

**REACHING HIGHER:
A Curriculum for Foster/Adoptive
Parents and Kinship Caregivers
Caring for LGBTQ Youth**

PARTICIPANT HANDOUTS



HANDOUT: 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/adoptive care system.

- Explain the impact that foster/adoptive care placement has on LGBTQ youth
- Explain the current safety and risk factors affecting LGBTQ youth in foster/adoptive 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
- Increase competency in using accurate and culturally appropriate terminology

Module Five Competency and Learning Objectives:

Knows and understands effective engagement strategies for working with LGBTQ foster/adoptive 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 Six Competency and Learning Objectives:

Knows how to manage day to day issues that arise in the foster/adoptive home when caring for LGBTQ youth.

Describe how to ensure safety related to sleeping arrangements.

Describe ways to ensure appropriate rules and boundaries to ensure safety within the home.

Describe how to establish appropriate expectations regarding LGBTQ romantic and sexual relationships.

Module Seven 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 Eight Competency and Learning Objectives:

Knows and understands how to advocate for LGBTQ young people in their home, school, foster/adoptive 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 Nine Competency and Learning Objectives:

Identify ways to increase one’s own competence in working with LGBTQ youth and families.

- Evaluate one’s own competence in working with LGBTQ youth and families.
- Develop an action plan to identify specific tasks to increase learning and competence in working with LGBTQ youth and families.

HANDOUT #1: 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 LGBTQ youth; and the National Longitudinal Study of Adolescent Health indicated a higher risk for drug use among LGBTQ 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 LGBTQ 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 a 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 LGBTQ 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 LGBTQ population.

HANDOUT #2: 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)
- LGBTQ youth in a 2002 study reported an average of 6.35 placement. (Mallon, Aledort, and Ferrera, 2002)
- Foster/adoptive 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 #3: 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.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/adoptive 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, bisexual, 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 #4: BELIEFS AND SOURCES OF INFORMATION

BELIEFS	SOURCES OF INFORMATION

HANDOUT #5: MYTH/FACT SHEET

About youth

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

Fact: Research has consistently shown that the average age of awareness of LGBT 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: LGBT youth must be separated from the general population to ensure their safety.

Fact: Isolation and separation only serve to punish LGBT youth. Adequate staffing, training, and meaningful programming best ensure the safety of youth in out-of-home care.

(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 LGBT.

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

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, Rosier, & Payer (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 LGBT parents negatively impacts children's adjustment.

Fact: The research does not show that children of LGBT 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 Justas happy as children of not LGBT 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 #6: PACKING AND UNPACKING MY SUITCASE

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 #7: 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".

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/Transsexual/Transvestite

- 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.

- Transsexual refers to a person who does not identify with the sex they were assigned at birth and seeks to realign their gender and their sex in some way, usually (but not always) through some type of medical intervention.
- Transvestite refers to a person who, for any reason, wears the clothing of a gender other than that to which they were assigned at birth. Cross-dressers may have no desire to adopt any other behaviors or practices related to the other gender and may not wish to undergo any medical intervention to facilitate physical changes. Contrary to common belief, most male-bodied cross-dressers prefer female partners.

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 derogatory 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.

Bisexual/Questioning

- 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 LGBT. Questioning may be a normal part of any person's growth and development.

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 open 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 lesbian or gay man 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 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.
- 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 LGBTQ safe and supportive environments in human services, educational facilities, or businesses.

- Stonewall was 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 #8: MY ROLE IN WORKING WITH LGBTQ YOUTH

I need to ask the youth if the youth identifies as LGBTQ.

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

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

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

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

If the youth discusses LGBTQ identity with me, I need to talk to the caseworker about referring the youth to therapy.

