



LOS ANGELES LGBT CENTER

RISE

2016 RISE PROJECT OUTREACH AND RELATIONSHIP BUILDING PROGRAM MANUAL

Volume 2



**LOS
ANGELES
LGBT
CENTER**

Authors

Angela Weeks
Avery Irons
Lisa Parrish
Danielle Altman
Andrea Stevens
Sarah Vitorino
Anny Hsu

With Contributions From

Monique Lopez, Trainer's Guide
Eugenia Rodriguez, Trainer's Guide
Eko Canillas, Trainer's Guide
Almira Agosto, Trainer's Guide
Nolan Cadena, Graphics
Brian Miller, Graphics

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Training Guide User's Manual

Purpose

The purpose of these training manuals are to help trainers train the RISE LGBTQ+ competency trainings to child welfare system public and private agency providers.

Terminology

The RISE training curriculum uses the acronym "LGBTQ+." For these purposes, these letters stand for lesbian, gay, bisexual, transgender, and questioning. The "+" is to acknowledge the multiple identities, orientations, and expressions that are not explicitly recognized by the acronym. In other venues, some of these letters may represent other identities, and trainees may be aware of acronyms that use additional terms. These terms have been included in the RISE glossary.

Trainer Selection

This training is intended to be used by experienced trainers who have knowledge of issues facing LGBTQ+ youth in the child welfare system. Trainers must be able to define and differentiate between sexual orientation, gender identity, and gender expression. Trainers must be able to define, describe, and provide examples for anti-gay bias, anti-transgender bias, and heterosexism and how they all affect youth in the child welfare system. More importantly, trainers need to be able to answer questions and manage bias in the room without jeopardizing the training objectives.

Co-Training

Co-training is the desired training method for this material. Because it is 6-hour training, and the material is difficult to present, co-training is beneficial to reduce trainer fatigue and burnout. It is also a great way to facilitate a training. Often times, bias in a room needs to be facilitated in order to move forward in the curriculum, and it is extremely advantageous to have a co-trainer there to assist with that.

Bias Fatigue

Trainers may be exposed to anti-gay, anti-transgender, and heterosexist bias in the form of participants' nonverbal cues, as well as comments and questions. Participant biases can come in the form of outwardly offensive statements, demonstrated resistance to the curriculum, or personal attacks on the trainers. This consistent exposure to bias can take an emotional, psychological, and physical toll on a trainer. In addition to the effects of these biased acts, trainers can also feel considerably discouraged when thinking of the LGBTQ+ youth who will likely suffer as a result of social worker or care provider biases. As a result, trainers may experience emotional, psychological, or physical (stress) that can be connected back to their exposure to participant bias and the awareness that LGBTQ+ youth are being served by these biased individuals. Bias fatigue is the term that RISE has used to describe the common experience of feeling depleted, depressed, and discouraged. This term was not originally being used in the LGBTQ+ advocacy community, but was used when referring to the adverse impact of unrealistic

expectations and bias targeted at finance professionals.¹ In the context of LGBTQ+ training and advocacy, bias exposure is a given and so bias fatigue is a potential risk. Therefore, trainers should take protective measures to minimize the impact of bias exposure by creating and implementing a self- and team-care plan.

Possible Groups to Be Trained

Trainers will be training different groups within the child welfare system. It is important to note that the knowledge and experience a participant may have can differ greatly depending on what agency you are training. Some examples of agencies you might train are:

- Social workers
- Administration
- Residential staff
- Adoptions
- Department of Children and Family Services (DCFS)
- Foster family agencies
- Department of Mental Health

Because these groups can vary from training to training, it is important that the trainers familiarize themselves with each department or agency prior to training. This will be beneficial to the trainers when it is necessary to alter the scenarios, discussion, or content to better align with the participants' roles in the agency.

Training Logistics

Modules

The training is broken up into two segments. The first or "Foundation" module is focused on building foundational knowledge about terminology, bias, heterosexism, the coming-out process, family acceptance, affirming environments, the legal framework, and managing information. The second half of the training, or the "Social Work" module, is focused on building social work practice. Participants will take the foundational knowledge they learned in the first half and apply to their work in the second half.

Breaks

Breaks should be given halfway through the training. If the trainer is conducting a full day, 6-hour training, there will be a break mid-morning, a lunch break after module one, and the last break mid-afternoon. Breaks are for the facilitators and trainers as much as they are for the participants. Breaks should not be skipped.

Classroom Environment

In many cases, your participants may be hearing about issues facing LGBTQ+ youth in the child welfare system for the first time. Many participants may have never had the opportunities to ask questions or to address stereotypes they may have heard. Furthermore, this training can evoke very strong opinions

¹ Widger, C., & Crosby, D. (2014). *Personal benchmark: Integrating behavioral finance and investment management*. Hoboken, N. J.: John Wiley & Sons.

and emotions. Therefore, it is extremely important that the trainers prepare themselves and anticipate hard questions. It is also important to discuss and develop strategies on how to address and facilitate bias in a training.

Training Outline and Unit Description

LGBTQ Foundation Curriculum	Topics
Unit 1: Permanency and RISE	<ul style="list-style-type: none"> • Introduce RISE
Unit 2: The Basics of Language and Development	<ul style="list-style-type: none"> • Review training goals and structure • Define key terminology and core concepts around sexual orientation, gender expression, and gender identity • Understand timeline of healthy child development and differentiate among sex assigned at birth, gender identity, gender expression, and sexual orientation.
Unit 3: Recognizing and Intervening to Reduce Barriers to Permanency	<ul style="list-style-type: none"> • Recognize anti-gay and anti-transgender biases, as well as heterosexism. • Understand the potential benefits and challenges to coming out • Understand the impact of accepting and rejecting behaviors on the health and well-being of LGBTQ+ children and youth
Unit 4: Supporting and Affirming Towards Permanency	<ul style="list-style-type: none"> • Understand the potential positive impacts of environmental cues and linkages to permanency
Unit 5: Empowering the Professional	<ul style="list-style-type: none"> • Review state and federal laws protecting the rights of LGBTQ+ children and youth • Discuss managing information about a youth’s sexual orientation or gender identity

Unit 1: Permanency and RISE

This section allows the trainer to introduce the initiative, set training guidelines, and then go over the objectives and learning tools of the module. During this unit, it is important to explain the importance of recognizing that LGBTQ+ youth are in the child welfare system and to emphasize the significance of permanency to a youth’s total health and wellbeing.

Unit 2: The Basics of Language Development

This section sets the foundation for participants to learn terminology and to understand the concepts of sexual orientation, gender identity, and gender expression. In order for the learning in this module to progress, participants must know what lesbian, gay, bisexual, transgender, and questioning mean. Furthermore, trainees need to be able to define and differentiate between sexual orientation, gender identity, and gender expression.

Lastly, this section is used to deliver practice tips to staff about how to use inclusive and welcoming language, as opposed to terminology that may harm youth. Using inclusive and gender-neutral language can build trust and open communication with LGBTQ+ youth. However, using words like phase, choice, or life style imply that being LGBTQ+ is a choice. Using this terminology can seem dismissive of the youth's experience and, ultimately, damage the relationship with the youth.

Unit 3: Recognizing and Intervening to Reduce Barriers to Permanency

This section allows the trainer to introduce bias, heterosexism, and stigma related to sexual orientation, gender identity, and gender expression. Participants will learn how to identify these biases in care and to build knowledge about how bias affects permanency. It is important for participants to understand how biases affect the youth in their care so that they can intervene when they recognize bias. This section will also introduce the experiences, challenges, and benefits of coming out. Having knowledge about the coming-out process will help staff support youth and families through this process with empathy. Lastly, this unit will cover family acceptance and accepting and rejecting behaviors that can affect a youth's health outcomes. This material will build understanding of how rejecting and accepting behaviors affect youth and the importance of early intervention and support.

Unit 4: Affirming and Supporting Towards Permanency

This section will introduce environmental cues and the importance of positive and supportive environments for LGBTQ+ youth. It is important to understand how positive environmental cues can help youth feel safe, supported, and affirmed. This can result in increased identification of LGBTQ+ youth, which is essential in providing services, support, and resources to this population. The trainer should also go over how a lack of environmental cues can convey a message that youth are unsafe, which could increase the invisibility of this population.

Unit 5: Empowering the Professional

This section will review the laws and protections for LGBTQ+ youth and go over professional standards of practice. It is important for staff to know the laws protecting LGBTQ+ youth so that they can appropriately advocate and ensure that their practice is in line with their legal obligations.

In addition to legal and professional standards, the trainer will also be introducing managing information. This section's purpose is to inform participants that managing information is at the forefront of safety, well-being, and permanency. If information about a youth's sexual orientation, gender identity, or gender expression is shared in inappropriate ways, it can actually be damaging to the youth's safety, health, or placement. During this section, staff will be reminded of different channels of communication and the principles they should consider when managing a youth's information.

Social Work Practice Curriculum	Topics
Unit 6: Reviewing Effective Communication	<ul style="list-style-type: none"> Review active listening, self-awareness, and motivational interviewing as dynamic tools for working with LGBTQ+ children and youth
Unit 7: Language in Practice	<ul style="list-style-type: none"> Understand the impact of language and youth self-definition Revisit gender identity and increase comfort with pronoun usage
Unit 8: Acceptance and Rejection in Practice	<ul style="list-style-type: none"> Identify supports for a youth's coming-out process and the environment's adjustment process
Unit 9: Affirming Environments in Practice	<ul style="list-style-type: none"> Recognize behavior that truly creates an affirming environment. Respond to supportive and negative comments and questions
Unit 10: Legal Framework and Professional Standards in Practice	<ul style="list-style-type: none"> Review legal and professional standards regarding the disclosure of a youth's sexual orientation and/or gender identity

Unit 6: Reviewing Effective Communication

In this section, the trainer will go over active listening skills, motivational interviewing, and the importance of self-awareness checks. Participants will learn key principles of active listening that will help them build trust and rapport with youth in their care. This is essential to this population because oftentimes they can remain unseen and unheard.

Motivational interviewing is a client-centered, goal-oriented approach to behavior change. Participants learn how to use this to help their LGBTQ+ clients reach their goals. This method of questioning and support can be very useful and effective when working on case planning for any youth.

Lastly, the trainer will focus on the importance of self-awareness. Participants will be asked to conduct a self-awareness check so they are aware of their body language, what they bring to the conversation, and their own comfort level when working with LGBTQ+ clients. It is important to encourage staff to do an honest self-awareness check and then seek more information and support around their findings.

Unit 7: Language in Practice

In this section, staff will be reminded of the importance of the language they learned in the first module of this training. This section will give them practice tips on how to use language to make youth feel welcome and safe. Additionally, the gender-neutral and inclusive language in this section addresses the importance of not making assumptions about any youth. In order for this population to become more visible, staff must refrain from assuming every youth is heterosexual and cisgender.

Additionally, trainers will go over the importance of respecting gender pronouns when working with transgender youth. Staff will get the opportunity to practice using their own gender pronouns in an

introduction. It is important for staff to be reminded that not using a youth's asserted gender pronoun can be damaging to the youth and can affect their permanency plan. Towards the end of this unit, participants will work in groups and come up with a plan on how to ask youth for their gender pronoun. It is more important that staff provide opportunities for youth to identify their pronoun rather than make damaging assumptions.

Unit 8: Acceptance and Rejection in Practice

In this section, staff will be reminded of the impact rejecting and accepting behaviors have on a youth's health outcomes. The trainer will introduce strategies for helping staff assess the safety, challenges, and support system a youth has when they are in the process of their coming out process. From there, staff can intervene and support youth during their process. Part of that support is assessing the level of acceptance and rejection that the youth might be experiencing. For that reason, this section will give staff practice tips on how to work with families who are conflicted about their youth's sexual orientation, gender identity, and gender expression.

Unit 9: Affirming Environments in Practice

In this section, the trainer will remind participants of the importance of environmental cues in creating a safe, welcoming, and supportive space for LGBTQ+ youth. Staff will learn strategies to these environments using behaviors that support the positive environmental cues. Staff will practice responding to questions, comments, bullying, and derogatory statements. It is important that staff feel comfortable doing this. These strategies will help staff create affirming spaces for LGBTQ+ youth.

Unit 10: Legal Framework and Professional Standards of Practice

In this section, participants will be reminded of the legal framework they learned during the first module and the principles for managing information. Participants will be asked discussion questions regarding their work and how they apply the legal framework and professional standards to their day-to-day practice. The trainer will also provide them an opportunity to manage information about a youth's sexual orientation. This section is important because the first module of the training set the foundation for these concepts, but staff need to see how these larger ideas apply to their work at the direct care level.

Who Can Use This Training?

This training is being provided to the general public in the hopes that this information will get to as many stakeholders in the child welfare system as possible. However, these lessons should be taught by experienced trainers who have a high level of LGBTQ+ competency, as well as general knowledge about the child welfare system. This training is intended to be delivered to staff who are public and private social work professionals and to those providing direct care services to youth in the child welfare system. Trainers training this content will have to have enough LGBTQ+ and child welfare knowledge to field questions and to address bias during a training without jeopardizing the training objectives.

Bias Themes

To assist coaches and trainers in appropriately recognizing and responding to bias, the ORB team developed a list of commonly heard biased statements. The team then categorized the statements into the following five categories. This list clarifies that a coach or trainer must only know how to respond to the category of biases instead of assuming that each biased statement stands alone. For specific responses to these questions (or variations), see Frequently Encountered Biased Questions and Statements.

1. Environment can cause gender orientation or identity.
 - LGBTQ+ because they have never been with a man/woman
 - LGBTQ+ because they grew up in a home with gay parents
 - LGBTQ+ because they were abused
 - I don't want the youth changing the other youth.
2. Being LGBTQ+ is something you can control.
 - This is their choice or lifestyle preference.
 - LGBTQ+ because it is popular
 - They change their mind all the time.
 - They are trying to turn them gay.
 - Being gay is something you choose when you have low self-esteem.
 - Gay people just cannot find someone opposite gender to be with.
3. Expression causes orientation.
 - Why do they have to be so gay?
 - Do they have to shove it in people's faces?
 - I knew they were gay before they told me.
 - You can tell when someone is gay.
 - She is too pretty to be gay.
 - He is too masculine to be gay.
4. Support and privilege are often conflated.
 - I treat everyone like humans.
 - This seems like you're segregating people.
 - We cannot show special treatment to LGBTQ+ youth.
 - What about the rights of the other youth
5. Being LGBTQ+ causes behavioral issues.
 - LGBTQ+ people are more likely to abuse children.
 - Transgender youth often have behavioral problems.
 - I don't want the youth in the room because they will try something with the other youth.
 - The youth dresses that way because they are attention seeking.

LGBTQ Foundation Manual:

*Knowledge for reducing barriers to permanency
for LGBTQ and gender-variant youth in foster care*



04/02/2015

LGBTQ Foundation Curriculum:

Knowledge for reducing barriers to permanency for
LGBTQ and gender-variant youth in foster care

The RISE Initiative is funded by the Children's Bureau, Administration on Children, Youth and Families, Administration for children and Families, U.S. Department of Health and Human Services, under grant number 90-CT-0154.

Overview: Using the Foundation Training Manual

What is RISE?

- In September 2010, the Los Angeles LGBT Center received a five-year grant from the U.S. Department of Health and Human Services' (HHS) Administration for Children and Families (ACF). The grant funds the development and testing of a model program **to address barriers to permanency and well-being for lesbian, gay, bisexual, transgender and questioning (LGBTQ) youth in foster care.**
- The RISE Initiative aims to contribute to the understanding of how **to reduce the number of LGBTQ youth in long-term foster care and how to increase permanency through decreasing heterosexism, anti-gay and anti-transgender bias in caregiving settings.** We strive to provide parents, caregivers, and professionals with the support and education needed to nurture durable, lifelong connections for LGBTQ young people.
- In collaboration with the Los Angeles County Department of Children and Family Services and over 25 community and foster care partners, the RISE Initiative will develop, implement, and research the effects of a comprehensive multi-component intervention to help LGBTQ youth in Los Angeles County find durable **family connections, achieve emotional permanency, and obtain legal permanency in homes where they feel safe, nurtured, and loved into adulthood.**

Outreach and Relationship Building Curricula:

The Outreach and Relationship Building (ORB) Team is the RISE project intervention focused on building practitioner competency to reduce barriers in caregiving settings by decreasing heterosexism, anti-gay and anti-transgender bias. The ORB curriculum consists of two trainings (LGBTQ Foundation and Social Work Practice, respectively). The LGBTQ Foundation training provides basic knowledge about terminology and concepts related to sexual orientation, gender identity and gender expression; the coming out process; the impact of accepting and rejecting behaviors; the positive power of affirming environments; and the legal and professional standards guiding work with LGBTQ youth. The Social Work Practice training consists of five units and provides practitioners with opportunities to combine the knowledge acquired in the LGBTQ Foundation training with common practice skills, such as active listening, motivational interviewing, assessing environments, and responding to specific instances of biases. Participants must attend the LGBTQ Foundation training prior to attending the Social Work Practice training. Each training is 3-3.5 hours in length.

ORB also coordinates the RISE Coaching network, a space for service providing agencies to seek further assistance and guidance in their efforts to best serve LGBT youth in their care.

Below is a list and description of learning tools used in the LGBTQ Foundation curriculum.

Learning Tool	Function	How-To Use
Booster(s)	<ul style="list-style-type: none"> - Content consisting of background information to increase participant knowledge related to permanency issues for LGBTQ and gender-variant youth. 	<ul style="list-style-type: none"> - Present boosters based on relevance to the respective unit. Boosters should move knowledge and activities forward.
Purpose statement/ Learning Objectives	<ul style="list-style-type: none"> - Allows a “landing point” and intended direction for guiding and monitoring learning. - Gives flexibility and guidance in adapting instructional content and delivery for diverse audiences. 	<ul style="list-style-type: none"> - Guide facilitation of activities. - Facilitators who wish to replace activities in this curriculum with different activities can do so while still meeting intended learning purposes.
Activity/Discussions	<ul style="list-style-type: none"> - Allow hands-on practice with skill 	<ul style="list-style-type: none"> - See “Activity Description” for guidance on delivering an activity.
Materials/Handouts	<ul style="list-style-type: none"> - Provides participants with information to review independently. 	<ul style="list-style-type: none"> - Distribute as it relates to training content or provide a packet before or after training.
Unit Duration, Structure, Delivery	<ul style="list-style-type: none"> - Provides recommended length, sequencing, and delivery of unit content. 	<ul style="list-style-type: none"> - Duration: Pacing - Structure: Review the sequencing of slides and activities - Delivery: Provides guidance for content delivery. - Provides key points to address and/or action steps facilitator should complete.
Key Points/Action Steps	<ul style="list-style-type: none"> - Provide recommended delivery of content. 	<ul style="list-style-type: none"> - Provide facilitator with how-to deliver the content.
Unit Review: Grab Bag Goodies/True or False/ Practice Tip	<ul style="list-style-type: none"> - Allow space for participants to reflect on learning. 	<ul style="list-style-type: none"> - Follow activity with discussion prompts in Grab Bag Goodies section.
Discussion Guidelines	<ul style="list-style-type: none"> - Set tone and guidelines for participation and a productive learning environment. 	<ul style="list-style-type: none"> - Delivered before training starts. - Explain that guidelines are to create a safe learning environment for discussion and participation. - The trainer must be comfortable facilitating discussions in which people have different points of view. - The listed guidelines are suggestions. The group may change, add, delete, etc.

