

**A Practice Guide for Working with Lesbian,
Gay, Bisexual, Transgender, Questioning,
Intersex, and Two Spirit Youth in Michigan's
Child Welfare System**



Table of Contents

Introduction	3
Chapter 1: Research and Statistics	5
Chapter 2: Preserving Relationships and Placement Prevention	8
Chapter 3: Engagement and Building Relationships	11
Chapter 4: Ensuring Safety in Placement	15
Chapter 5: Ensuring Safe Placement in Residential Care	19
Chapter 6: Special Considerations for Gender Non-Conforming and Transgender Youth	22
LGBTQI2S Glossary	26
References	30
LGBTQI2S Resources	33

Acknowledgement: The Michigan Department of Health and Human Services would like to thank Minnesota Department of Human Services for allowing us to include information from their practice guide, Working with Lesbian, Gay, Bisexual, Transgender and Questioning/Queer Youth in the preparation of Michigan's practice guide.

A Practice Guide for Working with Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex, and Two Spirit Youth in Michigan’s Child Welfare System

Introduction

Lesbian, gay, bisexual, transgender, questioning, intersex, and Two Spirit (LGBTQI2S) youth and their families live in all regions of the state, yet are often invisible to communities and institutions, including the child welfare system. Youth who identify as LGBTQI2S and their families may encounter child welfare programs, including prevention, children’s protective services, foster care, adoption, and juvenile justice. This practice guide is intended to increase awareness, knowledge, and skills of child welfare workers and administrators so they may effectively and competently meet the needs of LGBTQI2S youth and their families. A glossary begins on page 27 that may assist the reader in understanding terms used in this guide.

Why is a Practice Guide Needed for this Population?

LGBTQI2S youth are members of all racial and ethnic cultures, communities, and religions. Violence and bullying targeting LGBTQI2S individuals occur regularly. LGBTQI2S individuals experience discrimination and oppression that challenges their well-being. Youth who identify as LGBTQI2S and reside in out-of-home care are especially vulnerable to discrimination and stigma based on their sexual orientation or gender identity (Heath, Truman-Albright & Heath 2016). Therefore, it is critical that youth are placed in settings that are aware of and prepared to meet their needs. Although well intended, child welfare professionals and caregivers do not always know how to effectively work with youth and advocate for youth who identify as LGBTQI2S to ensure positive outcomes.

Youth identifying as LGBTQI2S live in all communities, including urban, suburban, tribal, and rural areas. Many face discrimination and lack of understanding from school personnel, peers, child welfare staff, medical providers, religious communities, and their families. It is the ethical and professional responsibility of child welfare professionals to support and strengthen all youth and families served, regardless of sexual orientation, gender identity or gender expression. The Social Work Code of Ethics includes the standard to respect the inherent dignity and worth of each person, regardless of individual differences and cultural and ethnic diversity. Child welfare professionals must receive the information, tools and support they need to ensure safety, well-being, and permanency for this population, including identifying appropriate placement supports and resources and mental and physical health resources.

While child welfare professionals play an important role in addressing the needs of LGBTQI2S youth, training and education to effectively serve this population are needed. Staff must develop the competencies, knowledge, and abilities to engage the LGBTQI2S community from a strength-based perspective. All individuals and families must be treated respectfully and non-judgmentally, regardless of one’s personal cultural or religious views regarding sexual orientation or gender identity.

Misconceptions exist that negatively affect the LGBTQI2S population. However, research has shown the following to be true:

- Identifying as LGBTQI2S is not a mental illness (American Psychological Association, 2008; American Psychological Association, 2011).
- Gender identity and sexual orientation are not the same (American Psychological Association, 2011).
- Gender identity and sexual orientation are not choices (American Academy of Pediatrics, 2008; Saraswat, Weinland, & Safer, 2015).
- There has been no scientifically adequate research to show that therapy aimed at changing sexual orientation, sometimes called reparative or conversion therapy, is safe or effective (American Psychological Association, 2008).
- Parenting does not cause a gender identity or sexual orientation (American Psychological Association, 2008; American Psychological Association, 2011).
- Identification as LGBTQI2S is not a “phase” (Appleby & Anastas, 1998).
- LGBTQI2S youth who are accepted and supported by their family have more positive mental and physical health outcomes than youth who are expected to conform to societal norms regarding their sexual orientation, gender identity, and gender expression (Ryan, Russell, Huebner, Diaz, & Sanchez, 2010).
- Divorce rates among same-sex couples are not higher than the general population (Badgett & Mallory, 2014).
- Children of lesbian and gay parents do not differ markedly from the children of heterosexual parents in their development, adjustment, or overall well-being (American Psychological Association, 2008).