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

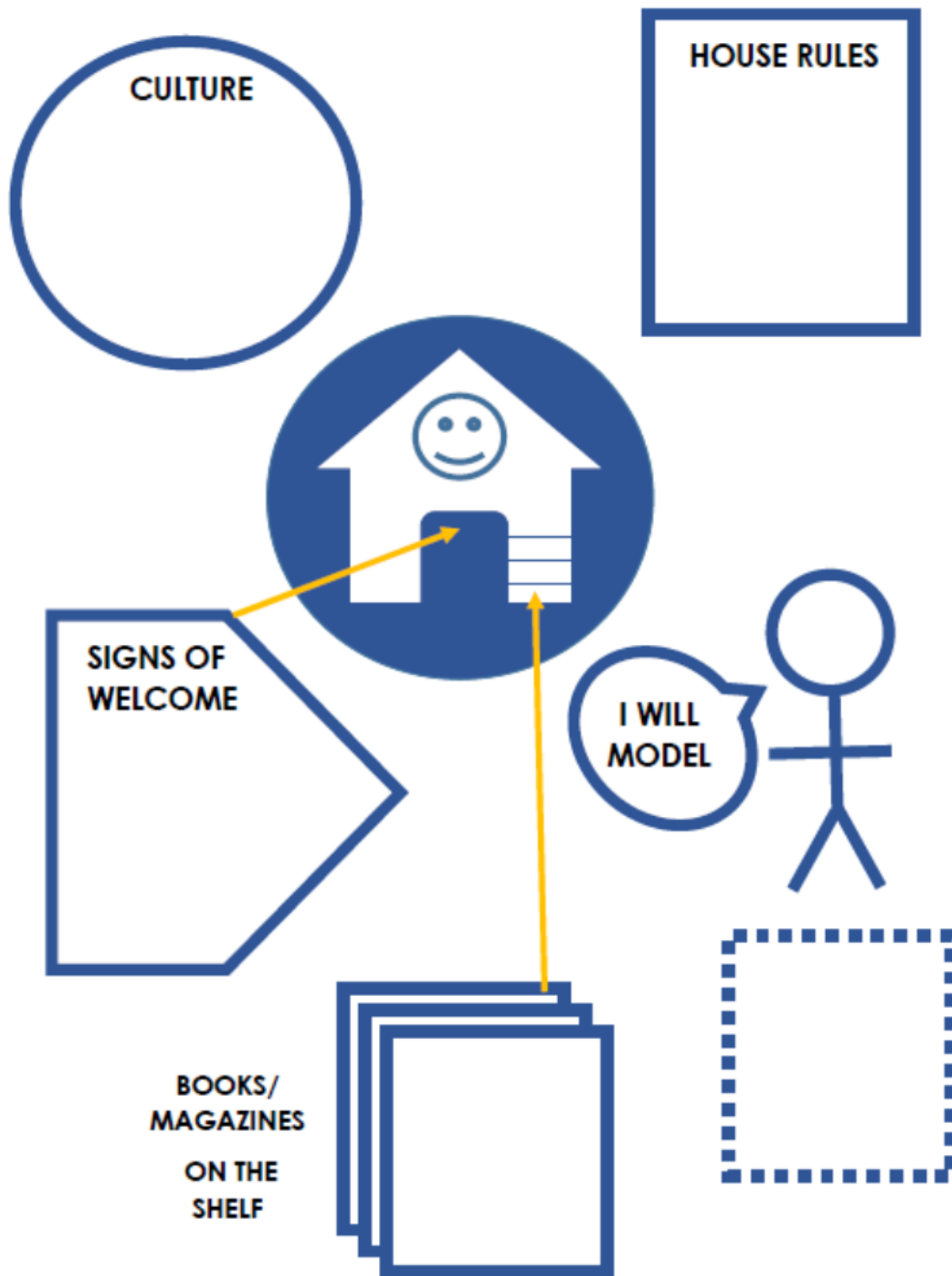
If the youth discusses LGBTQ identity with me, I need to discuss this with the child welfare team.

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

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

HANDOUT #9: A SAFE AND AFFIRMING FAMILY



HANDOUT #10: PROMOTING SAFETY AND WELL-BEING FOR LGBTQ YOUTH IN CARE

Participate in training and preparation so as to be knowledgeable about the needs of LGBTQ youth in care.

Explore with my family how we might react if we found out a youth in our care was LGBTQ or that a youth who identifies as LGBTQ is going to be placed in our home.

Review the information regarding how LGBTQ youth are at risk with my family so that we have a better understanding of the challenges LGBTQ youth face. (You may choose to share some of the handouts from this training with your family members and with other foster/adoptive families.)

Ensure that my family understands 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.

Identify specific ways we can help make our 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 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.

Understand the importance of role modeling respect for differences and affirmation of LGBTQ identity at all times.

Know that the youth needs to identify his or her own plan for “coming out.”

Learn about LGBTQ resources and encourage youth to connect to these resources.

Continually monitor the youth's safety in the community, and especially in the school where bullying and harassment may take place.

Be an advocate for the youth in the schools and in the community

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

Ahmid (age 14): I don't really like to talk to foster parents. I mean I'm just sick of it. No one knows what my life is like. It's just senseless. No one gets it.

