

152 **300.5 Safety For Lesbian, Gay, Bisexual, Transgender, And -**
153 **Questioning (LGBTQ) Youth**

154 Major objectives:

155 All children and youth, regardless of gender identity, gender expression,
156 and/or sexual orientation (GI/GE/SO), need to feel safe in their
157 surroundings in order for positive child and/or youth development
158 outcomes to occur.

159
160 Child and Family Team members will promote the positive development of
161 all children and youth by demonstrating respect for all children and youth,
162 reinforcing respect for differences, encouraging the development of healthy
163 self-esteem, and helping all children and youth manage the stigma
164 sometimes associated with difference.
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166
167 Background Information

168 For most children and youth, the issue of understanding one's sexuality and gender
169 identity is often a time of great turmoil and stress. For lesbian, gay, bisexual,
170 transgender, and questioning (LGBTQ) children and youth, particularly children and
171 youth of color, this issue is even more difficult to navigate as they are faced with both
172 internal (internalized homophobia) and external (from one's environment) prejudices
173 and discrimination.
174

175 While exploring one's sexuality and gender identity is a natural part of every young
176 person's development, LGBTQ and gender non-conforming children and youth face
177 more challenges growing up in a predominately heterosexual society. According to the
178 Child Welfare League of America (CWLA), LGBTQ children and youth are at a higher
179 risk for emotional or physical abuse from their family members, failed out-of-home
180 placements, and/or institutional neglect or abuse than their heterosexual counterparts.
181 Psychologically, LGBTQ and gender non-conforming children and youth are at
182 substantially greater risk than their heterosexual counterparts for suicide attempts,
183 runaway behavior, homelessness, substance abuse, emotional and physical
184 victimization, high-risk sexual behaviors, and pregnancy. In the school setting, LGBTQ
185 and gender non-conforming children and youth are more likely to withdraw from or
186 miss school due to fear, intimidation, or threats from other students. Because they
187 experience a lack of safety, many LGBTQ and gender non-conforming children and
188 youth are unlikely to reveal their sexual orientation or gender identity, particularly to
189 people in perceived positions of authority (i.e., social service staff, family members,
190 caregivers, teachers, church members, etc.). As a result of this lack of support, many
191 LGBTQ and gender non-conforming youth confront a high level of isolation while
192 navigating this developmental stage.

193
194 Caseworkers will evaluate every child's overall safety as it relates to their sexual
195 orientation, gender identity, and gender expression in terms of placement, emotional
196 and physical well-being, and potential of emotional abuse from current caregiver,
197 especially those children who are LGBTQ. However, the sexual orientation, gender
198 identity, or gender expression of a child or youth does not always necessitate the
199 initiation of services or specialized consultation. It is important to recognize that
200 although sexual orientation, gender identity, and gender expression are central facets of
201 one's personality, they are only one aspect of a child or youth's identity, and that sexual
202 orientation, gender identity, and gender expression may not always be a factor in the
203 youth's emotional or behavior concerns.

204
205 Sexual Orientation and Gender Identity Recognition

206 Staff will recognize that all children and youth explore their sexual orientation, gender
207 identity, and gender expression. Since language associated with sexual orientation,
208 gender identity, and gender expression varies greatly across communities, and
209 pronouns may be fixed or fluid, staff will allow the child or youth to guide the process
210 of choosing language with which they feel most comfortable while discussing their
211 sexual orientation, gender identity, and gender expression. Staff will also recognize
212 that this language may change over time, and affirm and support the child or youth in
213 their process of identity formation and expression.

214
215 Additionally, staff will recognize that a child's sexual orientation, gender identity, and
216 gender expression is an integral part of who they are and not a personal "choice" that
217 can be changed or determined by others. Staff will not attempt to convince any child or
218 youth to reject or modify their sexual orientation, gender identity, or gender expression.
219 Staff are prohibited from imposing their personal and/or religious beliefs on children
220 and their families, and will not allow those beliefs to impact the way individual needs
221 of youth or families are met.