Chapter 1: Research and Statistics

The Child Welfare League of America's (CWLA) "Best Practice Guidelines for Serving LGBTQ Youth in Out-of-Home Care" (Wilbur, Ryan, & Marksamer, 2006) states, "LGBTQ youth have the same developmental tasks as their heterosexual and non-transgender peers, but also face additional challenges in learning to manage a stigmatized identity and to cope with social, educational, and community environments in which victimization and harassment are the norm." Such stigmatization can result in increased risk factors for abuse and neglect, homelessness, decreased educational achievement, depression, suicidal behavior, and drug and alcohol abuse.

Prevalence and Overrepresentation in Foster Care

According to Adoption and Foster Care Analysis and Reporting System (AFCARS), there were 427,910 youth in care as of 9/30/2015 (United States Children's Bureau, 2016). Studies suggest that LGBTQ youth are overrepresented in foster care.

Not all LGBTQI2S youth enter out-of-home placement due to reasons associated with their sexual orientation or gender identity; however, some LGBTQ youth come to the attention of the child welfare system due to being abused or neglected after disclosing their sexual orientation or gender identity to their families.

A 2014 study conducted by the Williams Institute surveyed a random sample of youth in care between the ages of 12-21 and determined that almost one out of five youth (19.1 percent) in foster care in Los Angeles County identified as LGBTQ. Of the youth surveyed, 13.6 percent identified as LGBQ, as compared to 7.2 percent among the general youth population. Transgender youth account for 2.25 percent of the general population but accounted for 5.6 percent of the survey respondents (Wilson, Cooper, & Nehzad, 2014). In the Midwest Evaluation of the Adult Functioning of Former Foster Youth, 11 percent identified as gay, lesbian, or bisexual (Dworsky, 2013).

LGBTQ youth are also overrepresented in the juvenile justice system, and are more likely to be arrested, charged, detained, and incarcerated than straight and/or cisgender youth (Irvine, Wilbur, & Canfield, 2017).

Homelessness

Among homeless youth, 20-40 percent identify as LGBTQ (Durso & Gates, 2012; Cunningham, Pergamit, Astone, & Luna, 2014).

According to Durso and Gates (2012), the top five reasons why LGBT youth were homeless or at risk of becoming homeless were:

- Ran away because of family rejection of sexual orientation or gender identity: 48 percent
- Forced out by parents because of sexual orientation or gender identity: 43 percent
- Physical, emotional, or sexual abuse at home: 32 percent
- Aged out of the foster care system: 17 percent
- Financial or emotional neglect from family: 14 percent

Education

The U. S. Department of Health and Human Services Centers for Disease Control and Prevention (CDC) developed the Youth Risk Behavior Surveillance System (YRBSS) which monitors six categories of priority health behaviors among youth and young adults. The survey collects information from students attending public schools in grades 9-12. In 2015 a question was included to the national survey to ascertain sexual identity and sex of sexual contacts to better understand student health related behavior and risk by sexual identity and sex of sexual contacts. According to the 2015 Youth Risk Behavior Surveillance study (CDC, 2016), nationally:

- 12.5 percent of LGB students, and 10.8 percent of students who responded that they were “not sure” about their sexual orientation, had not gone to school at least one day during the 30 days prior to the survey because they felt they would not be safe at school or on their way to or from school. Among heterosexual students, only 4.6 percent endorsed this statement.
- 34.2 percent of LGB students reported being bullied on school property at least one time in the 12 months prior to the survey. 24.9 percent of students who indicated they were “not sure” about their sexual orientation reported being bullied on school property in the preceding twelve months. Among heterosexual students, 18.8 percent endorsed this statement.

Mental and Physical Health

According to the 2015 Youth Risk Behavior Surveillance study (CDC, 2016), nationally:

- 14.8 percent of heterosexual youth responding to the survey reported having seriously considered suicide. Among LGB youth, 42.8 percent reported having seriously considered suicide, and 31.9 percent of those who were unsure of their sexual orientation had reported seriously considering suicide.
- 11.9 percent of heterosexual youth responding to the survey reported having made a plan to commit suicide. Among LGB youth, 38.2 percent reported having made a plan, and 27.9 percent of those who were unsure of their sexual orientation reported having made a plan.
- 6.4 percent of heterosexual youth responding to the survey reported having attempted suicide one or more times in the 12 months prior to the study. Among LGB youth, 29.4 percent reported attempting suicide, and 13.7 percent of those who were unsure of their sexual orientation had reported attempting suicide.
- LGB youth (10 percent) were almost twice as likely as heterosexual youth (5.1 percent) to report being threatened or injured with a weapon on school property. 12.6 percent of youth who were not sure of their sexual orientation endorsed this statement.
- LGB youth (4.9 percent) were almost twice as likely as heterosexual youth (2.5 percent) to report being injured in a physical fight and having physical injuries severe enough to require medical treatment by a doctor or nurse. 8.7 percent of youth who were not sure of their sexual orientation endorsed this statement.