Possible responses:

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

Possible responses:

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): My last foster home there was a kid there that was a Lesbian. It totally freaked me out.

Possible Responses:

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

Possible responses:

HANDOUT #12: LET'S GET REAL

- First and foremost, there is more to an individual than sexual orientation and gender identity. There are many factors that make a person who they are. Assuming that everything in a person's life relates to their sexual orientation tends to focus your attention solely on sexual behavior.
- Youth who identify as LGBTQ are each unique and different, just as youth who do not identify as LGBTQ. Be careful of stereotyping or making assumptions because the youth identifies as LGBTQ.
- Being LGBTQ is not a choice. Youth who identify as LGBTQ generally know this. Therefore they are not usually interested in trying to convince others that they are LGBTQ, trying to "recruit" other youth to be LGBTQ, or trying to have sexual relationships with youth who are themselves not LGBTQ.
- There is no evidence to suggest that LGBTQ youth will force sex upon others at a rate that exceeds that of heterosexual youth.
- Some, though not all of these youth have actually been exploited and/or sexually abused or have been forced into prostitution in order to survive on the streets. Further, many LGBTQ youth do not have the opportunity to view healthy LGBTQ role models or learn about safe and healthy LGBTQ sexual relationships. There are so many intervening factors due to the discrimination and difficulty that LGBTQ youth face, one cannot conclude that identifying as LGBTQ in and of itself makes one more highly sexualized or sexually active than someone who does not identify as LGBTQ.

HANDOUT #13: ADDRESSING SAFETY CONCERNS—SLEEPING ARRANGEMENTS

Sleeping Arrangements:

There are often concerns about placing a LGBTQ youth in a room with a youth who is not LGBTQ (i.e. a gay male with a male who is not LGBTQ). In most situations it is appropriate for an LGBTQ youth to share a bedroom with a non-LGBTQ youth. It may not be appropriate if either youth has been sexually abused by another youth or physically harmed by another youth. For example, an LGBTQ youth was bullied and beaten by his room mate in a group home. When he entered foster care he asked to be placed where he could have his own room.

In most situations it is appropriate for two LGBTQ youth (i.e. two Lesbian youth) to share a bedroom. It would not be appropriate if the two were attracted to one another or were involved in any type of romantic or sexual relationship, just as you would not allow non-LGBTQ youth who were romantically or sexually involved to share a bedroom in your home.

Maintaining safety:

Regardless of sexual or gender orientation it is important that proper rules and protocol are followed to ensure “safety in the bedroom”. Many youth in care have been sexually abused, or been physically violated in some way and thus sleeping arrangements and bedtime in general can be stressful regardless of sexual orientation or gender identity. Trauma informed care guides us to ensure safe environments for all youth, recognizing that we do not always know their history, past traumas, what has happened to them sexually or physically, or even what sexual orientation or gender with which they may identify.

- Every youth needs to have their own bed and space surrounding their bed.
- Every youth needs to have private space for changing.
- Everyone sleeps in their own bed—it is “private, safe” space.
- While acknowledging the need for privacy, explain to youth that you check on everyone in the house during the night to ensure that everyone is okay. (Following guidelines for trauma informed care, recognize that this needs to be discussed with the youth. Youth with a history of sexual abuse may have a reaction to hearing someone enter the bedroom during the night.)

- In most cases you will want to ask youth to keep their bedrooms doors partially opened or cracked at all times. (Again, some youth may have an extreme need for privacy due to past exploitation and abuse, and this would need to be discussed.)
- Talk with each youth about what they need to feel safe and about any concerns they may have related to sleep, sleeping arrangements, and bedroom assignments. If a non-LGBQ youth is uncomfortable with a youth who identifies as LGBQ you would handle this concern like any concern between roommates. You would address the concerns, provide education, and assure good boundaries and safety. You would also check-in with the LGBQ youth to ensure that they feel safe. If the concerns continued you would ask for assistance from the child welfare team.

This safety protocol would be advised for any and all youth placed with your family regardless of sexual orientation or gender, reason for placement, or situation.

