage the youth to disclose their LGBTQ identity to me so I can help them get the services and support they need.

0	1	2	3	4	5
Not my role		Possibly			Definitely My Role

Notes:

If the youth discusses LGBTQ identity with me, I need to encourage the youth to tell family and friends.

0	1	2	3	4	5
Not my role		Possibly			Definitely My Role

Notes:

If the youth discusses LGBTQ identity with me, I need to refer the youth to therapy.

0	1	2	3	4	5
Not my role		Possibly			Definitely My Role

Notes:

If the youth discusses LGBTQ identity with me, I need to discuss this with the child welfare team.

0	1	2	3	4	5
Not my role		Possibly			Definitely My Role

Notes:

If the youth discusses LGBTQ identity with me, I need to evaluate the youth's safety.

0	1	2	3	4	5
Not my role		Possibly			Definitely My Role

Notes:

HANDOUT #10: ENGAGING WITH YOUTH TO AFFIRM LGBTQ IDENTITY

Identify yourself as a person who is affirming toward LGBTQ youth:

- Provide indicators to all youth that you are open and affirming in regards to sexual identity and orientation. It is important to establish this with all youth because you do not know who is or is not identifying as LGBTQ. Also, it is important to model acceptance and affirmation to all youth.

- Ensure that your office or meeting space has visible signs that it is all right to be an LGBTQ youth. Display the pink triangle, rainbow flag, posters, books, and flyers. You may also put stickers on your appointment book. Make it easy for youth to display curiosity, ask questions, or comment as this can lead to discussions which (regardless of sexual identity or orientation) can be useful to the youth.

- When you begin your initial work with a youth introduce yourself as a person who respects all types of people regardless of race, culture, gender, ability, religion, sexual orientation, or life experiences. Explain that you also do not tolerate jokes or negative comments about other people because of their race, culture, gender, religion, sexual orientation, or life experiences.

Seek to engage with youth in an affirming manner regarding LGBTQ issues:

- Asking youth directly if they are LGBTQ is generally not indicated. But initiating open and honest discussions about the youth's life is your job. The more time you spend talking and getting to know a youth, the more comfortable the youth will feel in talking to you about all types of things, including LGBTQ issues.

- Rather than looking for LGBTQ cues in youth, send out cues that say loudly and clearly that you are comfortable dealing with gender and sexual orientation issues.

- Avoid heterocentric language when talking with the youth. (Ask "Are you dating or spending time with anyone special?" rather than "Do you have a boyfriend?")

- Be able to "talk the talk"—use the words lesbian, gay, bisexual, transgender, and questioning. When you "talk the talk" you may be seen as someone who is knowledgable and supportive of LGBTQ issues.

Be prepared to help the youth make "next steps" in the disclosure process, but make sure the youth is leading the way:

- Youth may make overtures to suggest to you that they are confused or have questions or are interested in LGBTQ issues. The more books and brochures or posters that may be around, the easier these discussions may begin. But tread lightly, listen, and remain supportive. Don't jump to label the youth or make a grand pronouncement on behalf of the youth.

- If the youth has a lot of questions offer to help the youth get more information in a very safe way—have brochures or articles handy. Show the youth affirming and positive web sites. Encourage the youth to explore and learn more.

- Don't push for disclosure. Push to keep the dialogue open and honest. Offer reassurance in regards to safety and confidentiality. Ensure your ongoing support.

- Offer additional supports that may be available through local LGBTQ clubs or organizations, youth centers that are LGBTQ friendly, LGBTQ support groups, or the opportunity to meet with an LGBTQ adult mentor or peer mentor. As a worker do know what supports are available in your community?.

HANDOUT #11: WHAT TO SAY, WHAT TO DO (ENGAGEMENT)

Ahmid (age 14): I don't really like to meet with social workers. I mean I know we have to meet. I don't know. It's just senseless. No one gets it.

Possible responses:

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Michele (age 16): I had a bad time this weekend. I hate break-ups. I'm pretty miserable.