- LGB youth (17.5 percent) and youth who were unsure of their sexual orientation (24.5 percent) were more likely than heterosexual youth (8.3 percent) to report having experienced physical dating violence in the preceding 12 months.
- LGB youth (22.7 percent) and youth who were unsure of their sexual orientation (23.8 percent) were more likely than heterosexual youth (9.1 percent) to report having experienced sexual dating violence in the preceding 12 months.
- LGB youth and youth who were unsure of their sexual orientation were more likely than their heterosexual peers to report:
 - Current use of alcohol and marijuana.
 - Having ever used marijuana, synthetic marijuana, cocaine, ecstasy, heroin, methamphetamines, steroids, prescription medications without a valid prescription, inhalants or hallucinogens.

Chapter 2: Preserving Relationships and Placement Prevention

Preserving Relationships with Families

Research shows that outcomes for youth who transition to adulthood without a permanent family connection are less positive than those who were never involved with the child welfare system or those who spent time in foster care but were discharged to permanency prior to adulthood. It is important to consider what steps can be taken to prevent removal, and if removal is necessary, to promote and support permanency through reunification, adoption, guardianship, or permanent placement with a fit and willing relative.

Families who learn that a child's sexual orientation or gender identity is different from the family's expectation may have many emotions and reactions to process. This can create a state of crisis in a family, which may present the ideal opportunity to structure interventions with appropriate services to assist the youth and family. Research from the Family Acceptance Project revealed that many families became more accepting within two years of learning of their child's identity (Wilbur, Ryan, & Marksamer, 2006). Agencies must provide or refer the youth and family to LGBTQI2S-affirming family counseling and assist the youth and family in making connections to community resources for education and support. Service providers should have a strong understanding of LGBTQI2S issues and be LGBTQI2S-affirming.

In-home family preservation services should include the following elements (Wilbur, Ryan, & Marksamer, 2006):

- Support, counseling, and guidance in coping with the immediate adjustment to the family's discovery of a youth's sexual orientation or gender identity.
- Information and guidance related to positive adolescent development, human sexuality, gender identity, and the effects of family acceptance or rejection.
- Individual and family counseling to support each family member and improve family communication and functioning.
- Assistance in identifying local services and resources to provide ongoing support to a family and youth.

Effective in-home services should address all safety issues immediately, including any possible physical, emotional, or verbal abuse or threats toward an LGBTQ youth. In many cases, effective in-home services can prevent the need for placement. Child welfare professionals and other service providers must coordinate their work with each other and the family to ensure the safety of all children in the home. If safety cannot be assured, protective measures, including potential removal and out-of-home placement, must be pursued.

Other Ways Child Welfare Professionals Can Educate and Support Families

Additional ways to support families include:

- Acknowledging that it is normal for parents and siblings to struggle when a youth comes out as LGBTQI2S.
- Assuring parents that initial difficulty accepting and understanding their child's identity is normal. It often takes time for parents to come to terms with this new knowledge, and families who realize they need support should be commended.

- Exploring with parents what their main concerns are when their child comes out. Some parents worry that their child will be bullied or a victim of violence at school or in the community; this worry is sometimes expressed or interpreted as anger rather than compassion or protectiveness.
- Educating parents that sexual orientation and gender identity are not a choice or a result of any parenting style or actions. Let them know that there are LGBTQI2S identified individuals in every racial, ethnic, cultural, and religious community.
- Discussing parents' religious or moral objections to their child's sexual orientation or gender identity. Linking them to LGBTQI2S supportive resources within their religious faith, if possible, may help. Have a discussion regarding what help they need in order to accept their child and explaining that they need to continue to love them just as they loved them prior to knowing this information. For many families and adolescents, religion and spirituality are important sources of coping and strength; providers need to help them understand that loving their child and finding solace in their beliefs are not mutually exclusive (Wilbur, Ryan, & Marksamer, 2006).
- Acknowledging that parents may want their child to participate in conversion or reparative therapy, which is therapy intended to change individuals' sexual orientation. Child welfare professionals must educate parents that this kind of intervention has not been shown to be effective and may further alienate or harm a youth. According to the American Psychiatric Association, "[no] credible evidence exists that any mental health intervention can reliably and safely change sexual orientation; nor, from a mental health perspective does sexual orientation need to be changed" (Scasta & Bialer, 2013).
- Helping youth understand their family may need time to process this new information about them.

Helping Youth and Families in Rural Communities

A significant proportion of Michigan's population resides in rural or small communities. While larger and urban communities may have a greater number of available resources for LGBTQI2S youth and their families, many areas of the state may have limited, if any, LGBTQI2S-specific resources or affirming therapists and other service providers. In the absence of such resources, the following actions can be taken to provide support to youth and families:

- Look for resources online to share with families and youth (see attached resources).
- Read and share the online manual *No Longer Alone: A Resource Manual for Rural Sexual Minority Youth and the Adults Who Serve Them*. <https://www.sprc.org/resources-programs/no-longer-alone-resource-manual-rural-sexual-minority-youth-adults-who-serve-them>.
- Make copies of the Family Acceptance Project (Ryan, 2009) handbook to give to families; read it and discuss it with them.