Unit 1: Welcome and Introduction

Purpose statement: The purpose of this unit is to introduce the RISE Project, its focus on permanency for LGBTQ youth and to provide the goals/structure for this training.

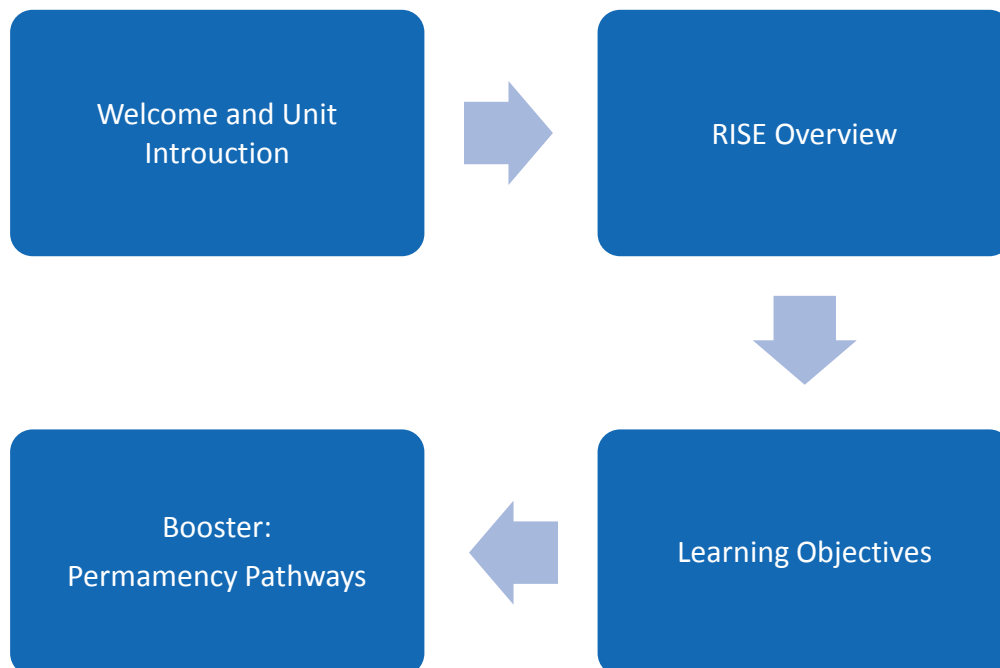
Learning Objectives:

- Introduction to RISE
- Review training goals and structure

Materials Needed:

- ☐ Unit 1 Slides
- ☐ In the Life Media. (2012). A Day in Our Shoes: Homeless LGBTQ Youth
 - Tiffany “Life” Cocco

Unit Structure:



Unit Duration:

Welcome and Introduction:

Function: Welcome and introduce participants to the ORB team.




Key Points/Action Steps:

1. Introduce RISE ORB team.
2. Welcome participants to part one of a two-part training series.
3. Present two to three sentences on each facilitator's personal mission (Why Am I Here?)
4. Thank participants and acknowledge time given to participate in training.
5. Explain that our goal is to provide them with the knowledge and support they need to continue their work with LGBTQ youth; we are not here to change personal beliefs.
6. Address housekeeping (e.g. restrooms, cell phones, exits, breaks, snacks, etc.)
7. Inform participants about the purpose of the camera.
8. Remind participants about the Westat purpose and process (Pre/Post Test, Online Survey), if applicable.

Discussion Guidelines:

Function: Set tone and guidelines for productive participation during the training.



Discussion Guidelines

- I will share only if I wish . . . no pressure.
- I will speak from my own experience, whenever possible.
- I will value confidentiality: personal sharing will stay in the group when I leave.
- I will share comments with the general group.
- I will be open to others' thoughts and feelings even when they differ from my own.

Slide from "Creating Inclusive Systems of Care for LGBT Youth" 2

Key Points/ Action Steps:

1. Have participants read the discussion guidelines
 - a. This can be done silently, aloud or the facilitator can read the guidelines to the group.
2. Ask participants if the guidelines work for them, or if they need any clarification or want to make any additions.

Welcome and Unit Introduction (cont'd.)

Function: Present Unit Purpose

**Key Points/Action Steps:**

1. Present the purpose of this unit to the participants:
 - This unit introduces the RISE Project, its focus on permanency for LGBTQ youth and provides the goals and structure for this training.

RISE Overview

Function: Provide participants of project outcomes and functions.



Recognize, Intervene, Support, and Empower

- Reduce LGBTQ youth in long-term foster care.
- Increase permanency options.
- Decreasing heterosexism, anti-gay bias, and anti-transgender bias.



Key Points/Action Steps:

1. *Present the history of RISE:*

The LA LGBT Center received a five-year federal grant to address barriers to permanency and well-being for LGBTQ youth in foster care. We are here because there is an overrepresentation of LGBTQ youth in the child welfare system and on the streets. Our research suggests that by reducing barriers we can increase permanency options for youth.

2. *Present the RISE acronym:*

RISE stands for Recognize, Intervene, Support, and Empower. Recognize that we have LGBTQ youth in our care. Intervene to combat barriers to permanency. Support LGBTQ youth in care. Empower ourselves and our colleagues to create affirming environments and provide appropriate care for LGBTQ youth. Each of these actions will increase the likelihood that LGBTQ youth will achieve permanency.

3. *Present the different component of RISE:*

The Outreach Relationship Building team- We train agencies throughout LA County. We also focus on building networks among agencies.

The Care Team- A team comprised of a facilitator, youth specialist, parent partner, clinician and a family finder who work with LGBTQ youth and their families to increase permanency.

The Youth Survey- Survey created and facilitated by the Williams Institute. It was given to youth in current DCFS care. It provided concrete statistics regarding the overrepresentation of LGBTQ youth in the child welfare system. [19.1% of youth in foster care identify as LGBTQ (1 in 5 youth are LGBTQ), LGBTQ you are twice as likely to report being treated poorly, LGBTQ youth are twice as likely to live in a residential facility as opposed to in a family setting]

Introduce Training

Function: Review purpose of training.



Learning Objectives

Knowledge of issues and information related to:

- Language
- Barriers to permanency
- Coming-out experiences
- Rejection and acceptance
- Affirming spaces
- Legal and professional
- Managing information

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Key Points/Action Steps:

- *“Research suggests the following:*
 - *Developing a basic **understanding** of the issues, needs, and strengths of LGBTQ youth can lead to improved permanency outcomes for youth in foster care.*
 - *Harassment and violence against LGBTQ youth and those perceived to be LGBTQ are **preventable**.*
 - *LGBTQ youth have a **legal right** to receive equal and non-discriminatory treatment in foster care. Child welfare agencies, providers, and caregivers have a legal and ethical **responsibility** to ensure the safety and well-being of all foster youth, including LGBTQ youth.*
 - *Supportive and affirming behaviors **promote the healthy development** of LGBTQ youth.”*
- *“Thus, the aim for today’s training is to build knowledge of information and issues in the listed areas to better recognize, intervene, support, and empower LGBTQ youth towards permanency.”*
- *“My/our role(s) as facilitator(s) is/are to:*
 - *Move you towards the aim of the training.*
 - *Support learning, which includes asking questions that further learning and perspective-taking.*
 - *Not to judge moral or religious beliefs; only to support professional practice to meet outcomes of safety, well-being, and permanency.”*

Source: Creating Inclusive Systems of Care.

Introduce Training (cont'd)

The image shows a presentation slide with a blue header containing the RISE logo and the text "Learning Tools". The slide is divided into four sections:

- Unit 2: Grab bag goodies**: Features an image of a brown cardboard box.
- True or False?**: A section for a true or false activity.
- Practice Tip**: A section for a practice tip.
- In the Life Media's: A Day in Our Shoes: Homeless LGBTQ Youth**: A video player interface showing a duration of 0:00-2:56 and the "In The Life Media" logo.

Key Points/Action Steps:

1. Introduce the learning tools and their function in this curriculum:
 - **Grab bag goodies:** Highlight important learning for the unit.
 - **True or False?** Review of learning.
 - **Practice Tip:** Bridge information with relevance to practice.
 - **In the Life Media:** Multimedia tools to expand participant understanding of issues and/or information related to LGBTQ and gender-variant youth. "In the Life Media" documented issues impacting a broad spectrum of the LGBTQ community.

Booster: Permanency Pathways

Function: Introduce youth's story.

**Key Points/Action Steps:**

1. Introduce video as:
This snippet from "In the Life Media" illustrates the experiences that lead some LGBTQ youth to homelessness and the barriers that block LGBTQ youth from permanency."
2. Play video.
3. Prompt questions:
How long has Tiffany been homeless? Do you think she graduated from High School?
What challenges do you think a young LGBTQ person might face while living on the streets?

Tiffany was homeless for nearly 7 years. It is unclear if she graduated, but it is likely that she was unable to meet her education requirements due to her homelessness.

Challenges LGBTQ youth might face include limited access to education, employment, healthcare, food, shelter, clothing, family support, juvenile justice involvement, and exposure to unsafe environments.

Source: In the Life Media. (2012). A Day in Our Shoes.

Booster: Permanency Pathways (cont'd)

Function: Define permanency and map pathways.



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Key Points/Action Steps:

- Discuss pathway(s) to:
 - High rates of violence and rejection after coming out
 - Lack of support and understanding as it relates to sexual orientation, gender identity, and gender expression
 - Rejection after coming out

Foster Care

- Removal from home or placement
- LGBTQ and gender variant youth in foster care are overrepresented throughout the population
- 19% of youth in the child welfare system identify as LGBTQ

Homelessness

- Kicked out of home or placement
- 25-40% of homeless youth are LGBTQ
- Runaway from placement or home of origin.
- 78% percent of youth that were removed from home, or run away, do not find permanency

Truancy

- Bullying in school or the home environment makes the streets seem more appealing and accepting

Juvenile justice system

- Violence in family after coming out
- Runaway/throwaway

- Status crimes (truancy, incorrigibility)
- Non-violent survival crimes due to homelessness (i.e. survival sex, stealing food, etc.)
- Substance abuse due to stigmatization
- Inappropriate sex offense charges
- Fighting back
- Experiencing heterosexism, anti-gay bias, and anti-transgender bias in foster care can lead youth to engage in behaviors that increase the likelihood that they will interact with the juvenile justice system.

Option to Deliver the Slide

“If a youth is getting bullied at school and they feel that they have nowhere to turn, they might stop going to school altogether. They might start missing so much school (or even getting in fights at school) that they are brought before the Student Action Review Board (SARB). From there they might find themselves in informal probation (the Juvenile Justice System). Now imagine if at this point they still do not have anyone advocating for them, or anyone supporting them. From here, they could wind up on the streets and become one of the 40% of homeless youth who identify as LGBTQ. And, they are susceptible to higher rates of attempted suicide or illegal drug use. However, if we can intervene in their lives at any point on this board, we can help them find the right path towards permanency and happy healthy lives.”

Option to Deliver the Slide

“Let’s look at the permanency board and Tiffany’s story. Tiffany talks about leaving her home due to family rejection. She then became a homeless youth in New York. She also mentioned that when it was cold outside, she would break into buildings to find a warm place to sleep. This is trespassing, no matter the circumstances, which could have gotten Tiffany into trouble with the Juvenile Justice System.”

Source(s):

- Jacobs, J., Marksamer, J., Reyes, C., & Wilber, S. (2007). Creating Inclusive Systems of Care for LGBT Youth-OHYAC training.
- NCLR. (2006). LGBTQ Youth in the Foster Care System. Breaking the Silence Resource CD. LGBTQ out-of-home youth training tools and resources.
- Wilson, Bianca D.M., Khush Cooper, Angeliki Kastanis, and Sheila Nezhad. (2014) Sexual and Gender Minority Youth in Foster Care: Assessing Disproportionality and Disparities in Los Angeles. Retrieved from: http://williamsinstitute.law.ucla.edu/wp-content/uploads/LAFYS_report_final-aug-2014.pdf.

Unit 2: Getting started

Purpose statement: The purpose of this unit is to increase knowledge of language and the impact words can have on the permanency and well-being of LGBTQ Youth.

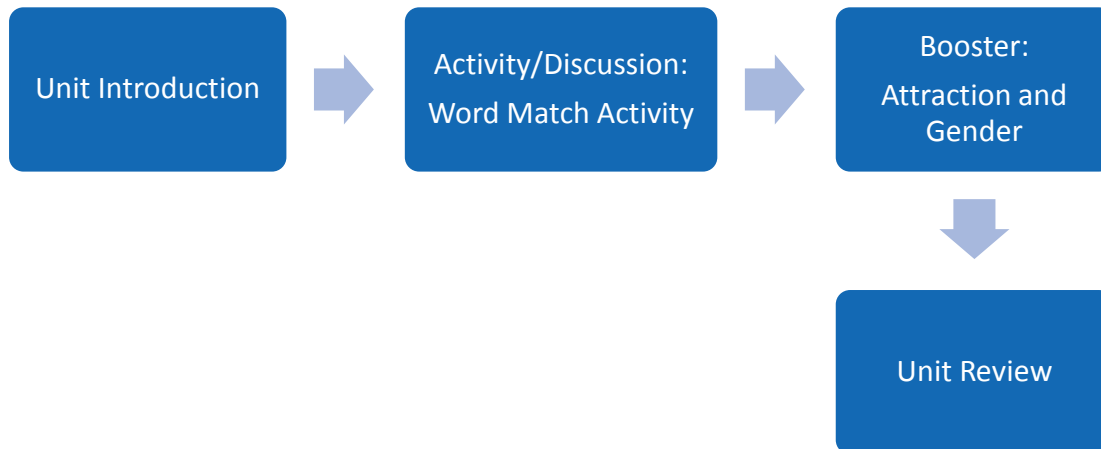
Learning Objectives:

- Define key terminology and core concepts around sexual orientation, gender expression, and gender identity.
- Understand the timeline of healthy child development and differentiate between biological sex, gender identity, gender expression, and sexual orientation.

Materials Needed:

- Unit 2 Slides
- “Word Match” Activity Materials
- Child and Adolescent Development
- LGBTQ Glossary
- Grab Bag Goodies

Unit Structure:



Unit Introduction

Function: Present Unit Purpose.

A large graphic for Unit 2. It features a blue background with the title "Unit 2: Recognizing the Impact of Language" in white serif font. The graphic is framed by a black border at the top and bottom, and a grey gradient background on the sides.

Unit 2: Recognizing the Impact of Language

9

Key Points/ Action Steps:

1. Present the purpose of this unit to the participants:

This unit will increase knowledge of LGBT-specific terms and concepts, and the impact words can have on the permanency and well-being of LGBTQ Youth.

Activity/Discussion: Word Match Activity

Function: Allow participants to discuss their familiarity with language related to sexual orientation, gender identity, and gender expression.



Word Match Activity

Instructions:

Find another participant who has a card that matches either the **word or definition** on your card.


10

Key Points/Action Steps:


1. Explain to participants *"We are going to do a word match activity to better understand language related to sexual orientation, gender identity and gender expression."*
2. Facilitator passes out either a word card or definition card to each participant.
3. Ask participants to find their match. Allow three to five minutes for matching.
4. Facilitator asks matched pairs to share out the word and definition on their cards.
5. Facilitator checks in with participants and asks, *"How was this activity for you?" "Were any of these terms new?" If so, which ones were new?"*
6. Close-out/Transition: *"Now let's gain more clarity around the function and impact of language."*

Booster: Attraction and Gender

Function: Build knowledge to distinguish between gender identity, gender expression, and sexual orientation.




Attraction and Gender




Gender Identity: *Inner sense of gender*

WOMAN MAN NEITHER GENDER QUEER TRANSGENDER QUESTIONING



Gender Expression: *Present and/or communicate gender*

feminine androgynous masculine



Sexual Orientation: *Attraction*

LESBIAN GAY HETEROSEXUAL QUESTIONING BISEXUAL

11

Key Points/Action Steps:

Define and distinguish between gender identity, gender expression, and sexual orientation.

1. Define **Biological Sex** (The sex assigned at birth; based on physical anatomy; also referred to as Assigned Sex at Birth)
2. Define **Gender Identity** (One's internal, personal sense of their gender).
3. Explain a few terms related to gender identity.
 - Transgender** (An individual whose gender identity differs from their biological sex).
 - Gender Queer** (An umbrella term some people use to describe themselves when their experience of their gender identity falls out of the binary male or female).
 - Cisgender** (A description for a person whose gender identity and biological sex align).
4. Refer participants to [Child and Adolescent Development](#) handout. Points to cover:
 - *"In early childhood (ages 3-6), children start self-labeling as boy and girl. Thus, gender identity starts to develop as early as 3.*
 - *Children are beginning to sort and classify.*
 - *Gender-segregated play emerges in pre-school.*
 - *Children learn "sex-role" stability (girls grow up to be women, boys grow up to men).*

Source: Adapted from Lightfoot, C., Cole, M., & Cole, S.R. (2009) *The development of Children. Sixth Edition.* Worth Publishers: New York.

5. As a last thought, talk about the importance of language and the words we use. Talk about the dangers in using words like “normal,” “alternative lifestyle,” or “choice.”

Gender Expression:

1. Define **Gender Expression** (The ways in which an individual communicates their gender to others through behavior, clothing, hairstyle, voice, etc.; not an indication of sexual orientation.)
2. Provide terms related to Gender Expression.

Feminine: A term used to describe the socially constructed and culturally specific gender behaviors expected of females.

Androgynous: A gender expression that has both masculine and feminine elements.

Masculine: A term used to describe the socially contrasted and culturally specific gender behaviors expected of males.

Sexual Orientation:

1. Define **Sexual Orientation** (Describes the emotional, romantic, and physical feelings of attraction usually over a period of time; it is distinct from sexual behavior.
2. Refer participants to [Child and Adolescent Development](#) handout for the following points:

“Some child and adolescent development research has suggested that during middle childhood (ages 6-12), individuals experience:

 - *First crush*
 - *Social comparison emerges. For those with same-sex attraction, they begin to notice differences.”*

Source: Adapted from Lightfoot, C., Cole, M., & Cole, S.R. (2009) The development of Children. Sixth Edition. Worth Publishers: New York.
 - *Chronological and developmental timelines do not always match up due to trauma, lack of support, and well-being (i.e. arrested development).*
3. Provide terms related to sexual orientation.

Heterosexual: feeling romantic, emotional, and sexual attraction to a person(s) of the opposite gender.

Lesbian: A term used to describe a woman attracted to another woman

Gay: A term used to describe a man who is attracted to another man; this may also be used by women attracted to other women.


Bisexual: A person who is attracted to people of their own gender as well as another gender.