Possible responses:

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Breanna (age 15): Wow, I see you're into this rainbow thing. You a homo or something?

Possible responses:

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You walk into the room as Bryan (age 13) is holding a book from your shelf entitled "Queer: The Ultimate LGBTQ Guide for Teens".**

Possible responses:

Ravina (age 15): I just feel different. From other girls. You know. Like I just don't want a boyfriend. It grosses me out to think about it.

Possible responses:

Geo (age 16): I saw this weird thing on TV about this guy that wanted to wear his mother's clothes. Weird stuff.

Possible responses:

Vonda (age 14): In my last foster home there was kid there that was a Lesbian. It totally freaked me out.

Possible Responses:

HANDOUT #12: THE STAGES OF LGBTQ IDENTITY FORMATION*

Stage One: I am NOT gay?
- In total denial about the possibility. Rejection of the possibility based on fear and misinformation.
- What do youth need at this stage? Exposure and information.

Stage Two: Could I be gay?
- Confused about what is happening, concerned about self-image, and recognition of feeling different from others characterizes this stage.
- What do youth need at this stage? Good accurate information.

Stage Three: Suppose I was gay?
- The person begins to imagine the possibility and try on the role. With this comes a greater sense of isolation, and fear of what might happen.
- What do youth need at this stage? Resources such as LGBTQ books, websites, chat lines.

Stage Four: I think I might be gay or bisexual.
- During this stage the person is seeking to make contact with other LGBTQ people in order to learn about gay identity amd lower feelings of isolation.
- What do youth need at this stage? A positive role model and positive contacts within the LGBTQ community.Continued education and support.

Stage Five: I am gay.
- When the person fully settles into their identity there may be signficant effort to fit into the LGBT subculture. Peer approval is tremendously important to the teen.
- What do youth need at this stage? Youth need help connecting to positive LGBT peers and resources. Youth will need help with coming out, knowing what to expect, and finding supports.

Stage Five: I am gay. It is an integrated part of my identity.
At this stage the person is able to integrate LGBTQ identity into every face of life.

* *Mallon, G. P. Let's Get this Straight: A Gay and Lesbian Affirming Approach to Child Welfare. New York: Columbia University Press. 2000; and We Don't Exactly Get the Welcome Wagon: the Experiences of Gay and Lesbian Adolescents in Child Welfare Systems. New York: Columbia University Press. 1998.*

HANDOUT #13: SUPPORTING YOUTH IN THE COMING OUT PROCESS

Support youth in taking the lead in the coming out process.

- Use terminology that the youth uses without attaching labels. While you can help youth with definitions and terminology, it is up to the youth to decide the language they wish to use.

- Work with the youth to determine who they wish to tell, the impact it might have, and ways to approach disclosure. Disclosure is a very personal choice. You are there to support and guide, but not to direct.

- Assure the youth of confidentiality. As with other case related information, without the client's permission, the information is confidential.

Provide support and affirmation through the process.

- Affirm and support the youth's identity, expression, and orientation in a patient and accepting way.

- Help the youth explore their feelings, fears, and reactions as they move through the process. Know that youth have different responses. Assure the youth that their feelings and/or confusion are normal.   Be prepared to provide accurate information and clarification regarding myths and stereotypes.

- Help the youth explore possible consequences of coming out and what the youth may need for support.

- Recognize the youth's strengths and assets in all facets of life, helping the youth develop pride and an over-all positive sense of self. Encourage talents, hobbies, interests, educational endeavors, and skills.

Maintain an open dialogue about safety and over-all well-being in all aspects of the youth's life and develop safety plans as needed.

- The data is sobering regarding LGBTQ youth in out-of-home care. Mallon reported that half of a sampling of LGBTQ youth reported a preference to living on the streets rather than in foster homes, group homes, or residential facilities where they were harassed, assaulted, or even raped. (Mallon, G. P. *We Don't Exactly Get the Welcome Wagon: The Experience of Gay and Lesbian Adolescents in the Child Welfare System.* 1998.) Assess the youth's sense of safety and well-being in his or her

current setting and talk with the youth about how you can best intervene with foster parents and out-of-home providers.