- Check with a local library for LGBTQI2S themed books, both literature and self-help, and recommend them to families. If the library does not have such books, request that they purchase some.
- Contact the nearest Parents and Friends of Lesbians and Gays (PFLAG) chapter to learn more about what services are offered in that community. Some have a volunteer speakers' bureau that can train staff or speak at schools. Others offer a regularly occurring support group and may provide trained volunteer phone counselors to speak with struggling families.
- Check with a local college or university to see what resources they offer to LGBTQI2S college students. Inquire about resources they have that could be utilized by LGBTQI2S youth and families. Ask if they have faculty or students who can provide training, education, or support to local child welfare staff on the topic.
- Talk with local mental health providers to get a sense of their knowledge of LGBTQI2S issues and whether they are LGBTQI2S affirming. If there is limited knowledge but some interest in supporting these families, contact the closest LGBTQI2S supportive agency to request training. Many agencies will provide free training to interested organizations.
- If knowledgeable about other parents or foster parents who have had similar personal or parenting experiences (e.g., have an LGBTQI2S youth, or are LGBTQI2S themselves), ask if they would be willing to be a source of support and information for other families. Be careful not to overuse these resource families, who may become resentful or feel tokenized.

Chapter 3: Engagement and Building Relationships with LGBTQI2S Youth

Many LGBTQI2S youth choose not to disclose their sexual orientation or gender identity until they can be assured that persons with whom they share this information will be accepting and affirming. The decision to hide one's LGBTQI2S identity is reinforced by social images and expectations, and a culture in which negative and biased (homophobic and transphobic) attitudes are still common and openly expressed (Wilbur, Ryan, & Marksamer, 2006). Child welfare professionals should expect youth to be reluctant to initially discuss their sexual orientation or gender identity and must adopt an approach that helps youth feel safe to disclose information about themselves – at their own pace and on their own terms (Wilbur, Ryan, & Marksamer, 2006). While engagement for self-disclosure is best practice, direct inquiry may be necessary to secure appropriate services and identify placements that meet a youth's individual needs.

Creating Safe Spaces and Inclusive Environments

The only certain way to know that a youth identifies as LGBTQI2S is through the youth's self-disclosure. It is important to remember that the goal of working with youth who may identify as LGBTQI2S is not to convince them to disclose their identity, but to ensure they are supported when they are ready to share that information and decide it is safe to do so.

Some examples of supporting the youth may include the following:

- Use the words lesbian, gay, bisexual, transgender, intersex, Two Spirit and questioning, or other terms the youth chooses to use. Using these words with comfort suggests familiarity with these topics and may signal to the youth that an individual is supportive and affirming.
- Rather than looking for cues a youth identifies as LGBTQI2S, send out cues that clearly indicate that a professional is comfortable discussing gender identity and sexual orientation.
- Ensure that workplaces have visible signs that it is acceptable to identify as LGBTQI2S—posters, books, and flyers around the office are all useful and clear signs.
- Do not make or tolerate jokes or negative comments about anyone based on race, culture, disability, national origin, sex, ability, age, religion, gender identity/ expression, or sexual orientation— and be clear that doing so is disrespectful.
- Provide all youth with opportunities to talk about gender and sexuality in a healthy way, and include youth identifying as LGBTQI2S in those discussions.
- Help organizations respond to the needs of LGBTQI2S youth by encouraging training, organizational reform, and review/modification of policies that might discriminate against LGBTQI2S youth.
- Recognize that sexual orientation and gender identity/expression is a piece, but not the entirety of a youth's identify. Like all youth, they need support, appropriate adult role models, care, concern, guidance, and flexibility, and those needs may or may not be related to their sexual orientation or gender identity/expression.

- Ask about relationships in a way that avoids assumptions about the youth's gender identity and sexual orientation. For example, ask if they are dating someone instead of whether they have a boyfriend or a girlfriend.
- Ensure that safe sex messages are inclusive of all sexual orientations and gender identities.

Responsibilities of Child Welfare Professionals in the Disclosing Process

Policy of Respect

Michigan Department of Health and Human Services (MDHHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, gender identity or expression, sexual orientation, political beliefs, or disability. This applies to all children supervised by MDHHS, and to all licensed and unlicensed caregivers and families and/or relatives that could potentially provide care or are currently providing care for MDHHS supervised children, including MDHHS supervised children assigned to a contracted agency.

A policy of respect should be enforced with all staff, regardless of their position, as well as other children placed in the home or residential treatment facility. Individuals must be treated according to their self-identified sexual orientation and gender, not the gender or sexual orientation child welfare staff, caregivers or facility staff assumes for a youth. The importance of respecting a youth's self-identity concerning sexual orientation and gender identity cannot be overstated. An LGBTQI2S youth who experiences disrespect or bias child welfare staff, caregivers or facility staff is at greater risk of being bullied or harassed and at greater risk of experiencing depression and/or suicidal ideation.