222
223 Guidelines such as these that use the terms "lesbian, gay, bisexual, transgender, and
224 questioning" will be seen as a starting basis for engaging with children or youth in a
225 way that utilizes respectful language and terminology. Staff will not use any
226 disrespectful terms or language such as "homo" or "transvestite" or "he/she" or any
227 other disempowering terms for LGBTQ or gender non-conforming children or youth.
228 Since some terms may be acceptable and/or preferable to one person and offensive to
229 another, staff will utilize best practices when working with children and youth. Staff
230 will reflect/mirror the language and terminology employed by that child or family
231 member (when appropriate) during a one-on-one interaction. Staff will help all
232 children and family members use language that is respectful to all parties and will not
233 cause harm in shared spaces.

234
235 Staff will recognize that while it is important to use the language chosen by the child or
236 youth, a child or youth who is questioning their sexual orientation, gender identity, or
237 gender expression may not know all the relevant terminology and will be encouraged
238 to express themselves in whatever way they may choose.
239

240 Sexual orientation, gender identity, and gender expression are different identity
241 constructs. If someone identifies as transgender they may also identify as straight, gay,
242 lesbian, or bisexual because sexual orientation is separate from gender identity (see
243 definitions). Furthermore, gender identity is very individual, and some transgender
244 children or youth may identify as neither male-to-female nor female-to-male but simply
245 as a boy or girl or as more gender fluid. Children and youth may also identify
246 differently on different days, as they work through their identities. Child and Family
247 Services staff will keep in mind that increasingly, many LGBTQ and gender non-
248 conforming children and youth are choosing to embrace the identity of "genderqueer"
249 as a term that is more inclusive of a range of identities.
250

251 Additionally, staff are required to use respectful, inclusive, and gender neutral
252 language when referring to a child or youth's sexual orientation, gender identity, and
253 gender expression. For example, language such as "involved with someone" or
254 "partner" as opposed to "boyfriend" and "girlfriend" will be used with all persons
255 regardless of sexual orientation, gender identity, or gender expression
256

257 Definitions

258 **Bisexual** - Continuing emotional, romantic, and affectionate attraction to persons of the
259 same and different genders.
260

261 **Cisgender** - Individuals whose gender identity and/or gender expression conforms to
262 the characteristics traditionally associated with their assigned sex at birth. Not
263 transgender.
264

265 **Gay** - A boy or man who has a continuing enduring emotional, romantic, and
266 affectionate attraction for other boys or men.
267

268 **Gender Expression** - The manner by which an individual expresses their gender,
269 through behavior, clothing, haircut, jewelry, voice, or body characteristics.
270

271 **Gender Identity** - An inner sense of being male, female, another gender, or in between.
272 One's gender identity may not align with the individual's assigned sex at birth.
273

274 **Gender Non-Conforming** – Having or being perceived to have gender characteristics
275 and/or behaviors that do not conform to traditional or societal expectations. This can
276 apply to lesbian, gay, bisexual, transgender, AND heterosexual children or youth.
277

278 **Genderqueer** – A term that is embraced as an option to the binary language of LGBTQ
279 umbrella terms that offers an alternative to an LGBTQ youth who does not feel that the
280 identity of gay or lesbian accurately describes them; and who is not bisexual. This term
281 would fall under the umbrella of transgender identities.
282

283 **Intersex (or Intersexual)** – Refers to a person born with the full or partial sex organs of
284 male and female, or with underdeveloped or ambiguous sex organs. About four
285 percent of all births are Intersex to some degree. This term replaces hermaphrodite.
286

287 **Lesbian** - A girl or woman who has a continuing enduring emotional, romantic, and
288 affectionate attraction for other girls or women.
289

290 **LGBTQ** – An acronym for Lesbian, Gay, Bisexual, Transgender and Questioning. This
291 is an umbrella term that is inclusive of many identities.
292

293 **Queer** – An inclusive identity reclaimed by some people in the LGBTQ communities to
294 describe sexual orientation and gender identity beyond the constraints of a binary
295 gender system. Often used as an umbrella term. A term more commonly used and
296 embraced by youth as inclusive of various identities.
297

298 **Questioning** – A person who is exploring their sexual and/or gender identity. A fairly
299 common part of adolescent human development.
300