Regarding transgender youth:

If providing care for a transgender youth it is important to have the full support of the child welfare team and for the youth to have an individualized assessment to help determine many aspects of how to best meet the youth's needs. Generally speaking it is recommended that transgender youth be treated and considered as the gender with which they identify, and not their gender of birth. In terms of sleeping arrangements it is often recommended that a transgender youth have a private room. If this is not possible the youth's needs are likely best served by placement in a room with someone of the same sex with which the youth identifies. However, this is not always true. If the youth is likely to be bullied or harrassed, the need for safety would dictate otherwise. In either situation you would likely need the help and support of the child welfare team to assist you in preparing to meet the needs of a transgender youth and to provide needed education and preparation for other family members. (including other youth placed in the home).

HANDOUT #14: STRATEGIES, BOUNDARIES, AND RULES TO PROMOTE SAFETY**Establish an environment that is accepting of differences and celebrates diversity:**

If you are thinking of providing care for an LGBTQ youth it is important to evaluate the degree to which you have an environment that is accepting of differences and celebrates diversity. The day of placement is really not the time to be considering this. As a foster/adoptive parent you establish an expectation of respect, have established rules to promote safety and respect, model acceptance, and establish that absolutely no bullying, harassment, or abuse is tolerated in your home *for any reason*. Work individually with each youth to promote values of respect and acceptance; and establish family meetings to both educate and discuss issues related to diversity, accepting differences, getting along, and ensuring that all family members feel safe.

Establish appropriate boundaries:

Ensure that all youth (and all family members) have privacy and their own space, and ensure that this is respected within the family. In line with concepts of trauma informed care it is important to establish an understanding of physical boundaries—talking with youth about the need to respect privacy and space of others in the home. (Rules about not touching may not be as effective with older youth as talking openly with them about the reasons it is important to respect one another's physical boundaries.) Be aware that you are a role model and be sure to model appropriate boundaries. Respect the privacy of each youth, making sure you do not divulge information about their sexual orientation or gender unless they are prepared for you to do so. Establish an absolute expectation that no one will physically hurt another person in the family. Talk about safety—emotional and physical safety—as a critical goal for each and every person in the home and for the family as a whole.

Establish rules that promote safety:

While rules can often backfire with youth (who see them as a challenge), there is no doubt that rules related to safety are critical. However, equally important to establishing these rules is how they are presented to youth in your care. Emphasize the importance of safety and your desire to provide a safe nurturing home for everyone in your care. Promote an understanding of the rules, the fact that the rules also serve to protect the youth, and seek to obtain a commitment and buy-in to establishing a safe home. This is very different than simply presenting a youth with a long list of rules and demanding that the rules be followed. Further, with buy-in and commitment you promote an environment

where everyone in the family recognizes the need for safety and seeks to promote safety. Establish clear rules against bullying, harassment, violence of any type, and emotional abuse. Establish rules and expectations that support boundaries and confidentiality. Review the rules in family meetings and work with family members to develop better or different rules, or to revise rules that are not working to promote safety.

Take allegations of bullying, harassment, and safety concerns seriously:

Finally, ensure that rules are consistently enforced and taken seriously. If a youth relates to you that he or she is being bullied or in any way feels unsafe in the home, the issue needs to be addressed. Be sure to involve members of the child welfare team as well as mental health and other professionals who can help you develop a good plan.

Work toward developing positive and strong relationships with all youth in your care:

This really goes without saying, but the more you communicate with and have positive relationships with youth in your care, the more willing they will be to share concerns with you, commit to your expectations and rules, and seek to work with you to ensure a safe home for all.

This handout was developed utilizing the following resources:

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

Getting Down to Basics: Foster Parents Caring for LGBTQ Youth. Lambda Legal and Child Welfare League of America.

HANDOUT #15: WHAT TO SAY, WHAT TO DO (SAFETY)

15 year old Darla tells you that she is uncomfortable sharing a room with Carli because "Carli is a lesbo. " You ask Darla where she got this information. You are aware that Carli has been questioning her sexual orientation, but that she has asked that this be kept confidential. Darla explains that the kids at school told her. You have tried to cultivate a culture of acceptance in your home and are somewhat surprised by Darla's distress.

What do you say or do in the moment?

What do you say or do in the next week?

16 year old Derrick is openly and some would say flamboyantly gay. His behavior is driving everyone in the home crazy. He talks constantly about sex and makes fun of the other youth in the home for their lack of sexual experience. Derrick's roommate is 16 year old Miquel. The two boys have generally gotten along well, but Derrick's behavior has recently begun to anger Miguel. 13 year old Jared was placed with your family last week. Jared is small for his age, shy, and appears frightened of Derrick. You are stunned when Derrick comes to you and says that Miguel and Jared threatened to hurt him, and that Jared had a sharp hunting knife.