Maintaining Confidentiality: Disclosure of a youth's sexual orientation and gender identity is a personal choice and is confidential outside of a caseworker/supervisor consultation. As with other case-sensitive information, without the individual's permission, child welfare professionals must keep such information confidential. Youth should be told the information will only be shared with the caseworker's supervisor and others, including the judge, lawyer-guardian ad litem (L-GAL), and service providers, as needed to ensure safety and appropriate placement and inform treatment decisions. When they feel safe and comfortable disclosing to others, youth should be supported by their caseworker in that process. No one, including caseworkers, should disclose someone's sexual orientation or gender identity to others outside of those who must know in order to maintain safety, make referrals for needed treatment or placement, or provide permanency.

Case Documentation: Documentation of a youth's sexual orientation and gender identity should be kept confidential and not included in written documents that may be disseminated outside of the agency, such as case service plans, or shared verbally, without the youth's knowledge and consent. The youth should identify the name and pronouns they prefer to be used in documentation.

Responding to Youth Who Share their Sexual Orientation and Gender Identity

If a youth discloses that they identify as LGBTQI2S, child welfare professionals must:

- Be prepared to affirm, validate, and accept a youth's expression of same-gender attractions, desires and behaviors, gender variance, and self-identification without regard to their personal beliefs and values.

- Utilize good social work practice principles – remember to start where the client is and proceed with gentleness and patience.
- Allow youth to take the lead in using whatever terminology they feel comfortable using.
- Respond in an affirming, supportive way; anticipate concerns about confidentiality, and project the message that it is okay to talk about any concerns the youth may have.
- Avoid labeling with terms not specifically identified by the youth. Instead, help youth safely explore and understand their feelings, thoughts, and behaviors related to sexuality and gender identity.
- Remember that sexual orientation and gender identity are different constructs. Transgender youth may self-identify as lesbian, gay, bisexual, heterosexual, or may question their sexual orientation, or not label themselves. Child welfare professionals should focus on validating a youth's sexual orientation as it unfolds. Transgender youth may need additional help in differentiating between their gender identity and sexual orientation.
- Help youth examine their fears of coming out. Discuss possible consequences and develop a safety plan.
- Be aware that a youth's disclosure makes them highly vulnerable due to fear that individuals may tell others without giving permission to share.
- Let youth who are confused know it is normal to feel that way and explore their confusion with them.
- Be able to assess a youth's level of information and provide accurate information, correcting myths and stereotypes as they come up.
- Be careful not to push questioning youth toward premature resolution of sexual orientation and/or gender identity.
- Recognize and affirm a youth's positive attributes and strengths, then promote these strengths as sources of pride (Ragg & Patrick, 2008).
- Youth who have been sexually abused may require additional time to process and identify sexual orientation. Sometimes, experiencing sexual abuse can cause confusion about sexual orientation.
- Recognize that many youth, regardless of sexual orientation, may act provocatively and use a variety of means to express their identity and/or independence. LGBTQI2S youth who are out and proud and share this information with others may be at even greater risk of sexual harassment or violence and will require support.
- Link youth with community resources, including:

- Local resources and services for LGBTQI2S youth. Some communities, especially those outside of a larger metropolitan area, may have limited LGBTQI2S specific resources, but most areas have at least one agency in the region that they can look to for support.
- Schools offering Gay/Straight Alliances or similar programs where youth may find support. If a school district does not offer this, consider talking to school administration about starting one.

Chapter 4: Ensuring Safety in Placement

Civil Rights of Youth in Care

Youth have a legally enforceable right to safety while in foster care. This right includes, among other things, protection against threats to a youth's physical, mental, and emotional well-being; the right to services to prevent harm; and the right to monitoring and supervision.

Protection of Physical, Mental, and Emotional Well-Being

The physical and emotional well-being of youth who identify as LGBTQI2S is at risk if they are harassed or mistreated based upon their actual or perceived sexual orientation or gender identity. The right to safety also includes the right to receive services to prevent physical or psychological harm while in out-of-home placement. Child welfare professionals must be vigilant to avoid contracting for services that use inappropriate or unethical practices when dealing with youth identifying as LGBTQI2S, such as conversion therapy and other controversial practices intended to involuntarily change a youth's sexual orientation or gender identity.

Case Monitoring

Child welfare professionals are an important link to support safety and well-being, regardless of whether the youth is supervised in-home or out-of-home. It is critical that a youth's caseworker has the capacity, understanding, and willingness to support the youth's social and emotional development while involved with the child welfare system. While working toward developing positive, respectful relationships with youth who identify as LGBTQI2S, it is the caseworker's responsibility to assess and serve the needs of youth without bias and to ensure the safety of all children in foster care (United States Department of Health and Human Services [US DHHS], Administration on Children, Youth and Families [ACYF], 2011).