- Listen to a youth's fears and concerns about the reactions of family. Remember that you are working with youth who are involved with the child welfare system and by definition may have experienced family violence, emotional abuse, and neglect. Family visits as well as family reunification needs to be planned and monitored with safety concerns in mind.

- Discuss the school environment and the youth's concerns about the reactions of teachers, friends, peers, and others. As noted previously the school environment can be extremely hostile to LGBTQ youth, and the use of social media has even heightened the impact. Be prepared to intervene as needed.

- Be comfortable and prepared to discuss (or refer the youth to someone who can) safe sex, HIV, and related risks. LGBTQ youth are at higher risk of sexual exploitation.

Connect the youth to community resources. LGBTQ youth need peers, mentors, and professionals who identify with LGBTQ issues. Regardless of how supportive you may be it is critical that the youth connect with a community of LGBTQ people, and with services/programs that can provide ongoing support.

- Identify local resources that support LGBTQ youth.

- Allow for opportunities to privately explore online.

- Ensure health care with a clinic that is supportive and knowledgable of the needs of LGBTQ youth.

- Encourage connection with supportive peer and gay/straight alliances in the school setting.

- Try to identify a mentor or older peer to provide ongoing support to the youth.

HANDOUT #14: WHAT TO SAY, WHAT TO DO (COMING OUT)

You are visiting Josh at his residential treatment program. Josh tells you that you are going to be upset with him as he has been "moved down a level". You have suspected that Josh has been questioning his sexual orientation and you have tried to show an acceptance and openness around LGBTQ issues. You are not surprised when Josh tells you that he was holding hands with another resident. Upon further questioning he tells you the person is male.

What do you say?

What do you do?

Daniel lives with his foster parents. The case opened because Daniel repeatedly came home late and at one point threatened to assault his father. The parents told the judge they could not control his behavior. You have had the case one month. In your assessment meeting with Daniel he would not speak to you. You told him that was okay and reiterated what you always say to youth—that you are open to hearing about all kinds of situations, nothing will shock you, and you believe that no matter what there are usually ways to help situations get better. He called last week and said he wanted to talk. Today when you walk in he immediately tells you he has something to tell you but you cannot tell his parents. He says, "I know you said that you could handle anything. But I bet you can't. So here goes. For starters, how about calling me Danella?"

What do you say?

What do you do?

The school has asked you and the foster parent to come immediately to the school as 13 year old Michelle was in a fight with a group of girls. When you arrive Michelle runs to you crying and tells you the girls were making fun of her. She breaks down and says it is because she has a girlfriend. She hysterically begs you not to tell her foster parent or the school personnel. The Assistant Principal tells you the meeting will begin in five minutes.

What do you say?

What do you do?

HANDOUT #15: SUPPORTING TRANSGENDER YOUTH

(Adapted from *Recommended Practices to Promote the Safety and Well-being of LGBTQ Youth and Youth at Risk of or Living with HIV in Child Welfare Settings.* Child Welfare League of America. 2012.)

- Respect a transgender youth's preferred name and gendered pronouns that best reflect the young person's gender identity.

- Allow transgender youth to express their gender identity through clothing, grooming, and mannerisms.

- Transgender youth should be allowed to use bathrooms that conform to their gender identity and to work with others to understand that the youth is entitled to use the bathroom.

- Do not make assumptions about the sexual orientation of transgender youth as the youth may identify as gay, lesbian, bisexual, questioning, queer, heterosexual etc. Sexual orientation is separate from (and not determined by) gender identity and expression.

- Be aware of health protocols for medical treatment for transgender youth and ensure that youth have access to competent LGBTQ affirming mental and medical health services. Treatment is focused on providing support for the youth and may include individual and family counseling, hormone therapy, and/or surgery to align the physical body with the gender identity of the youth. Ensure that transition related treatment is provided after a youth comes into care.

- Transgender youth should not be labeled sexually aggressive because they are expressing their gender identity. These youth are no more likely than others to be sexually aggressive.