Feelings of Attraction – First Crush




1. Ask participants the following:
 - *“What kind of visceral reaction do you have when you like someone or are attracted to them?”*
 - *“Is it involuntary or voluntary? In other words, do you choose to feel this way?”*
 - *“How old were you when you had those reactions?”*
 - *“If a 13-year old has a same-sex attraction and society says those visceral reactions are wrong, do you think this young person would want talk about it. Why or why not?”*
 - *“Do feelings of isolation and wrongness contribute to healthy growth and development (i.e. well-being)?”*

2. Clarify how referring to same-sex attraction as a “choice” or in a negative manner in conversations with youth can be received as dismissive and damage rapport-building or silence youth. Also, use this time to talk about words like preferred and lifestyle.
3. As time allows, dispel myths related to non-heterosexual attraction.

Booster: Attraction and Gender (cont'd)



Attraction and Gender

 <p style="color: red; font-weight: bold; font-size: 1.2em;">Gender Identity:</p>	<ul style="list-style-type: none"> • Spectrum • Not determined by body parts • Distinct from one another
 <p style="color: red; font-weight: bold; font-size: 1.2em;">Gender Expression:</p>	<ul style="list-style-type: none"> • Words to watch out for: lifestyle, choice, popular, phase, preference. • Avoid Assumptions
 <p style="color: red; font-weight: bold; font-size: 1.2em;">Sexual Orientation:</p>	<ul style="list-style-type: none"> • Different than sexual behavior

12

Key Points/Action Steps:

1. Use the following to dispel myths about sexual orientation and gender identity.
2. Talk about the difference between biological sex and gender.
3. Talk about the dangers in making assumptions about people based on their gender expression (you can really drive this point home during the de-brief of Kevin's Story).
4. Talk about the difference between sexual orientation (attraction) and sexual behavior. Give examples of assumptions people make regarding this. For example:
 - a. "She can't be gay, she is pregnant." This is an assumption because women can get pregnant no matter their sexual orientation, gender identity, or gender expression.
 - b. "I don't need to talk to my youth about safe sex because she is a lesbian." This is an assumption because everyone is susceptible to STDs and STIs regardless of their sexual orientation, gender identity and gender expression.
 - c. "I don't want my gay son to share a room with another youth because they might try something." This statement conflates predatory behavior and promiscuous behavior with LGBTQ identities. Predatory behavior and promiscuity have no correlation or link to LGBTQ identities.

Booster: Attraction and Gender

Function: Introduce practice tips on how to support LGBTQ youth using language.



How to Support LGBTQ Youth Using Language

- Allow youth to specify name, form of address, and pronoun.
- Allow youth to self-define.
- Use open-ended and non-judgmental questions.
- It's not about personal curiosity.

13

Key Points/Action Steps:

1. Highlight that this slide presents skills that practitioners can use to drive safety and well-being for all youth in respect to their sexual orientation and gender identity.
2. If participants push back against supporting a youth's gender identity, gender expression or sexual orientation, bring the resistance back to the permanency board and how respecting these aspects of a youth can increase the likelihood that the youth will achieve permanency.

Source: Jacobs, J., Marksamer, J., Reyes, C., & Wilber, S. (2007). Creating Inclusive Systems of Care for LGBT Youth-OHYAC training.

Unit Review

Function: Review important takeaways for the unit.



Unit 2: Grab bag goodies

- ✓ Gender expression is not an indicator of sexual orientation.
- ✓ Everybody has a gender identity.
- ✓ Sexual orientation is distinct from sexual behavior.
- ✓ Language carries meaning and can have an impact.



14

Key Points/Action Steps:

1. Introduce [Grab Bag Goodies](#) worksheet.
2. Ask participants to fill in the blanks as the facilitator reads each grab bag goodie.

Unit Review (cont'd)



True or False?

1. Different terms are used in different communities.
2. Terms are always changing.
3. It is important to allow individuals to self-define.
4. There are “in-group” and “out-group” words.
5. Words and language can be harmful.

15

Key Points/Action Steps:

1. Ask participants to respond “true” or “false” to the statements on the slide.
2. Facilitator can use “True or False” slide to clarify participant questions or inaccuracies in understanding. ***All statements on slide are true.***
3. Be prepared to give examples of each statement to solidify learning.

Source(s): "Creating Inclusive Systems of Care for LGBT Youth".

Examples:

- 1) Different Terms are used in different communities:
 - a. Two Spirit- a term traditionally used by Native American people to recognize individuals who possess qualities of, or fulfills roles of, both genders.
- 2) Terms are always changing
 - a. Transexual, homosexual, and hermaphrodite. These terms can be derogatory depending on context.
- 3) It is important to allow individuals to self define.
 - a. If we do not allow youth to self-define, we may never accurately identify the services

and resources they need. Letting young people self define is an easy intervention to keep them on the path to permanency.

- 4) There are “in group” and “out-group” words
 - a. The word queer can be considered an “in-group” and “out-group” word. When an individual identifies as queer, it can be an empowering term. When queer is used as a derogatory term against someone, it can be harmful.
- 5) Words and language can be harmful.
 - a. Words like choice, lifestyle, phase, preference should be avoided. These terms imply that being LGBTQ is a choice and that gender identity and sexual orientation can be changed. These terms are biased, and suggest that people should only be heterosexual and cisgender.

Unit Review (cont'd)

We do not know if a youth is LGBTQ, unless the youth tells us.

16

Key Points/Action Steps:

1. Ask participants to consider the practice tip as it relates to their professional practice serving youth.
2. Making assumptions about a youth's sexual orientation, gender identity or gender expression can hinder their permanency goal (the trainer can drive this point home when discussing Kevin's story).

Source: Jacobs, J., Marksamer, J., Reyes, C., & Wilber, S. (2007). *Creating Inclusive Systems of Care for LGBT Youth-OHYAC training.*

Unit 3: Recognizing and Intervening to Reduce Barriers

Purpose statement: The purpose of this unit is to increase knowledge of the barriers that may be present for LGBTQ youth. This knowledge will help participants recognize those barriers and how to intervene in order to strengthen permanency options and outcomes.

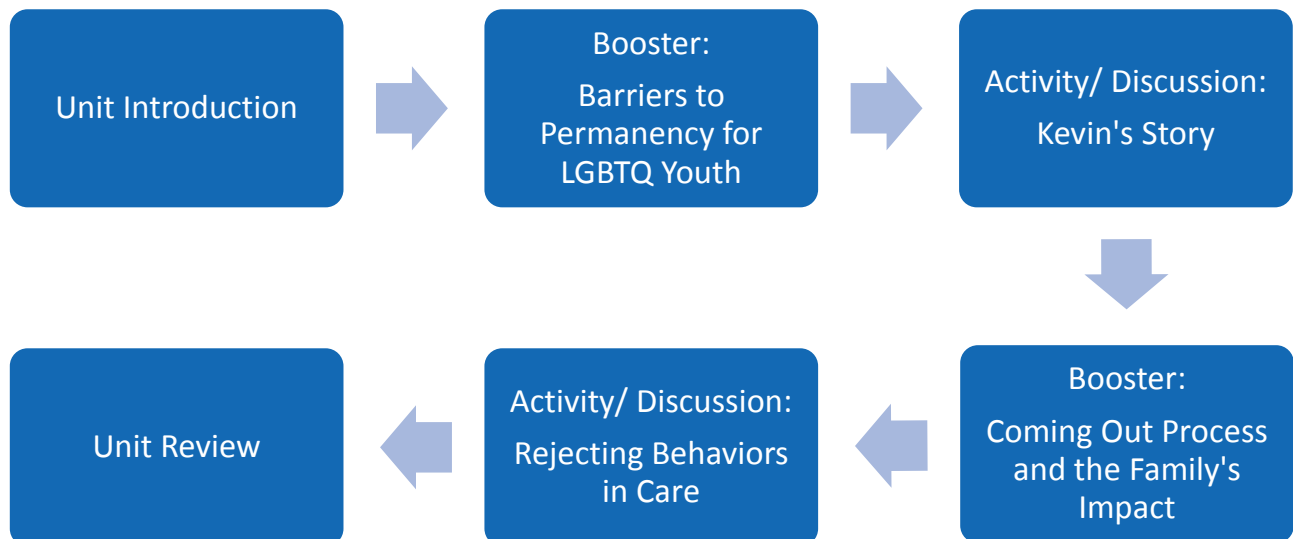
Learning Objectives:

- Recognize anti-gay and anti-transgender biases as well as heterosexism.
- Understand the potential benefits and challenges to coming out
- Understand the impact of accepting and rejecting behaviors on the health and well-being of LGBTQ youth

Materials Needed:

- ☐ Unit 3 Slides
- ☐ Kevin’s Story Transcription
- ☐ “Supportive Families, Healthy Children: Helping Families with Lesbian, Gay, Bisexual and Transgender Children” pamphlet
- ☐ Grab Bag Goodies
- ☐ In the Life Media (2012). “Foster Care’s Invisible Youth”
 - Antione Brown
 - Anwar Bible

Unit structure:



Unit Duration:

Unit Introduction

Function: Present unit purpose.

A presentation slide for Unit 3. It features a blue background with white text. The title is "Unit 3: Intervening to Reduce Barriers to Permanency". The slide is framed by a black border at the top and bottom, and a grey gradient background on the sides.

Unit 3: Intervening to Reduce Barriers to Permanency


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Key Points/Action Steps:

1. Present the purpose of this unit to the participants.
 - a. The purpose of this unit is to increase participants' knowledge of the barriers that may be present for LGBTQ youth. This knowledge will help participants recognize these barriers and how to intervene in order to strengthen permanency options and outcomes.

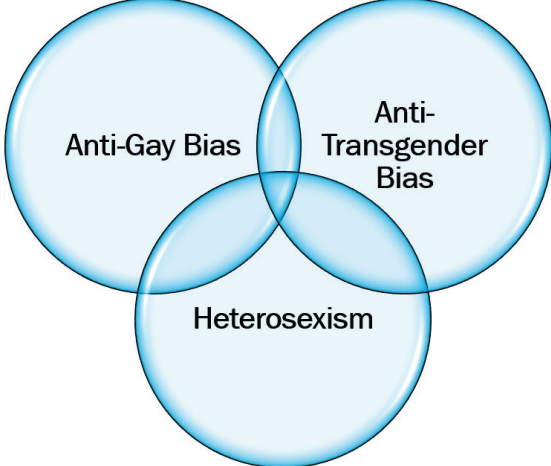
Booster: Barriers to Permanency for LGBTQ Youth

Function: Define terms to recognize barriers that may be present for LGBTQ youth in care.



Barriers to Permanency

Recognizing the Barriers to Permanency



19

Key Points/Action Steps:

1. Clarify the biases that can hinder permanency outcomes for LGBTQ youth. he
“LGBTQ youth may encounter these biases while in caregiving settings. As a result, these biases can become barriers to their permanency.”
2. Present, define and provide explicit examples of the three biases and the ways they create barriers for LGBTQ and gender-variant youth in caregiving settings:

The biases that inform behaviors:

- **Anti-gay bias**—*Hatred, discrimination or aversion to lesbian, gay and bisexual (LGB) people, people perceived to be LGB, or those associated with persons who are LGB.*
- **Anti-transgender bias**—*Hatred, discrimination or aversion to transgender or Gender Variant people, people perceived to be such, or those associated with persons who are transgender or gender variant.*
- **Heterosexism**- *a system of beliefs and biases that are informed by the idea that heterosexuality is the right way to be and the only way to be. Anything that is not heterosexual is wrong. → Similar to other “isms” (making this connection can build understanding for other people who may have experienced discrimination based on other “isms”).*
- **Heterosexual privilege**—*The privileges that heterosexual people have because of the societal assumption that all people are heterosexual and that heterosexuality*

is the only legitimate way to live ones life. Being heterosexual carries with it privileges that may be explicit or implicit.

- **Examples of heterosexual privilege:**
 - *More placement options for heterosexual youth*
 - *Not having the stress of coming out*
 - *Not having to worry about losing a placement when youth come out*
 - *Access to supports and resources*

Booster: How Biases Can Cause Barriers to Permanency

Function: Present information and issues about how biases can affect youth in systems of care.

In the Life Media Foster Care's Invisible Youth

Antoine Brown




18

Key Points/Action Steps:

1. Introduce video as:
"This snippet highlights how biases can impact a young LGBTQ person's experience in foster care. It also features the issues with group home placement as a default for LGBTQ youth in foster care."
2. Play video.
3. Ask participants: *"What are the different biases apparent in Antoine's story? When he enters the system, what does he want?"*
4. Facilitator should summarize discussion and set up the next conversation on how biases play out in systems of care. Antoine experiences anti-gay bias from his mother in the form of verbal and physical abuse. He wants a home, but was unable to find one. This could be the result of anti-gay bias, anti-transgender bias, or heterosexism. He also is unable to have a close relationship with his mother, due to her continued anti-gay bias.


Booster: Barriers to Permanency for LGBTQ Youth (cont'd)



Recognizing Biases in Care


How might biases **cause entry** into systems of care?

→




How might youth encounter biases **while in the child welfare system**?

→



How might biases **challenge permanency options**?

→



20

Key Points/ Action Steps:

1. Review the following slide as the places in a child's timeline where they are susceptible to the barrier to permanency and how this informs their portal into, within, and back into systems of care.
2. Emphasize that practitioner(s) have direct influence (or power) to recognize and intervene to reduce action/behaviors that can compromise the safety and well-being of youth in their care.
3. How might biases cause entry into systems of care? Family rejection and abuse around LGBTQ identity can lead to systems involvement. Youth may voluntarily enter the system if the family setting is rejecting. Due to widespread bias, LGBTQ youth might have less access to kinship care as an alternative to foster care.
4. How might youth encounter biases while in the child welfare system? Challenges finding foster/adoptive homes willing to take in an LGBTQ youth. Discrimination and bullying in group home settings. Encounters with case workers who are biased. Lack of access to LGBTQ specific resources.
5. How might biases challenge permanency options? Families of origin may not overcome their bias, which make family reunification difficult or impossible. Explain how trauma in care can influence a youth's behavior and challenge their access to durable, lifelong permanency resources. For example:
 - A child whose gender identity is not respected may repeatedly AWOL from placement and develop "running-away" as a response to hostile environments. The AWOLing is not at the core of what needs addressing. Instead, the external stress (as a result of the rejection faced regarding the child's gender identity) should be addressed.

- A child who experiences anti-gay language by peers and/or in the home may develop disruptive behaviors in response to the harassing behaviors. These disruptive behaviors may interfere with their healthy behavioral growth and development and result in a “hard-to-place” reputation.

Option to Deliver Slide:

Revisiting Antoine’s story (from the previous In the Life Media clip), what were the behaviors that caused Antoine to enter into the child welfare system? Once there, what barriers made it hard to place Antoine into a foster home? How can these barriers affect Antoine’s permanency options?

Antoine experiences anti-gay bias from his mother in the form of verbal and physical abuse. He wants a home, but was unable to find one. This could be the result of anti-gay bias, anti-transgender bias, or heterosexism on the part of the social worker or potential foster parents. He also is unable to have a close relationship with his mother, due to her continued anti-gay bias.

Activity/ Discussion: Kevin's Story

Function: Recognize the evidence of the biases in Kevin's Story and explore intervention opportunities.

Key Points/ Action Steps:

1. Distribute “Kevin’s Story Transcription” handout.
2. Ask participants to work in pairs or small-groups and read “Kevin’s Story Transcription.”
3. Ask participants to circle or underline behaviors/actions in the story that stem from the biases.
4. Inform participants that they are learning to identify behaviors/actions (i.e. discrimination, harassment, name-calling) and the biases associated with these behaviors/actions.
5. For example:

“Behaviors and actions (e.g. discrimination or harassment) based on or targeting the following include:

 - *Actual or perceived same-sex attraction -> Anti-gay bias*
 - *Perceived or actual gender identity -> Anti-transgender bias*
 - *Presentation of gender -> Anti-transgender bias”*
6. Facilitate a large group discussion using the following prompts:
 - *“What behaviors and/or actions did Kevin experience? “*
 - *“Did any of these behaviors stem from the biases? How? “*
 - *“What would you have done to address the behavior and/or action? “*

Examples to Present:

- 1) *“As a young girl, I was often called a tomboy.” –Anti-transgender bias because they are criticizing Kevin’s gender expression.*
- 2) *I was told that I would grow out of it. - This is an example of heterosexism because it implied that, with time, Kevin would fit into the role that society expected for him.*

- 3) *"I was told I would grow to like them." This is an example of heterosexism because it implied that, with time, Kevin would fit into the role that society expected for him.*
- 4) *"Everyone was calling me a lesbian. They called me a dyke, bull-dagger, lesbo." This is an example of anti-gay bias, because they were criticizing sexual orientation with derogatory comments.*
- 5) *"Nobody cared or bothered to ask me why I lashed out." – Point out to participants that people often label LGBT youth as problem youth without finding out the core issue. Kevin was being bullied and then "snapped." The bullying itself is anti-gay bias, because of the derogatory terms aimed at sexual orientation.*
- 6) *"All she did was listen. She did not judge me based on my looks or what was in my file." –Point out to participants the importance of active listening, avoiding assumptions, and letting youth self-define. By listening and avoiding assumptions this social worker was able to find the appropriate resources and services that improved Kevin's ability to find more permanent connections.*

Booster: Coming Out Process and the Family's Impact

Function: Present information and issues related (1) impact of barriers to permanency, (2) significance and challenges with coming-out process, (3) family reactions and links to health outcomes.

In the Life Media

Foster Care's Invisible Youth

Anwar Bible



22


Key Points/Action Steps:

1. Function: Present information and issues related (1) impact of barriers to permanency, (2) significance and challenges with coming-out process, (3) family reactions and links to health outcomes.
2. Introduce video as:
"This snippet features one youth's experience to coming-out in foster care."
3. Play video.
4. Ask participants, *"How old was Anwar when he realized he was gay? Why do you think he contemplated suicide? Why do you think the case worker says, it's not safe to question your sexuality in care?"*
5. Facilitator should summarize discussion and set up the next conversation on the Coming Out Process. Anwar realized he was gay when he was 5 years old and did not come out until several years later. He likely contemplated suicide because he experienced rejecting behaviors. There are many challenges that prevent youth from coming out and barriers that emerge once they do come out.

If participants do not point it out in discussion, explain that the assumption that Anwar would prey upon his younger brother is based on an anti-gay stereotype that incorrectly confuses gay people with sexual predators/molesters.

Booster: Coming Out Process and the Family's Impact (cont'd)

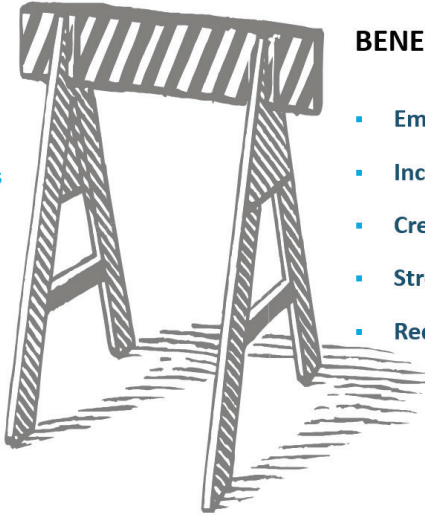
Function: Discuss the challenges and benefits to coming-out.