Concepts to be Considered When Identifying Placement

Youth who identify as LGBTQI2S are particularly vulnerable to failed placements, multiple rejections, and frequent transitions (Wilbur, Ryan, & Marksamer, 2006). It is vital that child welfare professionals ensure that all placements are safe and supportive. The following concepts must be considered when selecting a placement for a youth who identifies as LGBTQI2S in order to ensure placement safety and stability:

- **Caregiver's attitudes toward LGBTQI2S youth.** Child welfare professionals must be particularly attuned to placing youth who identify as LGBTQI2S with families who are committed to providing a safe, supporting, and affirming environment for youth while in care (US DHHS, ACYF, 2011).
- **Educating caregivers on LGBTQI2S.** Agencies should recruit, train, and provide ongoing support to families, including LGBTQI2S individuals and families who are able to provide a safe, loving placement for youth who are LGBTQI2S and involved with the child welfare system (US DHHS, ACYF, 2011).
- **Need for permanent, supportive relationships.** Youth who are LGBTQI2S may be less likely to experience permanency in their placements than non-LGBTQI2S children, whether that means reunification, adoption, or transfer of permanent legal and physical custody.

When reunification is the youth's permanency planning goal, agencies should support families to ensure that parents or guardians develop the capacity to address a youth's needs in a healthy, understanding manner when the family is reunified. One of the issues that affects youth in the child welfare system who are sexual or gender minorities is not enough focus on permanency. Child welfare professionals may give up on the idea that these youth will find a family that is excited to have them (*Addressing the Needs of LGBTQ Youth in Foster Care*, 2009).

- **Need for safety.** Safety is a paramount issue for LGBTQI2S youth. They are at higher risk for physical violence and verbal harassment in their homes, schools, and communities than non-LGBTQI2S youth. The child welfare system has a mandate to ensure children's safety in foster care (Adoption and Safe Families Act of 1997).
- **Confidentiality.** This can be difficult to navigate when a youth's safety is involved. Youth should be told the information will only be shared with their supervisor, and those who must be told for the purpose of ensuring safety or to secure treatment. These individuals may include the judge, lawyer guardian ad litem and service providers.

Recruiting and Licensing Safe Homes for Youth who Identify as LGBTQI2S

- **Recruitment** – Recruiting resource families that identify as LGBTQI2S or who outwardly support and demonstrate or express a willingness and ability to provide a safe, affirming placement for LGBTQI2S youth.
- **Screening/home studies** – During the home study process, child welfare professionals need to address cultural competency and cultural differences. All families should be encouraged to process their feelings about issues related to sexual orientation and gender identity. Families that are uncomfortable caring for LGBTQI2S youth in an unbiased way should not have these youth placed in their care. Some families may express hesitation during the home study but given an opportunity to discuss issues such a placement might bring up, and provided training and support opportunities, these families may become appropriate and supportive placement options for LGBTQI2S youth.

Training

Foster parent orientation training must include information on cultural issues, and include information specifically regarding LGBTQI2S youth.

Supporting Foster/Adoptive Families

All foster and adoptive families need and deserve support, regardless of the sexual orientation or gender identity of a child or youth placed in their care. However, when LGBTQI2S youth are placed in a foster/adoptive home, foster/adoptive families may need specialized supports. Foster and adoptive parents may be interested in more detailed and specific information about typical developmental issues for LGBTQI2S youth, including greater understanding of the process of disclosing identity and how this may affect the youth and the family. Foster and adoptive parents should be reassured that it is normal to feel nervous or unsure about how to best meet the needs of LGBTQI2S youth and that is okay for them to ask questions.

Policies and Procedures Regarding Discrimination

The DHS-5307, Rights and Responsibilities for Children and Youth in Foster Care, is given annually to all children placed in foster care and reviewed in an age appropriate manner. Along with the right to a safe and nurturing placement, youth have the right to be treated with respect and be free from discrimination. If youth feel this right is being violated, they must inform their caseworker so that appropriate action can be taken. Youth should never be required or expected to discuss their sexual orientation or gender identity. Any safety issues, such as threats of harm or actual maltreatment, must be addressed immediately.

Licensing rules for child placing agencies and child caring Institutions require a written grievance procedure to safeguard the legal rights of children in their care. The policy must be explained in a language and manner the youth can understand.

If it becomes clear that the foster/adoptive home cannot be supportive and accepting of a youth, a placement change may be necessary. However, in many cases, with skilled mediation or problem-solving resources, difficulties can be worked out to maintain placement stability for a youth.