301 **Sexual Orientation** – The scientifically accurate term for an individual's enduring
302 emotional, romantic, sexual, or affectionate attraction to individuals of a particular
303 gender. Sexual behavior and sexual orientation are distinct terms; the former only
304 pertains to sexual activity whereas the latter refers to feelings and identity.
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306 **Straight/Heterosexual** – A person who has continuing enduring, emotional, romantic,
307 and affectionate attraction to persons of the “opposite” gender. Not lesbian, gay, or
308 bisexual.
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310 **Transgender** – Individuals whose gender identity and/or gender expression does not
311 conform to the characteristics traditionally associated with their assigned sex at birth.
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313 **Transsexual** – A term for someone who transitions from one physical sex to another in
314 order to bring their body more in line with their innate sense of their gender identity.

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Practice Guidelines

- A. Confidentiality:
 - 1. Staff will keep in mind that when a child or youth discloses their sexual orientation, gender identity, or gender expression it will be considered sensitive information and be kept confidential, given that such disclosure could pose great risk to the youth or child.
 - 2. Staff will not disclose a child or youth's sexual orientation, gender identity, or gender expression to other individuals or agencies, without the child or youth's permission. If a child or youth grants permission to share information on their sexual orientation, gender identity, or gender expression, this information may also prove relevant to decisions regarding safety in a child or youth's academic environment, educational services, reunification, and placement. Knowledge of this information may prove beneficial and can lead to the exploration of other issues, social supports, family awareness and response, and health guidance that would increase safety.
 - 3. However, there might be a few circumstances under which such information sharing is necessary without first gaining the child or youth's permission. For example, if a child or youth's sexual orientation, gender identity, or gender expression is related to the abuse or neglect in their home, then the information will be disclosed by the caseworker to Intake, particularly information related to safety issues. However, to affirm a sense of safety and build trust, staff will also inform the child or youth with whom the information will be shared and *why before the information is shared*, whenever possible.
- B. Safety and Disclosure:
 - 1. Staff will be aware that many LGBTQ children and youth, particularly those involved with the child welfare system, have had experiences of trauma (violence, sexual abuse, verbal harassment, etc.) related to their sexual orientation and gender identity, and staff will receive ongoing training specific to these unique forms of trauma. LGBTQ and gender non-conforming youth are particularly susceptible to trauma, discrimination, and abuse. Staff will also be able to recognize signs of distress, support disclosure when appropriate, and follow appropriate protocols for reporting.
 - 2. A child or youth may disclose their sexual orientation and/or gender identity to staff when, and if, they feel ready. This disclosure is more likely to occur for an LGBTQ child or youth if a safe environment and trusting relationship has been created for such a disclosure. There are

- 356 some circumstances when it may be appropriate for staff to affirmatively
357 try to provide an opportunity for youth to disclose that they are LGBTQ.
358 For example, if a child or youth is subject to harassment in their foster
359 placement, then staff will explore with the child if the harassment is
360 related to their sexual orientation, gender identity, or gender expression.
361 [See [Appendix B](#) - How to Create a Climate of Safety and Convey Support for
362 Children and Youth for some contextual examples where this may apply.]
- 363 3 All children and youth may request the use of a preferred name, and of
364 the gender of which they identify if applicable rather than their legal
365 name. Staff will ask children and youth what name they prefer and what
366 pronoun to use. This will provide transgender and gender non-
367 conforming youth with a safe means to let staff know of a preferred name
368 and pronoun. [For an explanation of LGBTQ related terms, see the list of
369 definitions above.]
 - 370 4. When a child or youth requests the use of a preferred name and/or
371 preferred gender pronoun, staff will ask the youth which name (legal or
372 preferred) and which pronouns they will use to refer to the youth in
373 conversations with the youth's family, and in conversation with other
374 service providers and/or the court. To ensure safety, staff will comply
375 with the youth's request for preferred name and pronoun use in
376 conversations with the above-mentioned parties. Finally, staff will
377 periodically check in with the child or youth to see if it is still safe to use
378 their preferred name and pronouns. For additional guidance on how to
379 create safety for clients, see [Appendix B](#) - How to Create a Climate of Safety
380 and Convey Support for Children and Youth.]
 - 381 6. During the life of the case, staff will be mindful that a child or youth may
382 not want to tell their family about their sexual orientation, gender identity,
383 or gender expression. If their identity was not a precipitant of the child or
384 youth's removal from the home but does create a threat to safety,
385 caseworkers will NOT disclose the child or youth's sexual orientation,
386 gender identity, or gender expression to the family.
 - 387 7. If a child or youth discloses their sexual orientation, gender identity, or
388 gender expression while in foster care, the child or youth will be offered
389 the opportunity for services and information to support individual,
390 family, and health issues. [See: [Appendix A](#) - Resources to Support
391 LGBTQ Youth and Families.] Additionally, referrals to community
392 service providers will be made when appropriate.
- 393
- 394 C. Services to Prevent Removal:
- 395 1. Staff will be familiar with the unique family dynamics that emerge for
396 LGBTQ children and youth in general and LGBTQ children and youth