Coming-Out: Challenges and Benefits

CHALLENGES

- Internalized Bias
- Fear of losing loved ones
- Fear of rejection
- Fear of judgment
- Fear of violence and bullying



BENEFITS

- Empowerment
- Increased self-esteem
- Create wholeness
- Strengthen relationships
- Reduce stress of hiding

23

Key Points/Action Steps:

1. Define **Coming Out** (The process of acknowledging one's sexual orientation or gender identity to oneself and/or individuals in your life; often incorrectly thought of to be a one-time event, this is a lifelong and sometimes daily process)
2. Emphasize it as a developmental task that LGBTQ youth may need to complete which their non-LGBTQ peers do not have to complete.
3. Present and explain the following:

"Reasons individuals might not come out include:

 - *Internalized Bias- Believing society's messages that being LGBTQ is wrong.*
 - *Violence and/or bullying*
 - *Stress of hiding*
 - *Fear of judgment*
 - *Fear of losing loved ones*
 - *Fear of rejection*
4. Present the following:

"If someone wants to come out it can include the following benefits:

 - *Empowerment*
 - *Promote self-esteem*
 - *Creating wholeness*
 - *Strengthen relationships (this is important to strengthening stronger permanency)*


connections)

Talk about how these benefits can impact the youth's life. Give audience tangible examples. *For example, feeling empowered and having higher self-esteem can result in the youth doing better in school.*


5. Ask participants why they think youth may want to come out to friends and relatives.
6. Ask for reasons that may not have been addressed.
 - End the "hiding game"
 - Feel closer to family and friends
 - To get support and services
 - To start dating relationships
 - Be able to be "whole" around them
 - Stop wasting energy by hiding all the time
 - Feel like they have integrity
 - To make a statement that "gay is ok"
 - To be true to themselves
 - To hear that no matter what their gender is they will be supported
6. Highlight the understanding of coming out as *"an opportunity to deepen relationships and connections for LGBTQ youth with the people who are important in their lives."*
7. Connect to permanency: *if we are able to lower the barriers to coming out, we can provide space for youth to be their true selves and work on strengthening lifelong connections (which is what permanency is all about). Lowering the barriers also enables us to provide the youth with appropriate resources and support.*

Booster: Coming Out Process and the Family's Impact (cont'd)

Function: Discuss the different emotions a person might feel after someone comes out to them.



How might a person feel after someone comes out to them?



Grateful

Disbelieving Appreciated

Guilty Scared

Angry Shocked

24

Key Points/Action Steps:

1. Present reactions to coming out.
2. Families have their own processes around the youth's coming out.
3. Explain that these feelings are common (especially as a result of being socialized in a society with biases).
4. To transition into "Supportive Families, Healthy Children" pamphlet, emphasize that actions and reactions have been linked to health and mental health outcomes.
5. "How might a caregiver feel when a youth comes out to them?" Ask for share-outs. If valuable, link answers back to the coming out process.
For example: A participant was angry because it took their LGBTQ loved one a long time to come out. This is a good opportunity to talk about the difficulty of the coming-out process and all of the challenges the youth might be facing.

Source: Jacobs, J., Marksamer, J., Reyes, C., & Wilber, S. (2007). *Creating Inclusive Systems of Care for LGBT Youth-OHYAC training.*

Booster: Coming Out Process and the Family's Impact (cont'd)

Function: Introduce Supportive Families, Healthy Children material.

RISE
A PROJECT OF THE LOS ANGELES LGBT CENTER

Rejecting behaviors can negatively impact LGBTQ youth.

<u>Rejecting Behaviors</u>		<u>Unhealthy Outcomes</u>
Blaming		<ul style="list-style-type: none"> ▪ Attempted suicide ▪ High levels of depression ▪ High risk for HIV and STDs & STIs ▪ Use illegal drugs
Shaming		
Excluding		
Name-Calling		

Ryan, C. (2009). Supportive families, healthy children: Helping families with lesbian, gay, bisexual & transgender children. San Francisco, CA: Marian Wright Edelman Institute, San Francisco State University. (pp. 9)


25

Key Points/Action Steps:

1. Present the following as the types of reactions youth reported experiencing when disclosing their sexual orientation and/or gender identity to a family member.
2. Inform participants that the data is taken from [“Supportive Families, Healthy Children: Helping Families with Lesbian, Gay, Bisexual and Transgender Children”](#) which highlights the linkages between family rejection and health and mental health outcomes (e.g. suicide, illegal drug use, etc.).
3. Present the following:
 - *“The research presents family rejection on a scale of:*
 - *High rejection: physical violence, emotional abuse, verbal abuse, forced to leave the home*
 - *Moderate rejection can be some negative reactions, some positive reactions. Example: “I love you, but you can’t bring your partner to the house”*
 - *Being a little less rejecting and a little more accepting can improve health and mental health outcomes.*
 - Distribute the publication: Ryan, C. (2009). [Supportive Families, Healthy Children: Helping families with Lesbian, Gay, Bisexual, and Transgender Children](#). San Francisco, CA: Marian Wright Edelman Institute, San Francisco State University.
4. *Provide examples:*
 - a. *Blaming: a boy gets bullied for wearing nail polish to school and the foster mom says, “if*

you wouldn't wear nail polish, you wouldn't get bullied."


- b. Shaming: "Telling the youth that their gender expression embarrasses you."*
 - c. Excluding: A group home excludes a transgender youth from outings because they don't want to deal with the 'bathroom situation.'"*
 - d. Name Calling: Allowing other youth in the home to call an LGBTQ youth derogatory names.*
5. Ask participants, *"By show of hands, have you seen or heard about these behaviors in your work? With who and where?"*
 6. Include the following statistics from the "Supporting Healthy Families..." guide:
"LGBT youth who were highly rejected by their parents were:
 - More than 8 times as likely to have attempted suicide*
 - Nearly 6 times as likely to report high levels of depression*
 - More than 3 times as likely to use illegal drugs*
 - More than 3 times as likely to be at high risk for HIV and sexually transmitted diseases."*

Booster: Coming Out Process and the Family's Impact (cont'd)


Accepting behaviors can positively impact LGBTQ youth.


Accepting Behaviors

- Require respect
- Support
- Advocate
- Express Affection



Healthy Outcomes

- Higher self-esteem
- Have closer relationships with family
- Believe they can be a healthy happy adult
- Better overall health



Ryan, C. (2009). Supportive families, healthy children: Helping families with lesbian, gay, bisexual & transgender children. San Francisco, CA: Marian Wright Edelman Institute, San Francisco State University. (pp. 9)


26

Key Points/ Action Steps:

1. Indicate the list of positive health outcomes linked to the behaviors under acceptance (or affirming/supportive behaviors). Give examples of each.
 - a. Require Respect: Do not allow other youth and family members to call the youth derogatory names.
 - b. Support: Take the youth to LGBTQ events or provide them with LGBTQ resources.
 - c. Advocate: When the youth gets bullied at school for wearing nail polish, go to the school and ask about their anti-bullying policy.
 - d. Express Affection: Compliment the youth and be sure to include them in outings and gatherings.
2. Ask the participants the following: Why do you think that these may lead to healthy outcomes?
3. Deliver statistics about healthy adults from page 12 of the Family Acceptance Project/Caitlyn Ryan study.
4. Inform participants of the following:
 - *RISE has the FAP/Caitlyn Ryan study free for distribution.*
 - *Materials are written at 10th grade reading level*
 - *Education guide is available in Mandarin, English, and Spanish*
 - *Copies are available online: <http://familyproject.sfsu.edu/publications>*

Source: Ryan, C. (2009). *Supportive families, healthy children: Helping families with lesbian, gay, bisexual & transgender children*. San Francisco, CA: Marian Wright Edelman Institute, San Francisco State University

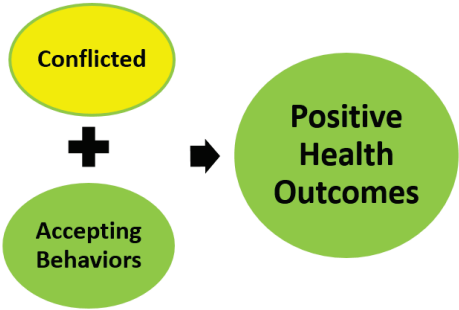
Booster: Coming Out Process and the Family's Impact (cont'd)

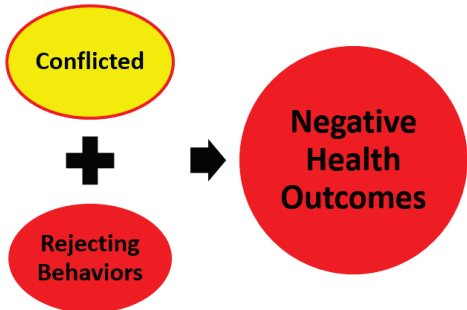


Think Before Acting

Not knowing what to do happens. People may feel

- **Conflicted or unsure about how to react**
- **Disappointed by child's orientation or identity**
- **Concerned for your child's safety**





Ryan, C. (2009). Supportive families, healthy children: Helping families with lesbian, gay, bisexual & transgender children. San Francisco, CA: Marian Wright Edelman Institute, San Francisco State University. (pp. 9)

27

Key Points/Action Steps:

1. Present the following:
 - *“Uncertainty and conflicting feelings can happen. However, it is important to express accepting behaviors to improve the youth’s health outcomes.”*
 - *“Parents can have feelings of uncertainty and/or concern when a LGBTQ youth comes out. However, you want to process these feelings away from the youth.”*
2. Present the slide as a reminder: *“To think before we act because know the impact of reactions to coming-out on health outcomes.”*

Source: Ryan, C. (2009). *Supportive families, healthy children: Helping families with lesbian, gay, bisexual & transgender children*. San Francisco, CA: Marian Wright Edelman Institute, San Francisco State University.

Activity/Discussion: Rejecting Behaviors in Care

Function: Allow participants to explore/identify professional behaviors that can present barriers for LGBTQ youth in care.



Discussion

What might rejecting behaviors look like in caregiving settings?

How might these behaviors create barriers to a youth's permanency plan?

28

Key Points/Action Steps:

1. Ask participants to respond to the following:
“What might rejecting behaviors look like in caregiving settings?”
“How might they create barriers to a young person’s coming out and/or interfere with permanency pathways?”
- Examples of Rejecting Behaviors:
 - Revisit Kevin’s Story handout
 - Exclusion from group activities and outings
 - Refusal to intervene to stop bullying, harassment and/or abuse
 - Denying a youth’s sexual orientation, gender identity, or gender expression and/or making rejecting comments about it.
2. If not presented, ask participants to consider the behaviors they may see in young people as responses to rejecting behaviors (i.e. AWOLing, acting-out, etc.)

Unit Review

Function: Review/highlight important takeaways for the unit.



Unit 3: Grab bag goodies

- ✓ Biases can create barriers to permanency.
- ✓ Coming-out is the process of disclosing one's sexual orientation and/or gender identity.
- ✓ Accepting behaviors can lead to stronger relationships with families.



29

Key Points/Action Steps:

1. Introduce [Grab Bag Goodies](#) worksheet.
2. Have the participants fill in the blanks as the facilitator reads each grab bag goodie.

Unit Review (cont'd)



True or False?

1. Coming out can promote self-esteem.
2. Positive health outcomes are linked to accepting behaviors.
3. Youth can experience their own internal struggle with anti-transgender bias, anti-gay bias, and/or heterosexism.

30

Key Points/Action Steps:

1. Ask participants to respond “true” or “false” to the statements on the slide.
2. Facilitator can use the “True or False” slide to clarify participant questions or inaccuracies in understanding. ***All statements on slide are true.***

Unit Review (cont'd)

Regard the coming-out process as an opportunity to strengthen families and increase support for LGBTQ youth.

31

Key Points/Action Steps:

1. Coming out is looked at as something that destabilizes families, but with early interventions and support, we can use the coming out process as a way to strengthen family connections.

Unit 4: Supporting and Affirming LGBTQ Youth towards Permanency

Purpose statement: The purpose of this unit is to increase practitioner’s knowledge understanding of the ways affirming environments impact the safety, well-being and permanency outcomes of LGBTQ youth.

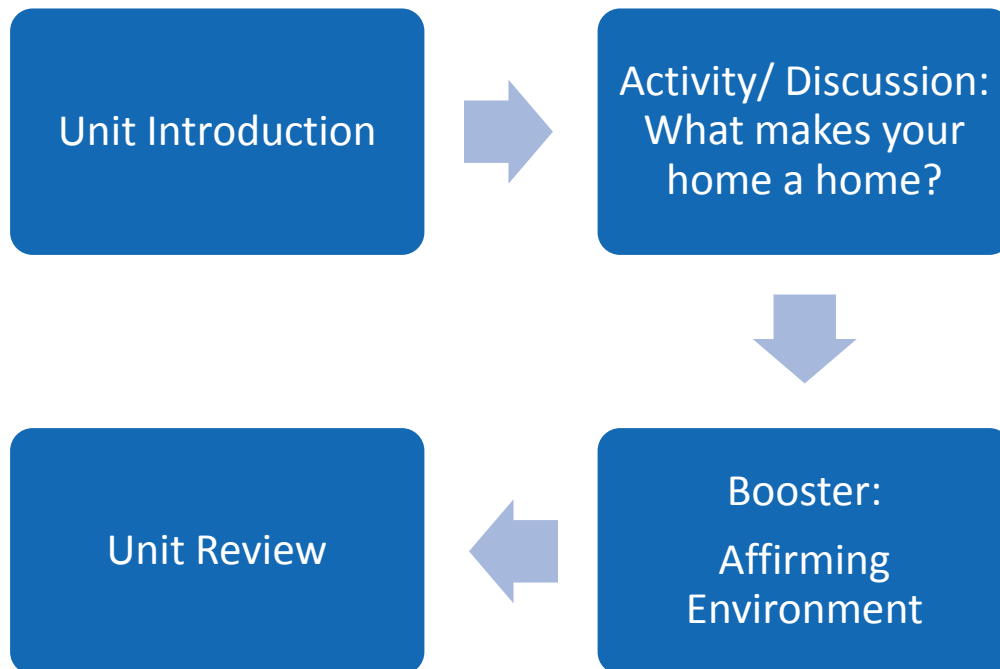
Learning Objectives:

- Understand the potential positive impacts of environmental cues and linkages to permanency.

Materials Needed:

- ❑ Unit 4 Slides
- ❑ Creating a Brave Space
- ❑ Brave Space (8.5x11) Poster
- ❑ Brave Space Full Size Poster
- ❑ Grab Bag Goodies
- ❑ In The Life Media (2012). Foster Care’s Invisible Youth
 - Fannie Hubbard

Unit Structure:



Unit Duration:

Unit introduction

Function: Present unit purpose.

**Key Points/Action Steps:**

1. Present the purpose of this unit to the participants.
2. The purpose of this unit is to increase practitioner's knowledge of the function and use of affirming environments as it relates to outcomes of safety, well-being, and permanency.
3. Define affirming environment: a space where a youth sees themselves reflected, feels supported, and safe to be who they are.

Activity/ Discussion: What makes your home a home?

Function: Allow participants to critically think about the different aspects of what a home provides.



What makes your home a home?



33

Key Points/Action Steps:

1. This slide provides opportunities for participants to explore what makes them feel safe and supported in their homes.
2. Discussion Activity Prompts:
 - *“What makes your home a home?”*
 - *“How does your home reflect who you are?”*
 - *“What can you do to help a youth feel at home in your agency?”*
 - *“How can you make the physical environment feel safe and welcoming of LGBTQ youth?”*
3. LGBTQ affirming environmental cues can help youth feel welcome, safe, and supported.


Booster: The Impact of a Positive Environment

Function: Present the video and discuss the importance of affirming environments for LGBTQ youth.

Fannie Hubbard

In the Life Media

Foster Care's Invisible Youth



39

Key Points/Action Steps:

1. Introduce video as:
“This snippet features the power of affirming environments in contributing to the safety and well-being for LGBTQ youth in foster care.”
2. Play video.
3. Ask participants, *“What did you see or hear that made Fannie’s experience affirming?”*
4. Fannie talks about how positive her environment is. She is allowed to express her gender in clothing that she feels comfortable in. She had LGBTQ people in her life as role models and a network of support.

Booster: Affirming Environments

Function: Increase participants' knowledge of the function and impact of an affirming environment and review [Creating A Brave Space](#).

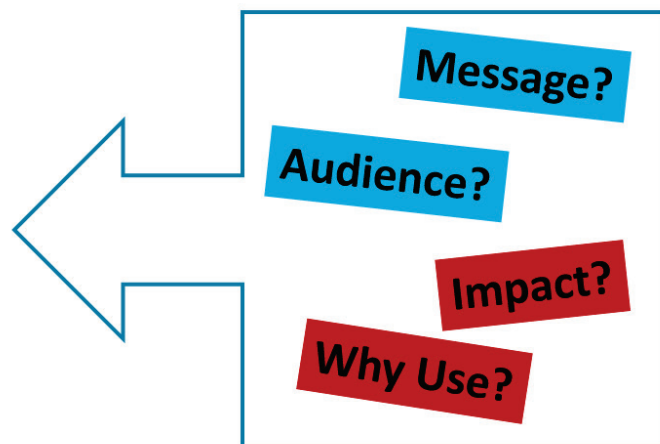


Affirming Environments

Creating and sending messages of **safety and well-being**.



Environmental Cues



34

Key Points/Action Steps:

1. Present the following assessment questions to increase participants' ability to assess environmental cues using the "The Brave Space" poster.
2. Encourage participants to use the assessment questions to assess symbolism, impact, audience, and why they might use this cue.
3. Affirming spaces can increase opportunities for permanency by decreasing feelings of isolation and invisibility.
4. What message is this image trying to convey?
This poster encourages people to celebrate who they are and conveys a positive message about support and acceptance. Additionally, the poster conveys that no discriminatory remarks will be tolerated.
5. Who is the intended target audience?
The poster is intended to be a bright symbol of safety and support for LGBTQ youth. LGBTQ youth often look for affirming symbols that communicate

that they are safe. This poster is inclusive and encourages the celebration of all people. It is also intended to put everyone on notice that heterosexism, anti-gay bias, anti-transgender bias, racism and sexism are not acceptable in the environment.


6. How does this image's message impact the environment?

This poster sets the tone for the environment. It creates opportunities for accountability since everyone is on notice regarding what the space is about and not about.

7. Why would this image be used?


This image can be used to promote visibility of LGBTQ youth and to convey a message of support and safety. By doing so, we can reduce barriers to coming out and challenges associated with being out. If we can reduce these barriers, we can provide better resources and supports for LGBTQ youth.

Booster: Affirming Environments (cont'd)



Brave Space Poster

- Visible to youth
- High-traffic area
- Avoid visual clutter



Key Points/Action Steps:

1. Distribute [Creating A Brave Space](#) and [Brave Space Poster](#).
2. Inform participants that the Brave Space Poster is RISE's example of an environmental cue that supports the creation of affirming environments and contributes to the safety and well-being of all youth.
3. Review sheet with participants.
4. Provide clarity by answering any questions participants might have about hanging the poster.