Foster parents should consider the following when contemplating fostering an LGBTQI2S youth (Child Welfare League of America and Lambda Legal, 2002):

- Acknowledge that youth in foster care may be LGBTQI2S. Foster parents should not assume all youth in foster care are heterosexual.
- Examine their own beliefs and attitudes that might influence their ability to support LGBTQI2S youth in their care. Regardless of personal beliefs, it is the foster parents' responsibility to provide a safe, nurturing, and nonjudgmental environment for all youth in their care.
- Educate themselves on LGBTQI2S through reading books, watching films, conducting research through reputable sources and/or attending workshops.
- Understand that being LGBTQI2S is not a choice or something a youth can change. The leading mental health and child welfare associations have long recognized that a lesbian or gay sexual orientation is a normal variation on human sexuality and no more susceptible to change than is a heterosexual orientation. Youth should never be subjected to conversion or reparative therapies to change their sexual orientation or gender identity.
- Understand that acceptance or rejection affects the health and well-being of LGBTQI2S youth in care.
- Respect the privacy and confidentiality of LGBTQI2S youth.
- Apply the same standards to LGBTQI2S youth that are applied to other youth for age-appropriate adolescent romantic behavior.
- Provide safety in all settings for LGBTQI2S youth.
- Be an advocate for LGBTQI2S youth.

- Acknowledge that there is more to an individual than sexual orientation and gender identity. Avoid making assumptions about youth based entirely upon certain characteristics. Do not assume that every struggle faced by an LGBTQI2S youth is the result of this aspect of their identity. Many of their struggles are a result of lack of support they received from their caretakers and peers or are related to typical adolescent development.
- Take advantage of community resources for both foster parents and LGBTQI2S youth.

Chapter 5: Ensuring Safe Placement in Residential Treatment

Supporting Safe Placement of LGBTQI2S Youth in Residential Treatment

This chapter provides best practice guidelines for the residential placement of youth due to abuse and neglect, as well as requirements of the [Prison Rape Elimination Act \(PREA\) of 2003](#) related to juvenile justice facilities to ensure safety for youth once placed. State-run and private, contracted juvenile justice residential facilities must achieve and maintain compliance with PREA juvenile standards. The principles within PREA juvenile standards are an excellent resource for residential facilities that serve abused and neglected youth.

LGBTQI2S youth have faced discrimination and abuse by child welfare professionals, residential facility staff and peers; however, enactment and enforcement of PREA is intended to reduce these incidents in juvenile justice residential settings and provides best practice guidelines for residential facilities serving abused or neglected youth. Compliance with the PREA juvenile standards must be achieved and maintained at all state-run and private, contracted juvenile justice residential treatment facilities. MDHHS and all contracted facilities must have zero tolerance of all forms of sexual abuse and sexual harassment; when incidents occur, they must be addressed immediately.

Child welfare and residential staff must address any discriminatory practices or conditions that could result in the abuse or neglect of youth who identify as LGBTQI2S. Youth cannot be segregated or put into isolation based on sexual orientation, gender identity, or gender expression. Similar to non-LGBTQI2S youth, isolation may only be used as a last resort to ensure a youth's safety.

When residential placement is determined to be the least restrictive placement setting, child welfare staff must use any sexual orientation and gender identity expression information available through interviews and case records to assist with ensuring an appropriate match with residential services. For juvenile justice youth, the Juvenile Justice Assignment Unit (JJAU) will use the information provided to assign youth to an appropriately matched residential facility.

For youth who identify as transgender or intersex, licensing rules for child caring institutions state, "Residents of the opposite sex, if either is over 5 years of age, shall not sleep in the same sleeping room." However, the child welfare and residential facility staff should prioritize, in collaboration with the youth, participation in daytime therapeutic program activities that match the gender with which the youth identifies. In making this type of determination, the child welfare professional and facility staff may need to consult with a mental health professional with experience working with transgender and/or intersex youth for an evaluation.

Questions that may be part of the evaluation include:

- Does the youth meet the criteria for gender dysphoria? If so, what treatment would best meet the youth's needs along with any other mental health concerns?
- What gender pronouns should be used to meet the youth's needs?
- What clothing should the facility have available to the youth, considering that some have uniforms while others allow for more individualized dress codes?
- Would the youth be better served with a male or female population?

- How much privacy would the youth need to ensure safety and well-being, such as a private room or shower?
- What are the youth's own views with respect to his or her own safety?
- What are the mental health professional's observations of any gender non-conforming attributes that might affect the youth's vulnerability to victimization?

LGBTQI2S youth may not be segregated into housing, bed, bathrooms or other assignments based solely on identifying as LGBTQI2S. Placement decisions must be made based on a case-by-case basis to address the individual needs of the youth. Youth must not be placed in sex offender treatment programs based solely on their identification as LGBTQI2S.

Confidentiality and Privacy

Child welfare and residential facility staff must be prepared to talk with incoming youth who self-identify as LGBTQI2S. The conversation should be open and honest and include the following topics:

- Preferred name and pronouns.
- Options for sleeping arrangements, programming, education placement and work assignments within the assigned facility.
- Privacy in showers and bathrooms.
- Safety concerns and confidentiality.

Child welfare and residential facility staff must collaborate to ensure that confidentiality measures are in place to protect sexual orientation and gender identity expression shared by youth. These youth may or may not have shared this information with others, or only to certain individuals. It is up to a youth to determine with whom and how the information is shared.

