

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 helping 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/or 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 1973, the American Psychological Association removed homosexuality from its catalogue of mental disorders. The APA admitted that its original assertion that same-sex attraction indicated mental illness was incorrect and resulted from bias.¹

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.

Using best practices and affirming behaviors will significantly increase the likelihood that LGBTQ youth will grow into happy and healthy adults.² The Child Welfare League of America's Best Practice Guidelines

¹ www.psychiatry.org/lgbt-sexual-orientation

² Family Acceptance Project (p. 12) For further information on how rejecting and accepting behavior impact the health and mental health of LGBTQ youth, see Family Acceptance Project . . .

for Serving LGBT 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.³

The U.S. Constitution guarantees the rights of LGBTQ youth to freely express their sexual orientation and gender identity (1st amendment), receive equal access to services and benefits without fear of punishment and unnecessary isolation or restriction (14th amendment). Thus, current social service 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 hesitance 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.

³ LGBTQ youth in Out-of-Home Care

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 kids impacted by anti-gay bias and anti-transgender bias identify as youth of color. Child welfare workers need to recognize and respond to biases against all facets of a youth’s identity.

Supporting Research:

The LA Foster Youth Survey released by UCLA’s Williams Institute in 2014 found that 19 % of youth in DCFS custody in Los Angeles identify as LGBTQ. Of this self-identified population, almost 94 % identified as youth of color (54 % Latino, 28 % black, 3 % American Indian, 3 % Asian Pacific Islander, 4 % 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.⁴ Young people living within and navigating multiple oppressed identities can experience various and simultaneous forms of discrimination that can impact their permanency outcomes and result in significant risk factors like drug use and sexual exploitation.⁵

Service providers must respond to the whole child and understand how the intersections of multiple identities can impact 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 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.

⁴ LAFYS

⁵ Cite Ragg found in Mountz

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.⁶

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 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, (i.e. 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.

⁶ National Child Traumatic Stress Network, Child Sexual Abuse Collaborative Group. (2014). *LGBTQ youth and sexual abuse: Information for mental health professionals*. Los Angeles, CA, and Durham, NC: National Center for Child Traumatic Stress.

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 biological sex. Youth in care have a constitutional right to self-expression. It is important to focus our energies on preventing bullying rather than denying a youths’ rights 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 LGB-identity (e.g. public displays of affection or wearing symbols of LGBT pride) or if they 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/program. Youth wanted protection from harassment, 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.⁷

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 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 LGBT youth, please see the following links.

StopBullying.gov – Bullying and LGBT 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>

⁷ Berberet, Heather M. “Putting the Pieces Together for Queer Youth: A Model of Integrated Assessment of Need and Program Planning.” *Child Welfare*. Mar/Apr 2006; 85, 2; Academic Research Library. Pg. 361.

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 Project 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 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*.

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 Family Acceptance Project research on risk factor for rejected youth.

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), 1+. 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

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 thirty 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 the women studied. 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 bisexuality are transitioning to homosexuality, are greedy, or are 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.

In 2008, Lisa Diamond at the University of Utah published the results of a 10-year study of women who identified as bisexual or refused to label their sexuality. The study found that over the course of the decade more of the participants retained or adopted a bisexual identity than those who opted to identify themselves as heterosexual or lesbian.⁹

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.¹⁰ 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 Family Acceptance Project research on risk factors for LGBTQ youth who experience rejection.

⁹ Diamond, Lisa M. "Female Bisexuality from Adolescence to Adulthood: results from a 10-year longitudinal study." *Developmental Psychology*. Vol 44, No 1, 5-14.

¹⁰ Rosenthal, AM et al. "Sexual arousal patterns of bisexual men revisited." *Biol Psychol*. 2011 Sep;88(1):112-5. doi: 10.1016/j.biopsycho.2011.06.015. Epub 2011 Jul 16.

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.

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 bases 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 non-conforming 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.¹¹

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.

¹¹ For more information see the following articles. G. Philips and Ray Over. (1995) “Differences between Heterosexual, Bisexual, and Lesbian Women in Recalled Childhood Experiences.” *Archives of Sexual Behavior*. Vern Bullough and Bonnie Bullough. (1993) “The Causes of Homosexuality: A scientific update.” *Free Inquiry*.

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 survey found that over 5 % of youth in foster care in Los Angeles County 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. 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/or 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.

Link Back to the Curriculum:

Revisit the Unit 3 discussion of the Family Acceptance Project's (FAP) research on rejection and acceptance. Inform participants that 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.

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:

National research has shown that 78 % of gay youth (or youth perceived to be gay) reported being bullied and harassed in school. In another survey, students identified LGBTQ youth (or those perceived to be LGBTQ) as the student population most likely to be targeted for bullying.¹² 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 LGBT youth were 2 times as likely to spend time living in a group home (when compared to their straight counterparts). Almost 13 % 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 3 times as likely to have been hospitalized for emotional reasons.¹³ Rejection is real and impacts 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.

¹² Riese, Jane. "Youth Who Are Bullied Based upon Perceptions About Their Sexual Orientation." Violence Prevention Works! Safe Schools, Safer Communities.

http://www.violencepreventionworks.org/public/bullying_sexual_orientation.page

¹³ LA Foster Youth Survey

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

Intervention Statement:

We need to separate out 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 % of transgender men and 42 % 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 % have attempted suicide. The study also posed questions about different stressors that respondent 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.¹⁴

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.

¹⁴ Ann Haas, PhD et al. "Suicide Attempts among Transgender and Gender Non-Conforming Adults: Findings of the National Transgender Discrimination Survey. January 2014.

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 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?

Identifying the Bias:

Ask probing questions to identify the core issue here. What type of treatment is the speaker taking issue with? 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 Family Acceptance Project. 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-term 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 biological sex, 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 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. All while this is 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 Care to try to prevent inappropriate use of hormones and surgical processes. The surgical regret rate is generally considered to be under 5 percent. 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, 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 (i.e. "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 and etc) 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 bias 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 impacted 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 Los Angeles Foster Youth found that 12.9 % of the LGBTQ youth surveyed reported being treated poorly by the foster care system. Only 5.9 % of non-LGBTQ youth reported having been poorly treated by the foster care system. This 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 impact 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 Family Acceptance Project's (FAP) research on rejection and acceptance. Rejection in an environment can impact the youth's health and 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.

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