Unit Review

Function: Review/highlight important knowledge take aways for the unit.



Unit 4: Grab bag goodies

- ✓ Affirming spaces are inclusive and welcoming environments.

- ✓ Environmental cues can communicate what the space is about and not about.

**Key Points/Action Steps:**

1. Introduce [Grab Bag Goodies](#) worksheet.
2. Have the participants fill in the blanks as the facilitator reads each grab bag goodie.

Unit Review (cont'd)

1. Affirming spaces are supportive environments where youth can feel safe discussing all aspects of their identity.
2. Environmental cues use imagery and symbolism to convey important messages.
3. Lack of environmental cues can convey messages about the environment regarding safety and well-being.

37

Key Points/Action Steps:

1. Ask participants to respond “true” or “false” to the statements on the slide.
2. Facilitator can use “True or False” slide to clarify participant questions or inaccuracies in understanding. ***As a note, all statements on slide are true.**

Unit Review (cont'd)

Practice Tip

Use environmental cues to help LGBTQ youth feel welcome and safe.

38

Key Points/Action Steps:

1. Ask participants to consider the following as it relates to their professional practice and foundation in serving children and youth.

Option to Present:

Environmental cues can be a useful tool in helping youth feel welcome and safe. In some agencies, seeing the Brave Space poster has given youth the courage to come out to staff, start inclusive youth groups on campus, or seek out help and resources around their sexual orientation, gender identity, or gender expression.

Unit 5: Empowering the Professional for Permanency

Purpose statement: The purpose of this unit is to increase knowledge of the legal framework and professional responsibilities in place to increase the safety, well-being, and permanency outcomes of LGBTQ youth.

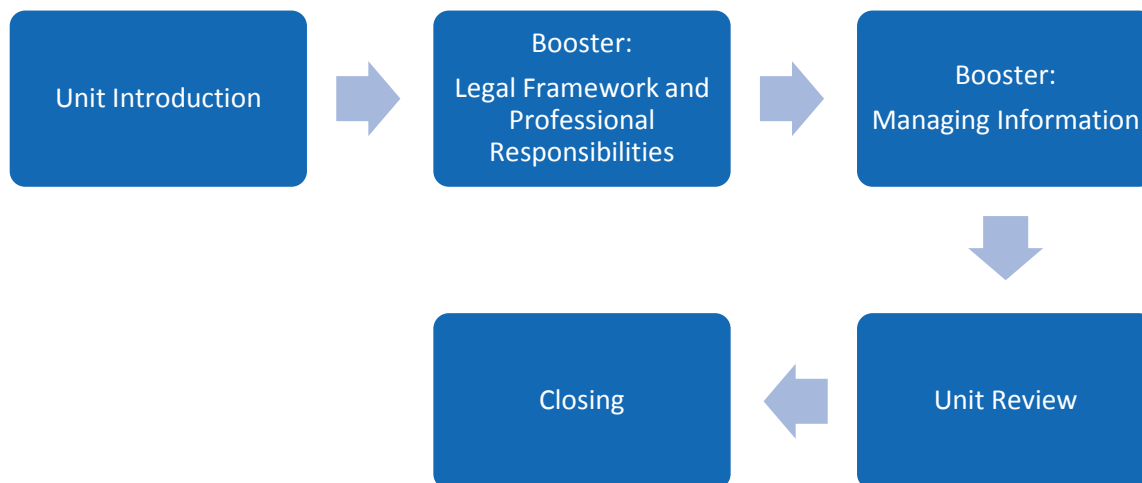
Learning Objectives:

- Review state and federal laws protecting the rights of LGBTQ youth
- Discuss managing information about a youth's sexual orientation or gender identity

Materials Needed:

- Unit 5 Slides
- Laws and Policies
- Managing Information
- Grab Bag Goodies

Unit structure:



Unit Duration:

Unit Introduction

Function: Present Unit Purpose.

**Key Points/ Action Steps:**

1. Present the purpose of this unit to the participants.
2. The purpose of this unit is to increase knowledge of the legal framework and professional responsibilities in place to increase the safety, well-being, and permanency outcomes of LGBTQ youth.

Unit Introduction (continued)

True or False?

1. Caretakers have a legal obligation to intervene during instances of bullying and harassment.
2. Caretakers have a legal obligation to protect a foster youth's freedom of speech and expression.
3. Title 22 addresses "gender identity" as it relates to room arrangements.

41

Key Points/Action Steps:

1. Ask participants to respond "true" or "false" to the statements on the slide.
2. Facilitator can use "True or False" slide to clarify participant questions or inaccuracies in understanding. ***All statements on slide are true.***

Booster: Legal Framework and Professional Standards

Function: Increase Knowledge of the Legal framework that is in place to protect LGBTQ youth.



Federal and State: Legal Framework



- ∞ All foster youth in California have fair and equal access to services, placements, treatment and benefits. (AB458)
- ∞ LGBTQ youth have the right to be placed in a setting that has had LGBTQ training. (AB1856)
- ∞ Reparative Therapy is outlawed for minors in California and is recognized as a harmful practice. (SB1172)
- ∞ Schools and agencies must respond to LGBTQ harassment and violence. (AB537)
- ∞ Students have the right to use facilities that match their gender identity. (AB1266)

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Key Points/Action Steps:

1. Distribute [Laws and Policies](#) and explain the format of the handout so participants can navigate it on their own.
2. Present slide and provide clarity for each point **if necessary**.
3. **Explain that these are California laws, and not just best practice tips.**

AB 458 Adds to rights of foster children

*"It is the policy of the state that all children in foster care shall have the right to have **fair and equal access** to all available services, placement, care, treatment, and benefits, and to **not be subjected to discrimination or harassment** on the **basis of actual or perceived race, ethnic group identification, ancestry, national origin, color, religion, sex, sexual orientation, gender identity, physical or mental disability, or HIV status.**" Cal. Welfare & Inst. Code § 16001.9(a)(22)*

AB 1856

This law requires LGBTQ competency training for foster care administrators and caregivers

(including foster parents). These trainings should include information on LGBTQ competency, sensitivity, and best practices for working with LGBTQ youth.

SB1172

Reparative therapy, also called “corrective” or “conversion” therapy, attempts to change a person’s sexual orientation and/or gender identity. Scientific studies and anecdotal accounts show that reparative therapies can cause significant mental harm and emotional distress. Major mental health and child welfare associations have condemned these practices. SB1172 makes it illegal for licensed mental health professionals in California to use reparative therapy practices on youth under the age of 18. For more information and testimonials on this law, direct participants to the National Center for Lesbian Rights’ website.

AB 537

This law changed California’s Education Code to protect students from discrimination and harassment based on their actual or perceived sexual orientation and gender identity.

AB 1266

This law protects the rights of transgender and gender-variant youth to participate in sex-segregated programs, activities, and facilities that are aligned with their gender identity. If participants push back against this law, guide them in a discussion that helps them weigh their own discomfort versus the real threats to safety for transgender and gender-variant youth.

Booster: Legal Framework and Professional Standards (cont'd)


Regulatory and Professional Responsibilities



Community Care Licensing: Title 22

Professional Responsibilities



43

Key Points/Action Steps:

1. Present the slide and highlight the following:
89387 BUILDINGS AND GROUNDS 89387:
 “(2) Children of the opposite sex shall not share a bedroom unless each child is under five years of age.
 - (A) A minor parent may share a bedroom with the minor parent's child of the opposite sex.
 - (B) Nothing in this section shall preclude a caregiver from requesting a Documented Alternative Plan (LIC 973) permitting a "child" to be in a bedroom based on their gender identity.”

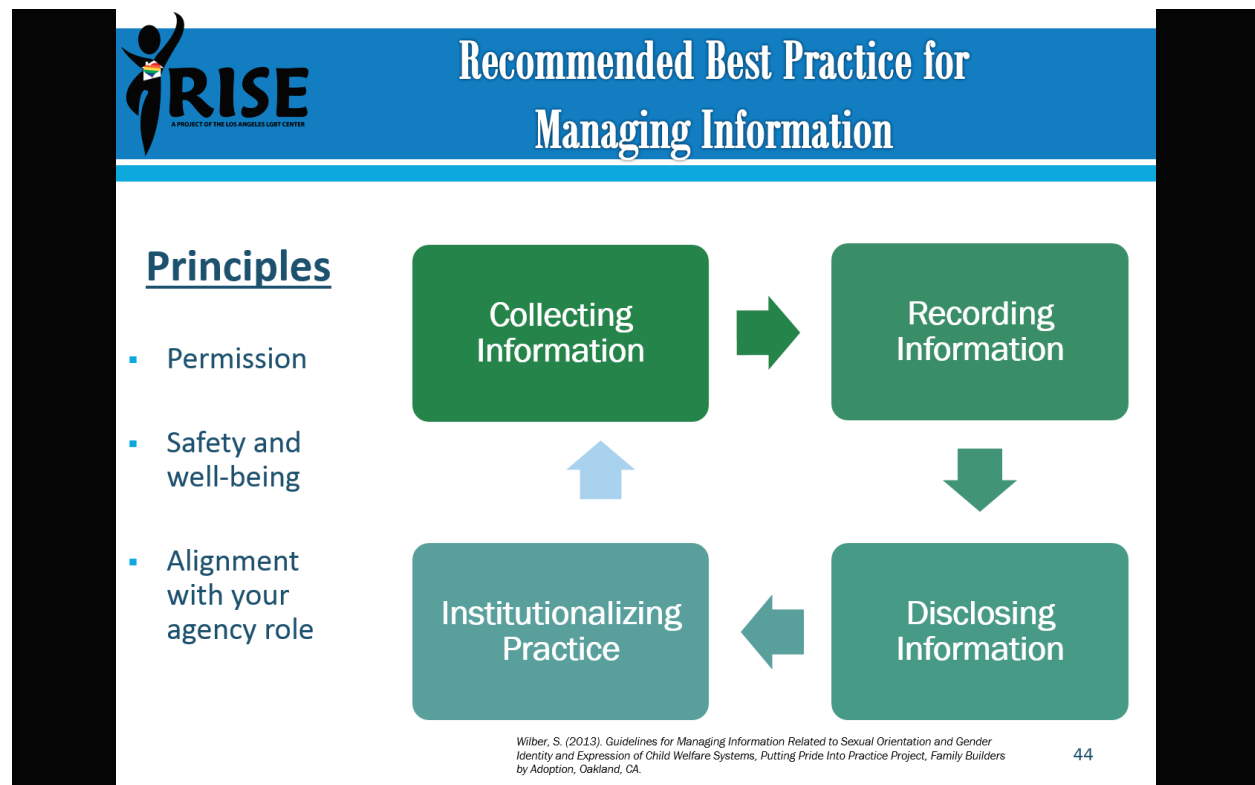
The law only states: “Nothing in this section shall preclude a caregiver from requesting a Documented Alternative Plan (LIC 973) permitting a "child" to be in a bedroom based on their gender identity.”

2. Discuss the professional responsibilities/ codes of ethics

3. The major professional organizations for social service and mental health professionals have each included prohibitions against discrimination based on gender identity, gender expression, and sexual orientation in their individual codes of ethics. These organizations include the Child Welfare League of America, the National Association of Social Work, the American Psychological Association, the American Counseling Association, and the American Psychiatric Association. For more information, participants should contact the appropriate professional organization.

Booster: Managing Information

Function: Increase knowledge regarding managing information related to a youth's sexual orientation, gender identity and/or gender expression.



Key Points/Action Steps:

1. Distribute [Managing Information](#) handout.
2. Present the following slide and highlight the principles behind managing information.
3. It is important to have a safe space before you record information. It might be dangerous to the youth otherwise.
4. **Collecting Information**- Intake forms and protocols- should allow child welfare personnel to document each child's biological sex, gender identity, and gender expression so that proper resources and supports can be rendered to the youth. Only include this information with the young person's permission.
5. **Recording Information**- Information related to the youth's sexual orientation, gender identity and gender expression should only be recorded and put into court reports when it is absolutely necessary to the outcome of the court's decision. The worker preparing the report should discuss this in length with the youth and assess any fears the youth has around the dissemination of this information. Ensure that the young person fully understands the potential repercussions of giving this information and gives permission.
6. **Managing Information**- Regard children as the principle owners of the information and actively involve them in the decision making process on whether to disclose this information or not.
7. **Institutionalizing Practice**- Written policies and procedures governing the management of information related to sexual orientation, gender identity and gender expression need to be written, and with the youth's safety and well-being in mind.
8. Explain to participants that it is not only the physical safety that must be attended to. The youth's mental and emotional safety should also be considered.

Unit Review

Function: Highlight important takeaways for the unit.



Unit 5: Grab bag goodies

- ✓ Children and youth have the right to have fair and equal access to non-discriminatory care.

- ✓ Safety, well-being, and permanency are the foundations of managing information.



45

Key Points/Action Steps:

1. Introduce [Grab Bag Goodies](#) worksheet.
2. Have the participants fill in the blanks as the facilitator reads each grab bag goodie.

Unit Review (cont'd)

Practice Tip

Inquire about your agency's nondiscrimination policy and ensure that all youth and staff are aware of the policy.

46

Key Points/Action Steps:

1. Ask participants to consider the following practice tip as it relates to their professional practice serving youth.

Unit Review (continued)

In the Life Media

Foster Care's Invisible Youth

Natalie O'Neal



47

Key Points/Action Steps:

1. Introduce video as: *“This snippet shows the additional difficulties some LGBTQ youth may face when aging out of foster care. The video also addresses the need for systemic change in child welfare agencies regarding the treatment and permanency planning for LGBTQ youth.”*
2. Play video.
3. Close with:

In the video, you may recall Mary saying, “without permanent connections or a network of support, many youth who age out of care will be homeless within six months.” How many times do you see this play out with the youth in your care? In the second half of this training, we are going to practice methods to intervene and support LGBTQ youth toward permanency.

Closing (cont'd)

Function: Close training.

**Works cited**

- » Girl's Best Friend Foundation & Advocates For Youth. (2005). Creating Safe Space for GLBTQ Youth: A Tool Kit. Retrieved from <http://www.advocatesforyouth.org/storage/advfy/documents/safespace.pdf>.
- » In the Life Media. (2012). A Day in Our Shoes. Retrieved from <https://www.youtube.com/watch?v=ZXv1-fHd6Ug>.
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- » Jacobs, J., Marksamer, J., Reyes, C., & Wilber, S. (2007). Creating Inclusive Systems of Care for LGBT Youth-OHYAC Training.
- » National Association of Social Workers and Lambda Legal. (2009). Moving the margins: Training Curriculum for child welfare services with Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) youth in out-of-home care.
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- » Ryan, C. (2009). Supportive Families, Healthy Children: Helping Families with Lesbian, Gay, Bisexual & Transgender children. San Francisco, CA: Marian Wright Edelman Institute, San Francisco State University.
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- » Wilber, S. (2013). Guidelines for Managing Information Related to Sexual Orientation and Gender Identity and Expression of Child Welfare Systems, Putting Pride Into Practice Project, Family Builders by Adoption, Oakland, CA.

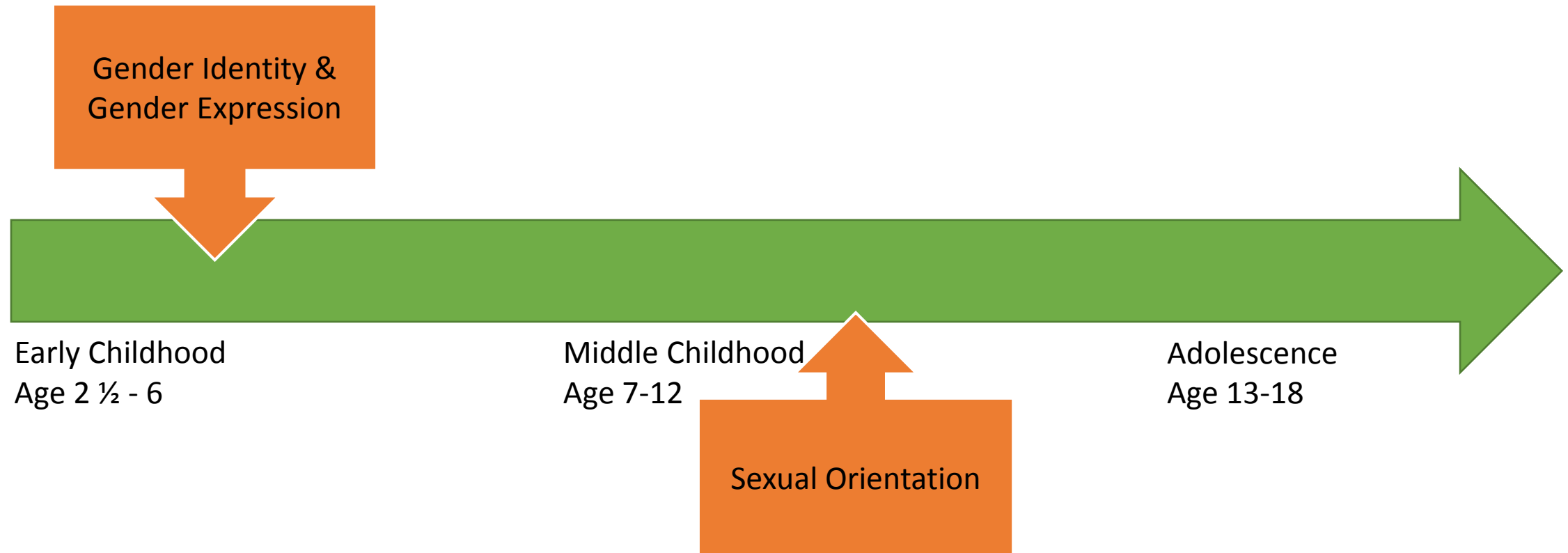
49

Key Points/Action Steps:

1. Reference and acknowledge contributions made by the individuals and/or organizations on the "Works Cited" slide.
2. Encourage participants to ask any remaining questions.

Healthy Development

When do we become aware of our own gender identity and sexual orientation?





The RISE Initiative is funded by the Children's Bureau, Administration on Children, Youth and Families, Administration for children and Families, U.S. Department of Health and Human Services, under grant number 90-CT-0154.

Managing Information Related to Sexual Orientation, Gender Identity and Gender Expression (SOGIE)

Guiding Principles



- SOGIE information is personal and sensitive. Sharing it inappropriately or without a youth's permission could compromise the permanency, safety and well-being of an LGBTQ child.
- An agency should only collect this information when its staff has full competency working with LGBTQ youth and protocols to guide collection and dissemination decisions.
- Information gathering is a continuous process. Children develop and change. Involve youth when recording their information.
- Failure to understand the whole child can lead to uninformed decisions that may undermine the permanency, safety and well-being of an LGBTQ child.