- 397 involved with the child welfare system. All staff will recognize that
398 family responses to a child or youth's sexual orientation, gender identity,
399 or gender expression may vary widely and interact with other aspects of
400 that youth and families' identities, including race, class, gender,
401 citizenship, etc.
- 402 2. Staff will help stabilize and create safety for LGBTQ and gender non-
403 conforming youth in their homes to prevent out-of-home placement for
404 reasons having to do with sexual orientation, gender identity, and gender
405 expression whenever possible. Caseworkers working with an LGBTQ or
406 gender non-conforming child or youth will identify and become familiar
407 with community resources to support the sexual orientation, gender
408 identity, and gender expression of the child or youth. This work includes
409 providing LGBTQ and gender non-conforming children and youth
410 specific community resources to the child or youth and families for
411 support (e.g., a copy of community resources as listed in [Appendix A -](#)
412 [Resources to Support LGBTQ Youth and Families.](#))
- 413 3. Staff will carefully consider the parent/caregiver's attitude towards the
414 child or youth's sexual orientation, gender identity, gender expression and
415 other related behaviors as contributing factors to a child or youth's safety
416 and positive identity development throughout the life of the case when
417 identifying possible threats of harm. This shall be done on an ongoing
418 basis and can be done by engaging parents/caregivers and educating the
419 parents/caregivers that a continued relationship between the parent and
420 youth with some level of acceptance and understanding is critical to the
421 health of the youth.
- 422 4. In some cases, children or youth having severe emotional reaction and/or
423 behavioral concerns may require more intensive services, such as
424 outpatient short-term counseling or psychotherapy. When a child, youth,
425 or family member is having a more severe emotional reaction to the child
426 or youth's sexual orientation, gender identity, or gender expression (e.g.,
427 persistent depression or anxiety, engaging in substance use or
428 dangerous/high-risk behaviors, social withdrawal, risk of family rejection,
429 placement disruption, etc.), more intensive services may be required,
430 including, but not limited to, individual, group, or family therapy. [*Refer*
431 *to: subsection F.*]
432
- 433 D. Expectations for Out-of-Home Placement:
- 434 1. When a child or youth who identifies as LGBTQ or gender non-
435 conforming enters foster care, staff will place them in a home that is safe
436 and recognizes and meets their needs. Any out-of-home placement,
437 whether it be with foster, adoptive, or birth parents, will affirm every

438 child's sexual orientation, gender identity, or gender expression, treat
439 them with respect and dignity, and work to ensure their overall well-
440 being. Staff will also ensure that families who have a child or youth who
441 discloses their sexual orientation, gender identity, or gender expression
442 while in their care are providing an affirming home for that child or
443 youth. All foster families will be given the support and training needed to
444 provide optimal care for children and youth regardless of sexual
445 orientation, gender identity, and gender expression.