- Work with the transgender youth to protect their safety and well-being. Assess safety and be prepared to take immediate action to end harassment or bullying.

- Discuss confidentiality with the youth and ensure that you do not disclose information about gender identity without first obtaining the youth's identity.

- Work to locate and develop resources to help transgender youth with their legal issues including assistance in obtaining proper legal identity documentation.

- Be prepared to work with schools to ensure safety, address harassment and bullying. Transgender youth are particularly vulnerable in the school setting.

- In sex segregated facilities transgender youth should not be assigned to male or female units strictly based on the sex assigned to them at birth. Make individualized assessments that consider the physical and emotional well-being of the youth. Address the youth's level of comfort, sense of safety, privacy, types of environment available, and recommendations of other professionals.

Small Group Discussion:

Discuss your experiences working with transgender youth and the degree to which these practice guidelines were utilized.

Which of the guidelines do you think are most challenging to follow? Why?

In the foster care or group care setting how do you ensure safety without isolating or segregating the transgender youth from others?

HANDOUT #16: CHILD WELFARE ROLE IN BUILDING POSITIVE RELATIONSHIPS BETWEEN LGBTQ YOUTH AND FAMILIES*

Overarching goal: Promote supportive and accepting relationships between LGBTQ youth and their families (birth families, foster families, guardianship families, kinship families. adoptive families, and fictive families).

Type of Family	Goal	Actions
Birth Family	Preserving relationships Placement prevention Ensuring safety	Promote access to information Provide education Connect to home-based services
Foster Family	Recruiting and developing supportive foster families Promoting capacity for long term connections Ensuring safety	Targeted recruitment Comprehensive assessment Good preparation and training Ongoing safety assessments Ongoing support
Kinship Family	Preserving relationships Promoting capacity for long term connections Ensuring safety	Connect to home-based services Assessing how family will manage long terms connections Ongoing safety assessment Ongoing support
Guardianship/ Adoption	Legal Permanence	Involve youth on driving the permanency plan. Search for past connections and potential resources.
Fictive Family	Helping youth connect to supportive persons Developing capacity of the fictive family Ensuring safety	Identify possible supports Assess what permanency role the person might play Support the relationship Ongoing safety evaluation Assist fictive family persons to access needed services Seek to pursue more legal permanence through guardianship

*Mallon, G. *Permanency for LGBTQ Youth*. Protecting Children Journal. Volume 26. Number 1. PP. 49-57.

HANDOUT #17: PROMOTING ACCEPTANCE BY FAMILIES

- Assure families that it is normal to struggle when a youth comes out as LGBTQ.

- Support and don't judge. Tell parents they are not "bad" for being upset, or angry.   Acknowledge feelings. Some families think they did something to "make" their child LGBTQ. Others are overwhelmed and don't know what to do. Fear may paralyze the family. Model acceptance.

- Regardless of the family's reaction seek to provide a sense of hopefulness. Assure the family that other families have been through this. Explain that when LGBTQ youth feel acceptance and love from families and friends they are able to lead happy and fulfilled lives.

- Remind the family of their love for the youth and their desire to be a good parent. This helps to bring out the best in the parent.

- Explore what the main concerns may be. Some families feel great sadness that the youth will have a difficult life, may be bullied, and may not be able to live a fulfilling life. Other families may fear rejection by their friends and extended family. Still others may have religious beliefs that they feel are compromised. By listening closely to family concerns you can target needed education and supports.

- Provide some basic education to families. Let families know that gender identity and sexual orientation are not a choice. It does not mean that their child is bad or has done anything wrong. It does not mean that they are bad parents or have done anything wrong as parents.

- Acceptance is usually a process. Families will need time to process this new information. Realize that families can only take in a certain amount of information at a time. Use basic relationship skills and realize that arguing with families or pushing them or overwhelming them with information will likely not have positive results.

- Help families resolve conflicts that they may feel are related to spiritual beliefs. Loving their child does not violate any religious belief. Seek to locate LGBTQ supportive resources connected to the family's religion.