Collecting Information

- Create options on intake forms to document gender identity and gender expression. Collect this confidential information with a youth's best interest in mind.
- Agency staff should decide the most appropriate time and manner to collect SOGIE information. Base this decision on a youth's age, stage of development, personality, cognitive abilities and level of trust.
- Develop staff competency to skillfully and sensitively discuss gender identity and sexual orientation with children and adolescents.
- Avoid classifying or evaluating a youth's SOGIE to redirect or change them. Attempting to "correct" someone's SOGIE can mentally and emotionally harm them. Only collect this information to explore support and resource needs.

Recording Information



- Capture each youth's story and summarize the agency's actions to strengthen the family and keep the child safe.
- Identify the source of SOGIE information in the case file and limit the information recorded to that which furthers a youth's permanency, well-being and safety.
- Remember that case file information is used to develop court reports and recommendations. Consider what SOGIE information needs to be included or excluded.
- Only include SOGIE information in court reports when there is a specific rationale for doing so and all precautions have been taken to minimize unnecessary sharing with third parties, which could result in potential negative impacts on the youth.

Disclosing Information

- Engage youth in a discussion PRIOR to sharing their SOGIE information. Allow them to ask questions and clarify their wishes. Problem solve to minimize potential negative consequences and, if necessary, amend the information that will be shared.
- If sharing SOGIE information is legally required due the nature of a DCFS case or an open suspected child abuse report, engage the youth in this process. Ensure they know what is being shared and why. Seek any necessary additional support for them.
- Be thoughtful and cautious about any decision to share SOGIE information in writing, verbally, and digitally. Identify the rationale for sharing this information (especially if a youth does not give their permission).

Note: Federal and state confidentiality provisions protect information contained in child welfare agency files.

Best Practice: Disclose SOGIE information only if the youth has given permission.

Institutionalizing Practice



- Develop written policies and procedures governing the management of information related to a youth's SOGIE.
- Ground agency policies, practices, training and supervision related to SOGIE on a foundation of credible research and considerations regarding the safety, permanency and well-being of youth.
- Consult with your agency's legal counsel to ensure policies and practices meet all legal standards and requirements.
- Provide on-going training, supervision and support for all agency staff regarding the management of SOGIE .

Adapted from:

Wilber, S., Ryan, C., and Marksamer, J. (2006). CWLA Best Practice Guidelines: Serving LGBT Youth in Out-of-Home Care. Washington, DC: Child Welfare League of America.

Wilber, S. (2013). Guidelines for Managing Information Related to the Sexual Orientation and Gender Identity and Expression of Children in Child Welfare Systems, Putting Pride Into Practice Project, Family Builders by Adoption, Oakland, CA.



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Laws and Policies Protecting LGBTQ Youth from Discrimination

Federal Laws and Policies Protecting LGBTQ Youth from Discrimination

1st Amendment

Limits the right of public systems to censor a young person's speech or expression. Protects the right of a youth to be "out," display symbols of pride, and wear clothing consistent with their gender. The 1st Amendment also gives youth the right to be free of religious indoctrination.

14th Amendment-Due Process Protections (Right to Safety)

The right to "reasonably safe conditions of confinement" and "freedom from unreasonable bodily restraint." Youth have a right to physical and emotional safety, adequate food, shelter, clothing and appropriate medical care.

14th Amendment-Equal Protection

Requires public systems to protect LGBT youth to the same extent as other youth and respond to harassment. It also provides equal treatment in the provision of placements and services and equal access to programs.

California Laws and Policies Protecting LGBTQ Youth from Discrimination

Providing Safe, Supportive Homes for LGBT Youth AB 1856

Requires foster care administrators, group home staff and foster parents to complete training on LGBT cultural competency, sensitivity and best practices with a goal of improving care and outcomes for LGBT youth in foster care.

California Foster Care Nondiscrimination Act-AB 458

All foster children in California have the right to fair and equal access to all available child welfare services, placements, care, treatment, and benefits, and to not be subjected to discrimination or harassment on the basis of actual or perceived sexual orientation or gender identity.

All persons engaged in providing care and services to foster children shall have fair and equal access to all available programs, benefits, services, and licensing processes, and shall not be subjected to discrimination or harassment on the basis of their clients or their own, actual or perceived sexual orientation or gender identity.

County child welfare departments, group home facilities, and foster family agencies have a legal responsibility to provide care, placement, and services to foster children, family members, foster parents, and service providers without discriminating on the basis of actual or perceived sexual orientation or gender identity.

Sexual Orientation Change Efforts SB 1172

Prohibits mental health professionals from using "conversion therapy" to attempt to change a minor client's sexual orientation.

School Success and Opportunity Act (AB 1266)

Protects the rights of transgender and gender non-conforming students to participate in sex-segregated programs and activities that are aligned with their gender identity. This right includes participation on sports teams and in physical education classes. It also protects the rights of youth to use facilities (restrooms and locker rooms) in alignment with their gender identity.

California Senate Bill 731

Youth in out-of-home care have the right to be placed in homes and facilities according to their gender identity, regardless of their biological sex.

California Student Safety and Violence Prevention Act – AB 537

AB 537, the California Student Safety and Violence Prevention Act of 2000, changed California's Education Code by adding actual or perceived sexual orientation and gender identity to the existing nondiscrimination policy. State law says that "gender" means sex, and includes a person's gender identity and gender related appearance and behavior whether or not stereotypically associated with the person's assigned sex at birth." The nondiscrimination policy also prohibits harassment and discrimination on the basis of sex, ethnic group identification, race, ancestry, national origin, religion, color, or mental or

physical disability. AB 537 protects students and school employees against discrimination and harassment at all California public schools and any school receiving state funding except religious schools.

Personal Rights-California Code 22 CCR 80072

Youth shall have personal rights that include being free to attend religious services or activities of their choice and have visits from the spiritual advisor of their choice. Attendance at religious services shall be on a completely voluntary basis.

Civil Rights Act of 2007-AB 14

LGBT Californians receive protections from discrimination in state-funded programs and activities.

Nondiscrimination in State Programs and Activities-SB 1441

LGBT Californians protected from discrimination in state-operated and funded services, activities, and programs.

Juvenile Justice Safety and Protection Act-SB 518

Protects LGBT youth against discrimination and harassment in the state's juvenile justice facilities.

Omnibus Hate Crimes Act-SB 1234

Makes the state definition of a hate crime consistent throughout law to protect all Californians.

Los Angeles County Policies Protecting LGBTQ Youth from Discrimination

All DCFS clients have a right to file a complaint against any DCFS employee, contractor, vendor, or consultant if they perceive they have been discriminated against because of sexual orientation or gender identity. The complaint must be filed within 180 days of the allegation and will receive a response within 90 days. (Los Angeles County Policy of Equity, July 2011. P.7)

Code of Ethics Policies Protecting LGBTQ Youth from Discrimination

Marriage and Family Therapists	American Psychological Association	American Counseling Association	National Association of Social Workers
Marriage and family therapists do not condone or engage in discrimination, or refuse professional service to anyone on the basis of gender identity, gender expression, or sexual orientation.	The American Psychological Association’s policy statement on Transgender, Gender Identity, and Gender Expression Non-Discrimination “supports efforts to provide safe and secure educational environments, at all levels of education, as well as foster care environments and juvenile justice programs, that promote an understanding and acceptance of self and in which all youths, including youth of all gender identities and expressions, may be free from discrimination, harassment, violence, and abuse.”	Counselors do not condone or engage in discrimination based on gender identity or sexual orientation. Counselors do not discriminate against clients, students, employees, supervisees, or research participants in a manner that has a negative impact on these persons.	<p>Social workers should obtain education about and seek to understand the nature of social diversity and oppression with respect to sexual orientation and gender identity or expression.</p> <p>Social workers should not practice, condone, facilitate, or collaborate with any form of discrimination on the basis of sexual orientation and gender identity or expression.</p>

For more information on laws and policies that affect LGBTQ youth visit: http://www.nclrights.org/site/DocServer/LGBTQ_Youth_In_Child_Welfare_System.pdf?docID=1581



The RISE Initiative is funded by the Children’s Bureau, Administration on Children, Youth and Families, Administration for children and Families, U.S. Department of Health and Human Services, under grant number 90-CT-0154.

THIS IS A

BRAVE SPACE

WHERE WE

EMBRACE
ENCOURAGE
CELEBRATE
WHO WE ARE!

NO HOMOPHOBIC, TRANSPHOBIC,
RACIST OR SEXIST PUT DOWNS
AND REMARKS ARE TOLERATED.



RISE

A PROJECT OF THE L.A. GAY & LESBIAN CENTER



The RISE Initiative is funded by the Children's Bureau, Administration on Children, Youth and Families, Administration for children and Families, U.S. Department of Health and Human Services, under grant number 90-CT-0154.

Grab Bag Goodies

Unit Two: Recognizing the Impact of Language

1. Gender _____ is not an indicator of sexual orientation.
2. Everybody has a _____.
3. Sexual _____ is distinct from sexual behavior.
4. _____ carries meaning and can have an impact.

Unit Three: Intervening to Reduce Barriers to Permanency

1. _____ can create barriers to permanency.
2. _____ is the process of disclosing one's sexual orientation and /or gender identity.
3. _____ behaviors can lead to stronger relationships with families.

Unit Four: Supporting and Affirming towards Permanency

1. Affirming Spaces are _____ and welcoming environments.
2. _____ can communicate what the space is about and not about.

Unit Five: Empowering the Professional

1. Children and youth have the right to have fair and equal access to _____.
2. Safety, well-being, and _____ are at the foundation of managing information.

The GRANTEE PROJECT/PROGRAM is funded by the Children's Bureau, Administration on Children, Youth and Families, Administration for Children and Families, U.S. Department of Health and Human Services, under grant number 90-CT-0154.



RISE LGBTQ+ Glossary

The definitions offered here can help when navigating the often ever-changing world of LGBTQ+ terminology. Please remember, however, not to impose these words as labels upon people who identify as LGBTQ+. Ask people how they self-identify and about language that makes them feel safe. If they choose to avoid self-identifying terms, honor their decision—doing this will clearly indicate their right to be themselves and to be safe.

Affirm: To acknowledge or assert as fact; here, to assert one's own sexual orientation or gender identity strongly and publicly *or* to openly acknowledge and publicly assert the rights and dignity of LGBTQ+ people.

Ally: A person or organization that actively aligns and uses their resources to support individuals and communities with a specific issue. Here, an individual who openly supports and affirms the rights and dignity of LGBTQ+ people may be considered an ally.

Androgynous: A gender expression that has both masculine and feminine elements.

Agender: Agender individuals may find that they have no gender identity, or a gender identity that is neutral. Agender is an identity under the nonbinary and transgender umbrella terms.

Anti-Gay Bias: Hatred of, discrimination against, or aversion to lesbian, gay, and/or bisexual (LGB) people; people perceived to be LGB; and/or those associated with persons who are LGB; often referred to as homophobia.

Anti-Transgender Bias: Hatred of, discrimination against, or aversion to transgender or gender-variant people, people perceived to be transgender or gender variant, and/or those associated with persons who are transgender or gender variant; often referred to as transphobia.

Asexual: A person who experiences little to no sexual attraction.

Bigender: A gender identity in which an individual identifies as two genders. These can be any two genders and can be experienced in many different ways.

Binarism: Hatred of, aversion to, and/or discrimination against people whose identities exist outside of the gender/sex binary.

Binary: Consist of, indicating, or involving two.

Biological Sex: The sex assigned at birth by a doctor based on physical anatomy and hormones. Designations include male, female, and intersex; also referred to as assigned sex at birth.

Bisexual: A person who is attracted to people of their¹ own gender, as well as another gender.

Cisgender: A description for a person whose gender identity and biological sex align (e.g., a person identifies as a man and was assigned male at birth by a doctor.)

Cisgender Privilege: The implicit and explicit privileges that cisgender people exercise. For example, the privileges include freedom from questions about one's anatomy (often by strangers) and from frequent misgendering. Cisgender people also enjoy a presumed "validity" as a man/woman/human, and this validity is not based on surgical procedures or how well one "passes" as a man/woman/human, etc.

Coming Out: The process of acknowledging one's sexual orientation or gender identity to oneself and/or individuals in one's life; often incorrectly thought of to be a one-time event, this is a lifelong and sometimes daily process.

Conversion Therapy: A range of discredited practices that falsely claim to change a person's sexual orientation, gender identity, and/or gender expression. These practices have been rejected by every mainstream medical and mental health organization.

Cross Dress: To cross dress is to wear clothing most often associated (in one's culture and historical timeframe) with people of the other gender.

Demisexuality: A sexual orientation in which someone feels sexual attraction only to people with whom they have an emotional bond. Demisexuals are considered to be on the asexual spectrum, meaning they are closely aligned with asexuality, but not quite asexual.

Drag Queen/Drag King: Someone who dresses and acts like the opposite gender for entertainment purposes; usually does not self-identify as transgender.

External Oppression: Occurs when an individual, group, or force with privilege and/or power harms an individual or group without those privileges.

Female-to-male (FTM): A person who transitions from female to male; a person who was assigned female at birth but identifies and lives as a male. Similar self-identifications for this term may include transgender man, transgender boy, or transman.

Feminine: A term used to describe the socially constructed and culturally specific gender behaviors expected of females.

¹ In order to respect gender identity and fluidity, this manual will use "they" and "them" as gender neutral pronouns when referring to an individual or person. Gendered pronouns like "he" and "she" are uncomfortable and limiting for some who do not identify with the gender binary.

Gay: A term used to describe a man who is attracted to another man; this term may also be used by women attracted to other women.

Gay-Straight Alliance (GSA): Formal organization of LGBTQ+ and straight people in support of the dignity and rights of LGBTQ+ people, usually developed in the context of creating change in educational institutions and environments.

Gender: Social and cultural expression of sex; different than *biological sex*.

Gender Affirmation Surgery (also known as Gender Reassignment Surgery): The surgical procedure (or procedures) by which a transgender person's physical appearance and function of their existing sexual characteristics are altered to resemble that of their identified gender.

Gender Binary: The idea that there are only two genders (males/females and man/woman) and that a person must be strictly gendered as either/or.

Gender Conformity: Acting within socially and culturally expected gender roles.

Gender Dysphoria: A DSM-5 diagnosis described as an incongruence between a person's experienced gender and the gender others assign to them. Gender dysphoria replaces "gender identity disorder."

Note: Persons experiencing gender dysphoria need a diagnostic term that protects their access to care and won't be used against them in social, occupational, or legal areas. When it comes to access to care, many of the treatment options for this condition include counseling, cross-sex hormones, gender reassignment surgery, and social and legal transition to the desired². Experiencing gender dysphoria is not meant to connote that the individual is "disordered".

Gender Expansive: An umbrella term used for individuals that broaden commonly held definitions of gender, including its expression, associated identities, and/or other perceived gender norms, in one or more aspects of their life.

Gender Expression: The ways in which an individual communicates their gender to others through behavior, clothing, hairstyle, voice, etc.; not an indication of sexual orientation.

Gender Fluid: An individual whose gender identity may continually change throughout their lifetime. These individuals may not feel confined within the socially and culturally expected gender roles and, in fact, may identify differently from situation to situation.

Gender Identity: One's internal, personal sense of their gender. Gender identity can be represented as a spectrum and an individual may move around this spectrum. Some terms that are associated with this spectrum are male, female, agender, gender fluid, genderqueer, trans*, transgender, and two-spirit.

² <http://www.dsm5.org/documents/gender%20dysphoria%20fact%20sheet.pdf>

Gender Neutral: Anything (such as clothing, styles, activities, or spaces) that a society or culture considers appropriate for anyone, irrespective of gender; anything that carries with it no particular gender associations.

Gender Nonconformity: Expressing gender and/or having gender characteristics that do not conform to the expectations of society and culture; also referred to as gender variant or gender creative.

Gender Role: Culturally or socially determined sets of attitudes and behaviors that are expected of an individual based on their assigned sex at birth or perceived sex.

Genderqueer (also gender queer): An umbrella term some people use to describe when their gender identity falls out of the binary of male or female.

Gender Variant: Expressing gender and/or having gender characteristics that do not conform to the expectations of society and culture; also referred to as gender nonconformity or gender creative.

Heterosexism: A dominant notion that everyone is heterosexual (or should be) and that heterosexuality is superior, better, and preferred.

Heterosexual: Feeling romantic, emotional, and sexual attraction to a person(s) of the opposite gender with which one identifies; sometimes referred to as being “straight”.

Heterosexual Privilege: The privileges that heterosexual people have because of heterosexism. Being heterosexual carries with it privileges that may be explicit or implicit, such as the right to marry, adopt children, be a foster parent, and receive fair employment, etc.

Homosexual: Feeling romantic, emotional, and sexual attraction to a person(s) of the same gender with which one identifies. Although some individuals may identify with this term, it is now a dated term that has negative connotations and is considered derogatory.

Identity: What, how, and who one perceives oneself to be; a multi-faceted component of self-concept and can evolve throughout one’s life span.

In the Closet: The intentional concealment of an individual's own gender identity and/or sexual orientation, usually due to fear of discrimination and/or violence; can cause isolation and psychological pain.

Internalized Oppression: The process by which a member of an oppressed group comes to accept and live out the inaccurate myths and stereotypes applied to the group.

Intersex: A general term constructed to describe a variety of conditions for a person born with an anatomy that someone decided is not standard (or typical) to be defined as male or female due to chromosomal, hormonal, and reproductive differences. These differences can include extra or missing

chromosomes, elements of both male and female reproductive systems, or genitalia that do not appear clearly male or clearly female at birth.

Lesbian: A term used to describe a woman who is attracted to another woman.

LGBTQ: An acronym for Lesbian, Gay, Bisexual, Transgender, and Questioning or Queer.

Male-to-female (MTF): A person who transitions from male to female; a person who was assigned male at birth but identifies and lives as a female. Additional self-identifications for this term may include transgender woman, transgender girl, and transwoman.

Masculine: A term used to describe the socially constructed and culturally specific gender behaviors expected of males.

Misgender: To refer to another person as a gender with which they do not identify. This could be done intentionally to cause emotional and psychological harm or unintentionally because of assumptions.

Out: Openly acknowledging one's sexual orientation and/or gender identity; may be partial (that is, out to some people and not to others); sometimes referred to as being **“out of the closet”**.

Outed: When someone else accidentally or deliberately reveals another's sexual orientation and/or gender identity, usually without permission.

Pangender (and/or Omnigender): A non-binary gender experience, which refers to a wide multiplicity of genders that can (or not) tend to the infinite (meaning that this experience can go beyond the current knowledge of genders). This experience can be either simultaneous or over time.

Pansexual: A sexual orientation characterized by a potential aesthetic attraction, romantic love, and/or sexual desire for a person regardless of gender identity.

Pride: National, citywide, and neighborhood local events and programs, usually during the month of June, in celebration of the ongoing fight for equality for LGBTQ+ people.

Queer: Historically, this was a derogatory slang term used to identify LGBTQ+ people. It is now a term that some LGBTQ+ people are reclaiming and embracing as a symbol of pride that represents all individuals who fall outside of gender and sexual orientation “norms.”

Questioning: Being unsure of where one's primary attraction or gender identity lies.