446 2. For cases where an LGBTQ or gender non-conforming youth is residing in
447 a foster home, staff are expected to make sleeping arrangement decisions
448 that will ensure the safety of this youth as they would with any other
449 youth. Decisions on bedrooms for all LGBTQ and gender non-conforming
450 youth in foster homes will be based on the youth's individualized needs
451 and will prioritize the youth's emotional and physical safety. Staff will
452 take into account the child or youth's perception of where he or she will
453 be most secure, as well as any recommendations from the child or youth's
454 mental health care provider. The child or youth's well-being will be taken
455 into consideration when making this decision. Therefore, it is important
456 to include the child or youth in the decision-making process so as to avoid
457 alienating them. Staff will not isolate any child or youth based on sexual
458 orientation, gender identity, or gender expression.

459 3. All children and youth will be allowed to use private or individual
460 bathroom stalls and be allowed to shower privately.

461 4. For cases where a transgender youth is residing in a residential facility,
462 every effort will be made so that transgender or gender non-conforming
463 youth are housed in a residential facility that can provide individual
464 sleeping quarters (one-person bedroom) to allow for privacy.
465 Transgender or gender non-conforming children or youth will not
466 automatically be housed according to their sex assigned at birth. As in a
467 foster care setting, the agency will make housing decisions for transgender
468 or gender non-conforming youth based on the child or youth's
469 individualized needs and will prioritize the child or youth's emotional
470 and physical safety. Staff will take into account the child or youth's
471 perception of where they will be most secure, and remember to include
472 the child or youth in the decision-making process so as to avoid alienating
473 them. Staff may utilize regional clinical consultants when determining
474 placement for gender non-conforming or transgender youth.

475
476 E. Personal Grooming and Clothing:

477 1. Grooming rules and restrictions, including rules regarding hair, make-up,
478 and shaving, will be the same for all children and youth regardless of

479 sexual orientation, gender identity, or gender expression. A child or
480 youth will not be prevented from or disciplined for using a form of
481 personal grooming because it does not match gender norms. All children
482 and youth will be permitted to use approved forms of personal grooming
483 consistent with or that affirms their gender identity.

484 2. Children and youth may wear clothing consistent with their gender
485 identity. All children and youth in out-of-home care will have safety
486 parameters established regarding outer attire congruent with the occasion
487 (such as swimwear) and will be age appropriate. Children and youth are
488 able to wear undergarments of their choice. If there is a conflict between
489 the child or youth and their caregiver regarding outer attire and/or
490 undergarments, the caseworker will help resolve the issue.

491
492 F. Mental Health and Medical Considerations:

493 1. Most needs related to sexual orientation, gender identity, and gender
494 expression for children and youth can best be met through caregiver and
495 family support, community support, education groups, and/or peer
496 counseling. The child or youth's family and foster/adoptive family
497 members may also need assistance in supporting the child or youth.
498 When appropriate, caseworkers will assist families in identifying
499 supportive resources and professionals in their area in order to help create
500 adequate support systems in place for sexual orientation, gender identity,
501 and gender expression, including transition to permanency. [See:
502 [Appendix A](#) - Resources to Support LGBTQ Youth and Families.]

503 2. In accordance with accepted health care practices, which recognize that
504 attempting to change a person's sexual orientation, gender identity, or
505 gender expression is harmful, staff will NOT make referrals to mental
506 health providers who attempt to change a child or youth's sexual
507 orientation, gender identity, or gender expression through conversion,
508 reparative, or regression therapy, or any other methods.

509 3. All children and youth in out-of-home care will receive a comprehensive
510 mental health screening. Children or youth who identify as LGBTQ or
511 gender non-conforming who receive mental health services will be served
512 by clinicians who are aware of the needs and best practices for those
513 populations.

514 4. For many transgender and gender non-conforming youth, puberty can be
515 a time of crisis where the urgency of medical decisions is warranted.
516 Children and youth who voice anxiety at the prospect of facing puberty
517 outcomes that conflict with their gender identity will be referred to a
518 psychiatrist who is aware of the needs and best practices for those
519 populations for medication evaluation.

- 520 5. If a child or youth enters out-of-home care and reports that a licensed
521 medical provider in the community prescribed them hormones, this
522 medication will be continued while the child or youth is in care. If
523 hormone therapy is discontinued for a child or youth, the child or youth
524 will continue to be monitored by medical and behavioral health staff in
525 order to treat any symptoms that may occur as a result.
526