- If parents want their child to participate in conversion therapy make it clear that this has not only been ineffective, but has also been found to be damaging to the child. This type of intervention only further alienates the child and makes the child feel that inherently damaged or bad.

HANDOUT #18: PROMOTING SAFETY AND WELL-BEING FOR LGBTQ YOUTH IN FOSTER CARE

Ensure adequate training, preparation, and assessment of potential resource families and kinship caregivers. Explore how the family will react if they find out a youth is LGBTQ.

Share statistics and information with foster families related to the tremendous need for accepting and affirming families; and share the risks that occur when youth are unable to live with accepting and affirming families. (You may choose to share some of the handouts from this training with foster families.)

Ensure that families understand that sexual orientation and gender identity are not a choice, that they cannot be changed, and that any type of aversion therapy to change sexual orientation or gender identity is not allowed.

Help foster families identify specific ways they can help make their home welcoming to an LGBTQ youth, such as:

- Make it clear that jokes or slurs based on gender, gender identity, or sexual orientation are not tolerated.
- Display pink triangles or the rainbow flag as a way to indicate an LGBTQ environment.
- Accept self-expression through choices of clothing, jewelry, hairstyle, and room decoration.
- Accept of friends who may also be LGBTQ.
- Seek to use gender neutral language.
- Celebrate LGBTQ diversity in all forms and point to celebrities and role models who demonstrate bravery in the face of social stigma.

Help foster families to understand the process of coming out, confidentiality, and that the youth needs to identify his or her own plan for "coming out."

Help foster families to know about LGBTQ resources and encourage them to help the youth connect to these resources.

Ask foster families to continually monitor the youth's safety in the community, and especially in the school where bullying and harassment may take place.

Encourage foster families to be an advocate for the youth in the schools and in the community.

HANDOUT #19: WHAT TO SAY, WHAT TO DO (FOSTER AND KINSHIP CARE)

Eva has lived with the Stevenson foster family since infancy. She has recently come out as a lesbian and wants to have her girlfriend come to the house to visit. Ms. Stevenson calls you to say that she cannot handle "this kind of thing".

What do you say?

What do you do?

Grant has been in a relative placement with his Aunt Lynn since he was 5 years old. He is now 13 and recently came out as gay to his aunt. Lynn wants Grant removed for fear that he will hurt her children. Grant does not want his biological parents to know about his sexual orientation and asks you not to bring it up in the coming review meeting. Lynn calls you very upset and tells you the issue has to be addressed in the meeting because that is the reason she wants him out of her home.

What do you say?

What do you do?

The Bergen family has fostered many LGBTQ youth over the years. Due to their openness you have placed Marta, a transgender (Male to Female) youth in the home. After two weeks Mrs. Bergen calls you crying saying that she has made a terrible mistake. She says it is way too confusing even for the two other youth placed in the home that are ganging up and bullying Marta. While acknowledging that she felt she and her husband could handle it, she didn't understand the overwhelming reactions from other people.

What do you say?

What do you do?

HANDOUT #20: IMPROVING PERMANENCY OUTCOMES AND LONGTERM CONNECTIONS FOR LGBTQ YOUTH

- Work with birth families more aggressively to help youth remain at home or return home. Even youth who have not had contact with their families for years may find that time dissipates some of the issues. Some families may have more capacity than in earlier years and may welcome the opportunity to reunite with their child. (Caitlin Ryan, *The Family Acceptance Project* and Jackobs and Freundlich. *Achieving Permanency for LGBTQ youth*. Child Welfare, 85(2), 299-316.)