Safe Space: A place where anyone can relax and fully express themselves without fear of being made to feel uncomfortable, unwelcome, or unsafe on account of biological sex, race/ethnicity, sexual orientation, gender identity, gender expression, cultural background, age, and/or physical or mental ability; a place where the rules guard each person's self-respect and dignity and strongly encourage everyone to respect others.

Same-Gender Loving: A term created within the African American LGBTQ+ community and used by some people of color who see gay and lesbian as terms more connected to a white lesbian or gay identity.

Sex Binary: The classification of sex into two distinct, opposite, and rigidly fixed anatomical options—male or female—both grounded in a person’s physical anatomy.

Sexism: Discrimination and unfair treatment based on sex or gender in which privilege is usually afforded to men and not women.

Sexual Behavior: The physical, intimate acts one may do with another person(s); distinct from sexual orientation.

Sexual Orientation: Describes the emotional, romantic, and physical feelings of attraction (usually over a period of time); distinct from sexual behavior.

Stealth: This term refers to when a person chooses to be secretive in the public sphere about their gender history, either after transitioning or while successful passing; also referred to as “going stealth” or “living in stealth mode”.

Stem: An urban term often used by young people of color to describe a female-bodied person who gender expresses between what’s traditionally considered masculine and feminine. Stems generally appear androgynous, rather than adhering to strictly feminine or masculine norms and gender identities.

Stud: An urban term often used by young people of color to describe a female-bodied person who gender expresses masculine. The sexual orientation of a stud is usually lesbian. Terms like stud are used in urban communities of color because the words lesbian and butch historically were not used to talk about women of color with same gender attractions. In nonurban settings, studs are usually referred to butch.

Third Gender: Is the concept that individuals are categorized, either by themselves or by society, as neither man nor woman. It also describes a social category present in those societies that recognize three or more genders.

***Trans:** An umbrella term that refers to all non-cisgender identities within the gender-identity spectrum.

Transgender: An individual whose gender identity differs from their biological sex.

Transsexual: A medical term historically used to identify a person who has undergone hormone and surgical treatments to attain the physical characteristics that affirms their gender identity. Although some individuals may identify as transsexual, this term is now generally considered a derogatory term.

Transition: A term used to describe the process of moving from one sex/gender to another, sometimes this is done by hormone or surgical treatments.

Transvestite: A person who sometimes wears clothing traditionally worn by and associated with the opposite sex. Transvestite should not be confused with transgender or transsexual; transvestites are often happy with their gender and have no desire to change their sex, but simply enjoy being able to cross dress from time to time. When speaking of, to, or about an individual who identifies as transgender, the term transvestite is typically seen as derogatory.

Trigender: A trigender people experience exactly three gender identities, either simultaneously or varying between them. These three gender identities can be male, female, and/or any non-binary identities.

Two-Spirit: A term traditionally used by some Native American people to recognize individuals who possess qualities or fulfill roles of both genders; often considered part male and part female or wholly male and wholly female; often revered as natural peacemakers, as well as healers and shamans.



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RISE adapted this LGBTQ+ glossary from the following sources:

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Facilitation Tools

Participation guidelines:

The ORB training team used five participation guidelines to establish initial group norms in each training space. At the beginning of each training, participants were asked to read the following guidelines and agree to them.

1. There is no pressure to share with the group.
2. Participants will only speak from their own experiences.
3. Everyone in the training space will value confidentiality, and personal sharing will stay within the group.
4. We will all avoid side conversations and share comments with the general group.
5. Lastly, we will all be open to each other's thoughts and feelings, even when they differ from our own.

Trainer guidelines:

The ORB trainers developed seven standard principles to guide them in training spaces. These guidelines were not briefed to participants, but each trainer had to agree to implement the following guidelines in the training space.

1. Keep in mind that you must create a safe space for everyone in the room.
2. When you hear bias, call it out, and make sure to use that as an opportunity for participants to grow and learn.
3. When you get an off-topic question or comment, try and tie it back to the learning content to keep the training on track.
4. Use a combination of breaks, small group work, and large group work to break up training monotony and keep participants engaged.
5. When handling hard questions, make sure to always relate back to best practice guidelines, professional associations, or research. Remind participants that we have the youth's safety and well-being in mind.
6. Rely on your co-trainer when you need to. Before a training, develop a plan for switching during the presentation of material.
7. Remember that participants can also be negatively affected by anti-gay bias, anti-transgender bias, and heterosexism.

Question guidelines:

The team used question guidelines to facilitate the training and off-topic or tangential discussions back toward the curricula's learning objectives.

"If the question is related to the content I am discussing, I will answer it right away. If the question is related to content coming up, I will ask you to hold onto it, and I will tell you when your question will be addressed. If your question is about something unrelated to the topic, I will ask you to come speak with me at lunch or after the training."

Pivot line guidelines:

Trainers often reported hearing comments or questions that were out of the ordinary or difficult to facilitate. As a result, the ORB team developed the following 10 pivot lines to keep conversations on track with the curriculum's learning objectives.

1. What do you think about that (throw it out to the group, and buy yourself some time)?
 - a. If you had to take a stab at it, what would you say?
 - b. Have any of you (trainees) had experience in this?
2. That's interesting. Can you tell me more about that?
3. That's interesting. What about that concerns you? (Use "what" questions instead of "why.")
4. It seems like there are several layers to that story, and they might take a while to peel back. Let's meet after the training to discuss it.
5. We want to stay away from "why" questions and just focus on how we can support LGBTQ+ youth in our care.
6. In the interest of time, let's hold our questions until the end.
7. We will go over that topic in a few slides, so I will wait to answer your questions until then.
8. That's an interesting point. How do you think you could apply that same concept to youth in the child welfare system?
9. Let's tie that comment back into the training.
10. What would you do in that situation?

Frequently Encountered Biased Questions and Statements

The statements and questions participants posed in RISE LGBTQ-competency trainings often revealed layers of implicit and explicit bias. This document is a compilation of the most frequently encountered biased questions and statements. The intervention statements provided are responses that trainers can use. The supporting research sections provide additional background and contextual information for trainers. Linkages back to the curriculum are also provided to assist in streamlining the flow of information and to help trainers and participants make connections between the material and their questions. When possible, the specific bias is named (e.g., anti-gay bias, anti-transgender bias, and, heterosexism).

I don't want to promote this lifestyle.

Intervention Statement:

Supporting a youth's self-definition promotes healthy adolescent development. The major medical, psychological, and health associations agree that lesbian, gay, bisexual, and transgender identities are as normative and healthy as heterosexual and cisgender identities. Regardless of our religious or cultural conflicts, our professional obligations require us to use affirming behaviors and actions when working with LGBTQ+ youth. Failure to support LGBTQ+ youth can result in devastating health outcomes for this population.

Identifying the Bias:

This comment involves a complicated blend of anti-gay bias, anti-transgender bias, and heterosexism. Essentially, the statement conveys that the speaker will only support youth who are willing to follow societal expectations that all youth will grow up to be heterosexual and fit into heteronormative gender roles and expressions.

Supporting Research:

In the 1970s, major health organizations including the American Psychological Association, American Psychiatric Association, and the World Health organizations removed same-gender attraction from their catalogues of mental health disorders. The National Association of Social Workers, American Medical Association, and American Counseling Association each include language in their policies and/or codes of ethics that prohibit discrimination against people based on their sexual orientation and gender identity.

The National Association of Social Workers, American Medical Association, and American Counseling Association each include language in their policies and codes of ethics that prohibit discrimination against people based on their sexual orientation and gender identity.

Using best practices and affirming behaviors will significantly increase the likelihood that LGBTQ+ youth will grow into happy and healthy adults.¹ The Child Welfare League of America's Best Practice Guidelines

¹ Ryan, C. (2009). *Supportive families, healthy children: Helping families with lesbian, gay, bisexual & transgender children*. San Francisco, CA: Marian Wright Edelman Institute, San Francisco State University.

for Serving LGBTQ+ Youth in Out-of-Home Care require that agencies adopt policies that permit youth to do the following:

- Discuss their sexual orientation and gender identity with other youth, adults, and staff
- Talk about their feelings of attraction without fear of punishment, harassment, or ridicule
- Join extracurricular activities for LGBTQ+ youth and receive LGBTQ-specific services and resources
- Display symbols of LGBTQ+ pride in their personal space.²

The U.S. Constitution guarantees the rights of LGBTQ+ youth to freely express their sexual orientation and gender identity (1st amendment) and to receive equal access to services and benefits without fear of punishment and unnecessary isolation or restriction (14th amendment). Thus, current social services best practices are also legal obligations, making agencies and employees who violate these rights and laws legally liable.

Link Back to Curriculum:

There are several potential links back to the training material for this statement. Unit 2's discussion of sexual orientation, gender identity, and sexual information informs participants that sexual orientation and gender identity are not lifestyles. Reminding participants about the Unit 3 discussion of acceptance and rejection can help participants see that silence or hesitation is not acceptance. Failing to affirm a youth is actually rejection and can have serious consequences for young people. It is also possible to link to Unit 5's legal discussion. Young people have a constitutional right to be open about their gender identity and sexual orientation and to access necessary supports and services.

Why are we focusing so much on the gay movement when we are still dealing with race issues that no one wants to talk about?

Intervention Statement:

I agree that conversations about race should be happening within child welfare systems and agencies, especially considering the disproportionate representation of youth of color in the child welfare system. For today, I want you to know that our discussion of LGBTQ+ youth is also predominately about youth of color. The vast majority of foster youth who self-identified as LGBTQ+ in a Williams Institute survey also identified as youth of color.

Identifying the Bias:

Although this statement points out a need to address racial bias in the child welfare system, it is also an example of anti-gay bias. The statement subtly asserts that discrimination based on sexual orientation, gender identity, and gender expression should be secondary to responses to other forms of bias and discrimination. The statement also creates a false dichotomy or either/or proposition. As the research shows, the majority of the children affected by anti-gay and anti-transgender biases identify as youth of color. Child welfare workers need to recognize and respond to biases against all facets of a youth's identity.

² Out of Home Youth Advocacy Council. (2007). *Creating Inclusive Services for LGBT Youth in Out of Home Care*. Retrieved from http://www.nclrights.org/wp-content/uploads/2013/07/Preface_OHYAC_training_FINAL.pdf.

Supporting Research:

The LA Foster Youth Survey released by UCLA's Williams Institute in 2014 found that 19 percent of youth in DCFS custody in LA identify as LGBTQ+. Of this self-identified population, almost 94 percent identified as youth of color (54 percent Latino, 28 percent Black, 3 percent American Indian, 3 percent Asian Pacific Islander, and 4 percent multi-racial). A large number of youth of color in the child welfare system are dealing with racism, as well as anti-gay bias, anti-transgender bias, and heterosexism.

Consider the different ways that a gay-identified, gender-variant Latino boy will experience bias in foster care as opposed to his straight-identified, gender-conforming Latino counterparts. The LA Foster Youth Survey found that LGBTQ+ youth in care were more than twice as likely to spend time in group homes when compared with their straight counterparts. LGBTQ+ survey respondents were also more likely to report mistreatment while in the child welfare system.³ Young people living within and navigating multiple oppressed identities can experience various and simultaneous forms of discrimination that can affect their permanency outcomes and result in significant risk factors like drug use and sexual exploitation.⁴

Service providers must respond to the whole child and understand how the intersections of multiple identities can affect a youth's own well-being, family dynamics, and pathways to permanency.

Link Back to the Curriculum:

Tie this discussion back to permanency. Child welfare professionals are likely attuned the obstacles that youth of color face in the child welfare systems and once they age out. Explain that for LGBTQ+ youth anti-gay bias, anti-transgender bias, and heterosexism do not replace these obstacles; they only compound them and increase the difficulty LGBTQ+ youth of color have finding permanent, healthy adult connections.

My youth was sexually abused and now they think they are gay, but they really are not.

Intervention Statement:

This is a common myth. Studies have shown that sexual abuse does not determine sexual orientation. As the National Child Traumatic Stress Network explains, sexual orientation is about attraction and takes years to develop. It's also important to note that most LGBTQ+ youth have NOT experienced sexual abuse.⁵

³ Wilson, Bianca D.M., Khusk Cooper, Angeliki Kastanis, and Sheila Nezhad. (2014) Sexual and Gender Minority Youth in Foster Care: Assessing Disproportionality and Disparities in Los Angeles. Retrieved from: http://williamsinstitute.law.ucla.edu/wp-content/uploads/LAFYS_report_final-aug-2014.pdf.

⁴ Ragg, D. Mark, Dennis Patrick, and Marjorie Ziefert. 2006. Slamming the closet door: Working with gay and lesbian youth in care. *Child Welfare* 85(2): 243-266.

⁵ National Child Traumatic Stress Network, Child Sexual Abuse Collaborative Group. (2014). *LGBTQ youth and sexual abuse: Information for mental health professionals*. Retrieved from http://www.nctsn.org/sites/default/files/assets/pdfs/lgbtq_tipsheet_for_professionals.pdf.

Identifying the Bias:

This statement is an example of anti-gay bias. The bias evoked here can have roots in many stereotypes and myths. The speaker may believe that gay youth are likely to engage in cycles of abuse in which they are the victim and will ultimately become the perpetrator. It may be helpful to point out that while traumatized youth may re-enact their abuse, this again says nothing about the youth's sexual orientation. Youth who re-enact the abuse they experienced need support and resources regardless of their sexual orientation.

Supporting Research:

The National Child Traumatic Stress Network offers guidelines to practitioners working with LGBTQ+ youth who have been sexually abused. Practitioners should recognize that young people may experience confusion after their abuse. For those youth who identified as LGBTQ+ before the abuse, they may fear that their orientation or identity caused the abuse. Other youth may not begin to question their sexual orientation until after the abuse. Practitioners should also recognize that youth may be struggling simultaneously with stigma from both identifying as LGBTQ+ and having experienced abuse. Navigating these stigmas could lead to negative associations with their sexual orientation and gender identity.

In certain situations, (e.g., when working with a thoughtful participant), it may be helpful to draw out the speaker's "logic." Why would a male child who is abused and traumatized by a man then want to be with men? As professionals, we should be careful not to link the positive feelings of attraction that youth experience with their previous sexual abuse. Doing so could lead youth to years of questioning their true feelings of attraction. With our support and openness, youth can process their own emotions and feelings and come to an understanding of who they are. It is inappropriate for an adult to tell them who they are or why they have a certain identity.

Link Back to the Curriculum:

Revisit the Unit 2 discussion of sexual orientation, gender identity, and gender expression. Remind participants about the emergence of attraction and the lack of control people have over attraction. Also, clarify the difference between sexual orientation and sexual behavior.

I am fine with youth being gay, but why do they have to be SO gay? They would have an easier life if they would be less flamboyant.

Intervention Statement: What do you mean by "so gay"? Sometimes our perceptions of "flamboyancy" come from societal norms about what is appropriate gender expression based on a youth's sex assigned at birth. Youth in care have a constitutional right to self-expression. It is important to focus our energies on preventing bullying rather than denying a youth's right to express themselves.

Identifying the Bias:

This statement could blend between anti-gay bias and anti-transgender bias depending on whether the speaker is uncomfortable with the youth's overt displays of their LGBTQ+ identity (e.g., public displays of affection or wearing symbols of LGBTQ+ pride) or if the youth's gender expression does not conform to society's gender norms. This answer could also apply to a statement like, "We told the youth to tone down the gay because it was a safety issue. He was being beat up, and we have to think about safety first."

Supporting Research:

It is inappropriate to condition a youth's safe passage through a program on the youth's own behavior modification. A 2006 study of youth in out-of-home care in San Diego found that youth and program staff had differing definitions of safety. Staff were most concerned with community-level safety threats like violence and harassment occurring outside of the agency and program location. However, youth definitions of safety focused on circumstances internal to the agency and program. Youth wanted protection from harassment and verbal and physical violence while they were in the agency location and program. Youth also wanted equitable treatment regardless of their gender identity or sexual orientation.⁶

Youth who are gender variant are aware of the dangers they must navigate on the streets. Program and agency staff can do little to mitigate these dangers. However, child welfare professionals can ensure that their own agencies and programs are safe and affirming places for LGBTQ+ youth. Creating this safe environment requires intervening immediately in instances of anti-LGBTQ+ harassment and violence.

Youth in care should be expected to follow program rules and to interact positively with the environment. It is important, however, that service professionals have a keen awareness of what is a true behavioral infraction and not conflate inappropriate behavior with gender expression that may make them uncomfortable.

For additional resources on stopping bullying against LGBTQ+ youth, please see the following links.

StopBullying.gov—*Bullying and LGBTQ+ Youth*
<http://www.stopbullying.gov/at-risk/groups/lgbt/>

Violence Prevention Works—*Bullying and Sexual Orientation*
http://www.violencepreventionworks.org/public/bullying_sexual_orientation.page

American Psychological Association—*Bullying: A Module for Teachers*
<https://www.apa.org/education/k12/bullying.aspx>

Link Back to the Curriculum:

Link back to the Unit 2 discussion of sexual orientation, gender identity, and gender expression. It would also be appropriate to link to the Family Acceptance Project⁷ (FAP) research on risk factors for youth who experience rejection.

My youth is experimenting because they are around all boys.

Intervention Statement:

All youth explore their sexuality. Exploration is a part of healthy development and begins during the earliest years of our lives. Studies have shown that same-gender attraction is common before and

⁶ Berberet, H. M. (2006, March/April). Putting the pieces together for queer youth: A model of integrated assessment of need and program planning. *Child Welfare, 85*(2). Retrieved from <http://web.ntpu.edu.tw/~renn/program%20design/96--need%20assessment.pdf>.

⁷ Ryan, C. (2009). *Supportive families, healthy children: Helping families with lesbian, gay, bisexual & transgender children*. San Francisco, CA: Marian Wright Edelman Institute, San Francisco State University.

during adolescence. This attraction is not necessarily a predictor of sexual orientation. Some youth with adolescent, same-gender attraction will grow up and identify as straight; others will identify as gay, lesbian, bisexual, or somewhere else on the spectrum of sexual orientation.⁸ We do not need to know why youth identify in certain ways. It is only important that we allow youth to self-define and that we support them in their own definition. This support includes equipping them with the information and resources they need to make healthy decisions regarding their bodies and relationships.

Identifying the Bias:

Treating a youth's self-defined sexual orientation as "experimental" is an example of anti-gay bias. Stating or believing that a youth who identifies as gay is only experimenting dismisses the youth's feelings and minimalizes what the youth knows to be true for themselves. This statement is also an example of heterosexism. The statement essentially asserts that all boys should be straight and will eventually grow up to be straight.

Supporting Research:

For an intensive review of sexual development of children from birth to age 12, see Maureen Kenny and Sandy Wurtele's "Normative Sexuality Development in Childhood: Implications for Developmental Guidance and Prevention of Childhood Sexual Abuse" in *Counseling and Human Development* (http://go.galegroup.com/ps/i.do?id=GALE%7CA274873794&v=2.1&u=nysl_me_tci&it=r&p=AONE&sw=w&asid=8ecc4a314f506907e1a68b7819fa495c).