What do you say or do in the moment?

What do you say or do in the next week?

HANDOUT #16: WHAT TO SAY, WHAT TO DO (SUPPORTING HEALTHY SEXUAL DEVELOPMENT)

You have allowed 14 year old Tasha to bring her girlfriend Ana to the home for visits on Saturday. Tasha has told you how much she cares for Ana. You do not allow anyone to date until they are older and more mature, although you have not set a specific age. There is a rule that during the week there are to be no guests in the home until you return home from work. You have concerns that Tasha is very immature and you feel that she has experienced sexual abuse in her past, but this has not been confirmed. You are surprised to come home from work on a week-day and find the two on the couch, partially disrobed and laying together.

What do you say?

What do you do in the next week?

16 year old Demitri has been in your home for a year. During that time he has expressed that he is “questioning” his sexual orientation and gender identity. He has gone through phases of declaring that he is gay, then bi-sexual, and at times expresses that he wishes to change his sex. He claims he has been sexually active since age 12. At dinner Demitri reveals to you that he is sexually involved with a 25 year old male and his 21 year old female partner. He will not tell you who they are as he realizes that he is underage.

What do you say or do in the moment?

What do you say or do in the next week?

HANDOUT #17: 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, misinformation

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 GLBTQ 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 and 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 significant 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 gay peers and resources. Youth will need help with coming out, knowing what to expect, and finding supports.

Stage Six: I am gay. It is an integrated part of my identity.

At this stage the person is able to integrate LGBT identity into every face of life.

* Mallon, G. 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 #18: 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/adoptive 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 event 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.
- Ensure health care with a clinic that is supportive and knowledgeable 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 #19: WHAT TO SAY, WHAT TO DO (COMING OUT)

Josh tells you that you are going to be upset with him as he got in trouble at school. You have suspected that Josh has been questioning his sexual orientation and you have tried to show an acceptance and openness around LGBTQ issues. He tells you that he was holding hands with his friend Devon and they both got called to the office.

What do you say?

What do you do?

Daniel came to your home 3 months ago after threatening to assault his father. The parents told the judge they could not control his behavior. He has not spoken with you beyond one or two sentences. You told 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 situation get better. Today when you walk in he immediately tells you he has something to tell you but you cannot tell his parents. He say, “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. When you ask her why she breaks down and says it is because she has a girlfriend. She hysterically begs you not to tell her caseworker or the school personnel. Then Mrs. Scott, the Assistant Principal, comes out to tell you the meeting will begin in five minutes.

What do you say?

What do you do?

HANDOUT #20: 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/adoptive care or group care setting how do you ensure safety without isolating or segregating the transgender youth from others?

HANDOUT #21: ADVOCATING FOR LGBTQ YOUTH

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.
- If there are safety concerns be sure to bring these to the caseworker's attention, as it is the caseworker's responsibility to ensure the youth's safety.
- Take any 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 this needs to be brought to the caseworker's attention. 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 LGBTQ youth can place a youth in greater danger. Work with the child welfare team (including 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 significant trauma that can impact behavior and learning.

Advocating for safety and wellbeing with service providers:

- Prior to beginning a service 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.
- Listen to the youth and take safety concerns about any service providers seriously. Work with the youth to develop the best way to address the concerns.
- Ensure that no program, clinic, therapist, or service provider pursues therapies geared at changing sexual orientation or identity.
- Ensure that the program 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 with you wants to go to her junior prom with her girlfriend, who goes to the same school. You have struggled with how to deal with LaToya's coming out and openness around her sexual orientation but have been supportive overall. Latoya comes home with a letter from the school stating they will not permit her to come with a date of the same sex. Latoya comes in very angry and asks you to help her.

What do you say?

What do you do?

CRYSTAL, a 15 year old transgender (male to female) got beat up in the back room of her day drug treatment program. Crystal was wearing a dress, heels, and male-up. The staff in charge contact you noting that they are taking her to the emergency room although there are no visible physical injuries. They are concerned that she is hysterical and won't stop crying.

What do you say?

What do you do?

HANDOUT #23: 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 GLBT 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.
- *Let's Get this Straight: Building Competent Practice for Working with LGBTQ Children, Youth, and Families* for University of Wisconsin School of Social Work. National Resource Center for Permanency and Family Connections. 2011.
- *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.

HANDOUT #24: 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:

--

Will commit to make the following changes in my practice:

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