- Recognize that most LGBTQ youth can adapt well to nurturing and supportive families. Unfortunately permanent placements are not pursued as aggressively for LGBTQ youth as for other youth in placement. Older adolescents are especially vulnerable as child welfare staff don't even consider adoption as a possibility. This is a stance that Casey Family Services is seeking to change for all older youth. *(Lifelong Families: A Permanency Teaming Approach. Casey Family Services.)*

- Work with the youth to identify extended family, previous supportive caregivers (foster families, families of friends), or other supports (coaches, mentors, teachers) who may be willing to make a lifelong connection to the youth. *(Lifelong Families: A Permanency Teaming Approach. Casey Family Services.)*

- Be receptive to giving the youth greater voice in their own planning and definition of permanency. Mallon makes the point that there are differing types of permanence—legal, relational, and physical. *(Permanency for LGBTQ Youth. Protecting Children. 26(1), 49-57.)* Our traditional notion of a permanent family may not resonate with youth who have lived on the streets or bounced in and out of placement. Yet these same youth often have supportive connections. Rather than to support these connections child welfare services have generally not recognized them—often due to legitimate safety concerns; but sometimes due to an oversexualized view of LGBTQ identity.

Tip Sheet
Advocating for safety and well-being in the school setting:

- Assess with the youth what their experiences are in the school setting and whether or not there are safety or other concerns.

- Assess with the family (birth, foster, kinship, or adoptive) their concerns regarding the youth's safety and well-being in the school. Educate families on the level of risk that LGBTQ youth face in the school setting.

- Take the youth's safety concerns seriously and work with the youth to develop a plan to address the concerns with the school.

- Take a leading and supportive role in meeting with the school and addressing safety concerns.

- If a youth who is being bullied or harmed is adamant that you not contact the school <u>this needs to be brought to your supervisor's attention</u>. While we know that the issue needs to be addressed, it is critical to respect the youth's sense of danger and risk. Blindly leading an effort with a school that is not supportive or accepting of LGTBQ youth can place a youth in greater danger. Work with your supervisor, administrators, and legal staff to develop a plan to address the situation.

- Encourage the youth to participate in the Gay Straight Alliance or other school sponsored group for youth who identify as LGBTQ. GLSEN (the Gay Lesbian Straight Education Network) research shows that youth involved in gay straight alliances perform better in school and have high self-esteem.

- Be prepared to advocate with classroom teachers on behalf of the youth. Remember that most LGBTQ youth in care have experienced signficant trauma that can impact behavior and learning.

Tip Sheet
Advocating for safety and well-being in placement settings (group homes, residential facilities, and foster homes)and other service providers:

- Ensure that placement and service resources are provided with training on how to support LGBTQ youth.

- Prior to placement meet with potential providers to ensure they are competent and affirming of LGBTQ youth, that staff are comfortable using language that is not exclusively heterocentric, and that the environment provides supportive messages (presence of Rainbow or Triangle symbols).

- Develop a positive relationship with the youth so they will contact you with concerns. Make regular visits to the youth in their placement setting. Assess safety and well-being at each visit and ensure the youth has a way to contact you and/or the agency in case of emergency.

- Listen to the youth and take safety concerns seriously. Work with the youth to develop the best way to address the concerns. Obviously safety concerns must be addressed according to agency policy and procedures. But take into account the youth's sense of risk. In high risk situations convene legal staff, supervisors, and administrators to address a safety plan and ensure that it considers the youth's sense of risk.

- Ensure that the facility, home, or family will not pursue therapies geared at changing sexual orientation.

- Ensure that the facility, home, family, or service provider is providing youth with needed LGBTQ resources and appropriate supports.

HANDOUT #22: WHAT TO SAY, WHAT TO DO (ADVOCACY)

LaToya, a 16 year old lesbian who lives in a group home wants to go to her junior prom with her girlfriend, who goes to the same school. The school has notified the group home that they will not permit her to come with a date of the same sex. The group home has struggled with how to deal with LaToya's coming out and openness around her sexual orientation but have been supportive overall. The group home social worker calls you and asks you what should be done.

What do you say?

What do you do?

Crystal, a 15 year old transgender (male to female) in a residential facility got jumped by a bunch of guys when she returned from a visit home. Crystal was wearing a dress, heels, and make-up. The staff in charge contacted you the next day noting that Crystal was seen at the emergency room and there were no physical injuries.

What do you say?