Remind participants that there is no clear answer to why someone develops one sexual orientation or another. It is not our job as service professionals to determine why some has a certain identity or to tell them that what they are feeling is not real. Downplaying a youth's experiences or feeling could damage rapport building and hinder our ability to provide appropriate services and resource

Link Back to the Curriculum:

Revisit the Unit 2 discussion of sexual orientation, gender identity, and gender expression. It would also be appropriate to link to the FAP⁹ research on risk factor for rejected youth.

Bisexuality is just a phase.

Intervention Statement:

Many people believe that a person can only be attracted to either males or females, not both. In the last 30 years, bisexuality has gained recognition as a separate category of sexual orientation. For example, in 2008, researchers released the results of a 10-year study of 79 women who identified as bisexual. The study found that bisexuality was not a transitional or experimental phase for the majority of these

⁸ Kenny, M. C., & Wurtele, S. K. (2011, May). Normative sexuality development in childhood: Implications for developmental guidance and prevention of childhood sexual abuse. *Counseling and Human Development*, 43(9), Retrieved from http://go.galegroup.com/ps/i.do?id=GALE%7CA274873794&v=2.1&u=nysl_me_tci&it=r&p=AONE&sw=w&asid=8ecc4a314f506907e1a68b7819fa495c.

⁹ Ryan, C. (2009). *Supportive families, healthy children: Helping families with lesbian, gay, bisexual & transgender children*. San Francisco, CA: Marian Wright Edelman Institute, San Francisco State University.

women. Youth who self-identify as bisexual are telling you what they know to be true for themselves. We should support them in their self-definition and not discount it.

Identifying the Bias:

Treating youths' self-defined sexual orientation as "experimental" or a "phase" is an example of anti-gay bias, and a youth could interpret it as rejection. Stating or believing that a youth who identifies as bisexual is only experimenting dismisses the youth's feelings and minimalizes what the youth knows to be true for themselves

Supporting Research

Historically, bias against bisexuality has stemmed from stereotypes of people asserting that bisexuality are transitioning to homosexuality, greedy, or confused. There has been little research on this population despite an abundance of research on sexual orientation and human sexual development. However, in the last decade, reputable studies on bisexuality have provided some landmark perspectives on the issue.

The 2008 study referenced above found that more of the participants retained or adopted a bisexual identity than those who opted to identify themselves as heterosexual or lesbian.¹⁰

In 2011, Northwestern University released a study on bisexuality in men. Studying arousal responses, the study found that participants who identified as bisexual responded to both men and women.¹¹ While, the research did elicit some praise, some critics objected to the way it limited sexual orientation to just physical arousal, negating the emotional and mental components of sexual orientation and attraction.

Link Back to the Curriculum:

Revisit the Unit 2 discussion of sexual orientation, gender identity, and gender expression. It would also be appropriate to link to the FAP¹² research on risk factors for LGBTQ+ youth who experience rejection.

Are people's orientations or identities genetic?

Intervention Statement:

Best practices direct us to shift our focus from "why youth are LGBTQ" to instead focusing on how we can support them. There is currently no scientific consensus for the causes of sexual orientation and gender identity.

¹⁰ Diamond, L. M. (2008) Female bisexuality from adolescence to adulthood: Results from a 10-year longitudinal study. *Developmental Psychology*, 44(1), 5-14.

¹¹ Rosenthal, A. M, . . . & . . . (2011, September). Sexual arousal patterns of bisexual men revisited. *Biological Psychology*, 88(1),112-115.

¹² Ryan, C. (2009). *Supportive families, healthy children: Helping families with lesbian, gay, bisexual & transgender children*. San Francisco, CA: Marian Wright Edelman Institute, San Francisco State University.

Identifying the Bias:

Anti-gay bias, anti-transgender bias, and heterosexism are potential subtexts for this question. People do not typically question why a child identifies as straight. Questioning why a youth is LGBTQ+ suggests that there is something wrong or abnormal with the youth's sexual orientation or gender identity.

Supporting Research:

While researchers do not agree on the basis of sexual orientation and gender identity, there are several studies that have clarified what does NOT cause LGBTQ+ identities. For example, children who engage in gender-nonconforming behaviors (e.g., playing with toys or engaging in tasks typically associated with a different gender) do not necessarily identify as LGBTQ+ later in life.¹³

Link Back to the Curriculum:

Return to the Unit 2 discussion of sexual orientation, gender identity, and gender expression. It is important that trainees focus on supporting youth, not determining why they identify with a certain sexual orientation or gender identity.

People are going to be insulted if I ask for their gender pronouns.

Intervention Statement:

We do not know who a youth is until they tell us. By asking for gender pronouns, we create space for youth to feel safe disclosing this information. There is actually more danger in not asking this question. If we only ask youth who we perceive to be gender variant based on their gender expression, we may miss those youth who are transgender or gender variant and, for whatever reason, initially present as gender conforming.

Best practice asserts that we ask all youth as a standard. Youth in care are used to answering all kinds of question about themselves; some questions apply directly to their experience and others do not. Typically, adults bring more anxiety to these conversations than do youth.

Identifying the Bias:

This statement possibly stems from anti-transgender bias. It subtly asserts that there is something wrong with asking about and discussing gender and particularly so with people who present as cisgender.

Supporting Research:

The LA Foster Youth Survey¹⁴ cited earlier found that over 5 percent of youth in foster care in LA County

¹³ For more information, see the following articles. G. Philips, G., & Over, R. (1995) Differences between heterosexual, bisexual, and lesbian women in recalled childhood experiences." *Archives of Sexual Behavior*, 24(1), 1-20; Bullough, V., & Bollough, B. (1993) The causes of homosexuality: A scientific update. *Free Inquiry*, 13(4), 40-42, 44-47.

¹⁴ Wilson, Bianca D.M., Khusk Cooper, Angeliki Kastanis, and Sheila Nezhad. (2014) Sexual and Gender Minority Youth in Foster Care: Assessing Disproportionality and Disparities in Los Angeles. Retrieved from: http://williamsinstitute.law.ucla.edu/wp-content/uploads/LAFYS_report_final-aug-2014.pdf.

identify as transgender. This number represents more than double number of transgender youth in the general population.

Asking for gender pronouns also creates discussion and learning opportunities with cisgender youth. Explaining that we ask all youth for asserted names and pronouns allows staff to convey the norms and values of the organization—that people of all identities are respected and valued.

Link Back to the Curriculum:

Revisit the Unit 2 discussion of sexual orientation, gender identity, and gender expression. Remind participants that gender expression and gender identity are not related. There are many reasons why a transgender or gender-variant child may wear clothing more in line with societal expectations of dressing (e.g., their home or placement refused to buy clothes in line with their gender identity or fear of harassment or violence if they wear clothing in alignment with their gender identity).

What if supporting LGBTQ+ youth is against the family's beliefs?

Intervention Statement:

Youth who are in non-supportive environments are at higher risk for attempted suicide, depression, HIV/STDs/STIs and illegal drug use. It is okay for families to feel conflicted. However, it is important that they understand that it is possible and important to support their youth while maintaining their religious and cultural beliefs. Rejecting behaviors have real-life consequences for their youth.

Identifying the Bias:

Look for the core issue. Ask probing questions to determine which aspects of the youth's LGBTQ+ identity goes against the family's belief? Respond directly to that bias.

Supporting Research:

According to the Family Acceptance Project (FAP) out of San Francisco State University, youth in extremely rejecting environments are 8 times as likely to attempt suicide, 6 times as likely to experience depression, 3 times as likely to use illegal drugs, and 3 times as likely to engage in behaviors that increase their risk for HIV, STDs, and STIs.¹⁵

Link Back to the Curriculum:

Revisit the Unit 3 discussion of the FAP research on rejection and acceptance. Inform participants that the FAP has materials specifically addressing family rejection based on conflicts of faith. Providing this information and films like *Prayers for Bobby* may provide convincing additional anecdotal support.

This statement can also be linked to the Unit 8 discussion about assessing rejection in an environment and ways to support caregivers. Recommend that conflicted families speak with affirming clergy members from their faith to discuss ways they can maintain their faith and support for the child.

¹⁵ Ryan, C. (2009). *Supportive families, healthy children: Helping families with lesbian, gay, bisexual & transgender children*. San Francisco, CA: Marian Wright Edelman Institute, San Francisco State University.

These LGBTQ+ youth are just doing it because it's popular.

Intervention Statement:

Being LGBTQ+ is not popular. American society is currently seeing increased media exposure to LGBTQ+ people and concepts. As societal responses to variations in sexual orientation and gender identity shift toward increased openness, more people are coming out and at younger ages. However, youth who come out are still having to navigate bias, discrimination, rejection, violence, and harassment.

Identifying the Bias:

This statement is an example of heterosexism. The statement asserts that all LGBTQ+ youth are really straight and/or cisgender and only identify as LGBTQ+ for purposes of popularity. It effectively minimalizes and dismisses the youth's ability to self-define.

Supporting Research:

A national survey has shown that 85 percent of gay youth (or youth perceived to be gay) reported being bullied and harassed in school.¹⁶ In another survey, students identified LGBTQ+ youth (or those perceived to be LGBTQ) as the student population most likely to be targeted for bullying.¹⁷ It is clear to teenagers in our society that LGBTQ+ youth remain a vulnerable population even in an age of increased media exposure. As adults, we should avoid conflating this media exposure with wide-spread acceptance and popularity. Conflating these two things could result in appearing dismissive and rejecting of a young person's sexual orientation or gender identity at a time when they most likely need support and protection.

Considering youth in foster care, responses to the LA Foster Youth Survey found that LGBTQ+ youth were two times as likely to spend time living in a group home as when compared to their straight counterparts. Almost 13 percent of LGBTQ+ youth surveyed reported receiving poor treatment by the foster care system, as compared to 5.8 percent of non-LGBTQ+ youth. LGBTQ+ youth in foster care were also three times as likely to have been hospitalized for emotional reasons.¹⁸ Rejection is real and affects the daily lives and interactions of LGBTQ+ youth. For a youth who has experienced repeated rejection by those charged with their care, their identity does not feel popular.

Link Back to the Curriculum:

Return to the Unit 2 discussion of sexual orientation, gender identity, and gender expression. It is important that trainees focus on supporting youth, not determining why they identify with a certain sexual orientation or gender identity.

¹⁶ Gay Lesbian Straight Educational Network. (2013). The 2013 National School Climate Survey. Retrieved from <http://www.glsen.org/article/share-national-school-climate-survey>.

¹⁷ Riese, J. (2016). Youth who are bullied based upon perceptions about their sexual orientation. *Violence Prevention Works! Safe Schools, Safer Communities*. Retrieved from http://www.violencepreventionworks.org/public/bullying_sexual_orientation.page.

¹⁸ Wilson, Bianca D.M., Khusk Cooper, Angeliki Kastanis, and Sheila Nezhad. (2014) Sexual and Gender Minority Youth in Foster Care: Assessing Disproportionality and Disparities in Los Angeles. Retrieved from http://williamsinstitute.law.ucla.edu/wp-content/uploads/LAFYS_report_final-aug-2014.pdf.

What about the safety of youth that have to use the bathroom with transgender youth?

Intervention Statement:

We need to separate what is uncomfortable versus what is unsafe. We should not assume that transgender youth are predatory or have boundary issues and would not respect the privacy of others around them. Transgender youth who wish to use facilities in alignment with their gender identity are just looking for a safe space. It could be potentially very dangerous for a transgender youth in the process of transitioning or who has transitioned to use a restroom not in alignment with their gender identity. Small discomforts are worth it considering we have the chance to create safety for ALL people.

Identifying the Bias:

This statement is an example of anti-transgender bias. It conflates transgender identity with asocial and/or inappropriate behavior. This conflation is likely built upon myths and stereotypes of transgender people as dangerous or predatory.

Supporting Research:

A study released in 2014 by the UCLA Williams Institute and the American Foundation for Suicide Prevention found that 46 percent of transgender men and 42 percent of transgender women have attempted suicide at least once in their lifetime. Of the youngest people surveyed, those between the ages of 18 and 24, 45 percent have attempted suicide. The study also posed questions about different stressors that respondents experienced stemming from anti-transgender bias. Respondents reported instances of physical and sexual assaults at all stages of schooling and even in the work place.¹⁹

People commonly give the example of a boy pretending to be transgender to use the girls' restroom or locker room. Inform participants that the laws and policies that create opportunities for youth to use restroom in alignment with their gender identity essentially create an opportunity for youth, their families, and administrators to develop a plan by which the youth can use facilities in a safe way that respects their own privacy and the privacy of those around them.

Link Back to the Curriculum:

Link back to the Unit 2. Refresh the distinctions between gender identity, sexual orientation, and sexual behavior.

We are showing LGBTQ+ youth special treatment.

Intervention Statement:

LGBTQ+ youth have unique developmental experiences, such as the coming-out process, which require unique supports. We commonly make accommodations to ensure that youth from a range of backgrounds meet their religious, cultural, health, and educational needs. Providing these opportunities is key to providing non-discriminatory care in a way that meets the needs of each child. Why should meeting the unique needs of LGBTQ+ youth be considered special treatment?

¹⁹ Haas, A. P., Roger, P. L., & Herman, J. L. (2014, January). *Suicide attempts among transgender and gender nonconforming adults: Findings of the National Transgender Discrimination Survey*. Retrieved from <http://williamsinstitute.law.ucla.edu/wp-content/uploads/AFSP-Williams-Suicide-Report-Final.pdf>.

Identifying the Bias:

Ask probing questions to identify the core issue here. With what type of treatment is the speaker taking issue? For example, reluctance to connecting LGB youth with supportive and affirming resources would be anti-gay bias. Or refusal to call a transgender youth by their asserted name would be anti-transgender bias.

Supporting Research:

Participants often conflate using affirming behaviors to support a group for which they have explicit or implicit bias as special treatment. “What about the straight kids?” is another often-heard variation of this question. Remind participants that LGBTQ+ youth have long been considered foster care’s invisible youth. Historically, this population has received little recognition, support, or services. Changing this paradigm is forcing child welfare professionals to learn skills and provide resources with which they may be unfamiliar. Again, doing these things is not special treatment; it is finally using best practices and providing appropriate services and support.

Link Back to the Curriculum:

Link back to the accepting behaviors as described by the FAP²⁰. Showing support for LGBTQ+ youth includes actions like connecting them with LGBTQ+ resources, supporting their gender expression, and talking with them about their gender identity and/or sexual orientation. Doing these things can go a long way to improving short- and long-term health and mental health outcomes for this population.

Do you know of any youth who have regretted the transition?

Intervention Statement:

When a child first asserts a gender identity that does not align with their sex assigned at birth, no irreversible transition steps are taken. Parents may work with schools and their social circle to create a social transition, which could include the child going by a different name and different pronoun and by dressing in alignment with their asserted gender identity. Eventually, prior to the start of puberty, a child may receive hormone blockers to delay the onset of biological puberty. These steps are taken to provide the child and family with as much time as possible to decide what level of physical transition the youth desires, if any at all.

As child welfare professionals, it is not our role to determine whether a child is transgender or to direct them in what they should or should not do with their bodies. Our energies are best focused on creating a safe environment in which children questioning their gender identity can give ample time and attention to the process of understanding who they are—not having to defend their experience and decisions to us.

Supporting Research:

Once hormone blockers are removed, the child will go through their genetically determined puberty (masculinization or feminization of their bodies) unless other hormones are given. While all this is

²⁰ Ryan, C. (2009). *Supportive families, healthy children: Helping families with lesbian, gay, bisexual & transgender children*. San Francisco, CA: Marian Wright Edelman Institute, San Francisco State University.

occurring, the youth should be working with transgender medical care specialists and mental health professionals. The World Health Organization’s transgender healthcare specialists issue standards of care²¹ to try to prevent inappropriate use of hormones and surgical processes. The surgical regret rate is generally considered to be under 5 percent²². Studies reflecting the experiences of those who do regret their surgical transition assert that risk factors include disappointment in physical appearance, transitions occurring later life, and continued lack of support from families and social networks.

Some children who identify as transgender may not have a linear progression from their assigned gender to their asserted gender. Given family and societal pressures and the enormity of the decisions they must make, children may fluctuate between feminine, masculine, and androgynous gender expressions. We should not impose rigid expectations on them (e.g., “You said you were a boy, so act like one consistently.”) Support the youth where they are on any given day. Ask the youth for specific ways you can support them (e.g., an ear to listen, names, pronouns, restroom usage) as they experience and try to understand their journey.

Link Back to the Curriculum:

Revisit the Unit 2 discussion about the development of gender identity. Remind participants that children become aware of their gender identity at very young ages. Instead of invalidating a child’s gender assertion based on their young age, this assertion should actually be regarded as a sign of an innate understanding of themselves.

My youth just uses the gay/transgender card to get what they want; they are always acting out and have behavioral problems.

Intervention Statement: A youth may act out as a result of rejection in their environment and the biases they have experienced. They may assume, correctly or incorrectly, that they will receive the same poor treatment in every placement and behave in the same ways as a result of these expectations. Clarify for the youth that you support their identity, but rules are rules and apply to everyone in the space. Allow the youth to explain their point of view and why they think the issue is related to their LGBTQ+ identity.

Identifying the bias: This statement is an example of anti-gay and anti-transgender bias. It equates identity with behavior and makes global statements about how members of a group act. The statement also shows a refusal to look into the roots of behaviors. Instead of taking time to understand how rejection and mistreatment have affected a youth, the speaker simply assumes there is something inherently wrong with the young person based on one or more facets of their identity.

Supporting Research:

The LA Foster Youth²³ survey found that 12.9 percent of the LGBTQ+ youth surveyed reported being treated poorly by the foster care system compared to only 5.9 percent of non-LGBTQ+ youth. This

²¹ World Health Organization (2016). Information can be found at <http://www.who.int/hiv/topics/transgender/en/>.

²² Peggy, T et al. (2003) *Transgenderism and Intersexuality in Childhood and Adolescence*. SAGE Publications Inc.

²³ Wilson, Bianca D.M., Khusk Cooper, Angeliki Kastanis, and Sheila Nezhad. (2014) *Sexual and Gender Minority Youth in Foster Care: Assessing Disproportionality and Disparities in Los Angeles*. Retrieved from: http://williamsinstitute.law.ucla.edu/wp-content/uploads/LAFYS_report_final-aug-2014.pdf.

research also showed that LGBTQ+ youth are twice as likely to be in group homes instead of being placed with foster families. Both research and anecdotal reports make clear that LGBTQ+ youth are often mistreated in the child welfare system. It is unrealistic to think that this mistreatment will not affect the youth's behavior and ability to build trust with and in an environment. It is important that we as professionals be the first to instigate the development of trust. It is inappropriate to expect this first gesture from a youth who may walk into space with historical trauma and stigmatization.

Linking Back to the Curriculum:

Revisit the Unit 3 discussion of the FAP research on rejection and acceptance. Rejection in an environment can affect the youth's health, well-being, and behavior. This impact lasts beyond a youth's departure from a rejecting environment and can surface as they transition into new places and encounter new people.