What do you do?

Mike, a 12 year old youth who is openly questioning his sexual orientation has been refusing to go to school. The foster mom, Mrs. Lowe, tells you that he says kids are picking on him. But she knows he has friends and feels he is trying to manipulate his way out of going to school.

What do you say?

What do you do?

Twenty Things Supervisors Can Do to Support Workers to Competently Practice with LGBTQ Children, Youth, and Families

1. Uses supervision and the supervisory relationship to promote positive approaches to working with LGBTQ children, youth, and families.

2. Involves and supports workers in an ongoing process to develop skills, resources, knowledge, and attributes that are recognized as LGBTQ competent.

3. Coaches staff in the importance of and the skills necessary to support LGBTQ children, youth and families.

4. Advocates for/allocates resources, which respect the diverse needs of LGBTQ children, youth, and families.

5. Uses supervision to assure culturally competent practice with LGBTQ children, youth, and families.

6. Develops and sustains collaborative community relationships (including foster parents and group care providers) that support LGBTQ children, youth and families.

7. Coaches workers to incorporate knowledge of LGBTQ competency into assessment and case planning.

8. Recognizes indicators of mental illness and developmental disabilities in LGBTQ children, youth, and families and provides clinical consultation to workers.

9. Supervises workers in implementing policy and programs relevant to LGBTQ children, youth, and families.

10. Assists and supports workers in developing an advocacy plan for meeting the LGBTQ child, youth, or family's needs with outside agencies and organizations (i.e., schools) as warranted.

11. Understands the factors that contribute to placement stability and implements strategies to achieve placement stability for LGBTQ children and youth (including sensitive management of placement transitions).

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12. Demonstrates knowledge of LGBTQ child and adolescent development, characteristics, behaviors, and social challenges through thoughtful assessment and case planning.

13. Help workers to work through their bias about LGBTQ children, youth, and families.

14. Be aware that some workers may have religious issues concerning LGBTQ people.

15. Helps to raise the awareness of LGBTQ issues by helping workers to create LGBTQ affirming environments in their offices and by use of LGBTQ supportive "cues".

16. Support workers who are trying to identify LGBTQ resources in the community or creating them.

17. Model LGBTQ affirming behaviors.

18. Be clear that you will uphold the policies and practices of the organization as they pertain to LGBTQ children, youth, and families.

19. Be prepared to confront and address blatant and subtle anti LGBTQ sentiment.

20. Be prepared to provide clinical consultation support to workers working with LGBTQ children, youth, and families.

HANDOUT #24: LGBTQ RESOURCES

These resources may easily be found by putting the title and author into a search engine. All can be downloaded at no cost.

- *Getting Down to Basics: Tools to Support LGBTQ Youth in Care.* Child Welfare League of America and Lambda Legal. 2002.

- *Working with LGBTQ Children, Youth, and Families.* Gary Mallon, Executive Director, National Resource Center for Permanency and Family Connections.

- *You're a What? Family Members Reactions and Responses to the Disclosure of a Gay or Lesbian Identity.* Gary Mallon, Executive Director, National Resource Center for Permanency and Family Connections. 2004.

- Best Practice Guidelines for Serving LGBTQ Youth in Out-of-Home Care. Child Welfare League of America. Washington, DC. 2006.

- *Research Briefs from the Gay, Lesbian, and Straight Education Network (GLSEN)* including Findings from the 2007 National School Climate survey.

- *Recommended Practices: To Promote the Safety and Well-Being of Lesbian, Gay, Bisexual, Transgender and Questioning Youth and Youth at Risk of or Living with HIV in Child Welfare Settings.* Child Welfare League of America. 2012.

- Digital Stories on the website of the National Resource Center for Permanency and Family Connections.

- Identify resources within your own state, local district that support LGBTQ youth – provide

HANDOUT #25: ACTION PLAN

As a result of attending this training I:

Will talk to my supervisor about the following skills I need to develop:

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Will explore the following resources or seek to find resources related to the following topics:

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Will commit to make the following changes in my practice:

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