Sleeping and Bathroom Arrangements

Licensing rules require sleeping arrangements be based on the sex of the youth as identified on the birth certificate. If a youth reports problems with sleeping arrangements, programming, or any other element of their daily routine related to sexual orientation or gender identity or expression at the facility where they are placed, child welfare staff should contact the facility director to discuss the situation and ensure that a youth will be treated equally and be kept safe. Juvenile justice facilities are required under PREA to have multiple reporting options for youth to report allegations of sexual abuse or sexual harassment. Residential facilities that serve juvenile justice or abused or neglected youth must also have grievance procedures in place for youth to protect their rights (Mich. Admin. Code, R 400.4132).

Some residential care facility staff are concerned that allowing a lesbian or gay youth to be placed in the same bedroom with other youth of the same sex will lead to sexually inappropriate behavior by LGBTQI2S youth. LGBTQI2S youth are no more likely to engage in sexually inappropriate behavior than youth who do not identify as LGBTQI2S. An overall facility policy of no sexual activity and no physical or sexual violence would cover these types of situations for all youth, regardless of sexual orientation or gender identity or expression.

Some facilities may have private rooms available as a sleeping option. Use of this option should be determined on a case-by-case basis to best support the youth's treatment and safety.

For transgender or intersex youth, first consideration should be given to placing the youth in a facility licensed to serve both males and females, because this provides an option for daytime programming that may more closely align with the youth's gender identity. A discussion regarding gender identity needs to take place prior to placement in single-sex facilities. Prior to placement, the caseworker must consult with the youth, family, and current treatment and service providers. This information must be provided to the JJAU to make an appropriate facility assignment when placing a juvenile justice youth. For abused and neglected youth, this information should be discussed with residential facility staff to ensure the treatment and safety needs are met.

Bathroom arrangements may also present concerns for residential facilities, particularly for transgender youth. Ideally, bathroom and shower facilities for all youth should offer privacy, including single stalls and locking doors. In juvenile justice facilities, privacy is required by PREA. If a facility cannot accommodate individual bathrooms or showers, an alternative for facilities is to allow youth to use group bathrooms or showers privately or to have at least one single-stall restroom with a door that locks. Such a restroom should be gender-neutral and available for all youth to use regardless of gender identity.

Dress Codes and Hygiene

Facilities must have a dress code and have hygiene supplies available to all youth. When dress codes and hygiene supplies differ for males and females, allowances must be included to accommodate the youth's gender identity and expression and provisions must not be limited to birth sex.

Chapter 6: Special Considerations for Gender Non-conforming and Transgender Youth

Terms and Definitions

To be respectful of gender non-conforming and transgender youth, it is important to understand what constitutes gender identity. Everyone has a gender identity, which refers to a person's internal sense of being male, female, a blend of both or neither. For most individuals, gender identity matches the gender assigned to them at birth. For example, those assigned female sex at birth typically identify as a girl and later as a woman. This is commonly referred to as being cisgender.

Individuals that have a different gender identity than the biological sex they were assigned at birth are often referred to and/or refer to themselves as transgender. Transgender is an inclusive umbrella term that can be used to describe a person whose gender expression is nonconforming and those whose gender identify varies from traditional gender norms. An example would be a person that was assigned female sex at birth but whose gender identity is male. This person would be considered transgender or a female to male transgender person. Similarly, a person who was assigned a male sex at birth, but whose gender identity is female, would be considered a male to female transgender person.

Non-binary refers to people who do not identify with a fixed gender. Non-binary identities may be fixed or fluid, such as in-between male and female, may fluctuate between male or female, or may have no gender identity, either all or some of the time. This can be confusing to those people who understand gender identity as a fixed category. Asking gender non-conforming people what pronouns they use to describe themselves allows them an opportunity to express their identity as they wish.

There may also be confusion about the difference between sexual orientation and gender identity or gender expression. Some believe that all lesbian, gay, and bisexual individuals are transgender, or vice versa. Remember, transgender female youth see themselves as females, not gay males; transgender male youth see themselves as males, not lesbians. Sexual orientation and gender identity are two separate aspects of an individual's identity (see Glossary).

Unique Barriers for Gender Non-conforming and Transgender Youth

Some barriers that transgender youth face are similar to lesbian, gay, or bisexual individuals. However, transgender youth face additional barriers regarding obtaining proper identification, employment, and health care. Studies have shown that transgender individuals face higher rates of harassment and are more vulnerable to violence than those who are non-transgender.

Other barriers and issues that transgender youth may face as compared to youth who are non-transgender include:

- Difficulty obtaining a Social Security card, state identification card, or driver's license.
- Lack of family support.
- Lack of education and employment due to harassment and/or bullying.
- Discrimination by health care providers, leading to decreased access to appropriate health care services as compared to non-transgender youth.

- Inability to pay for transgender-related health care such as hormones, counseling, and gender reassignment procedures. The majority of transgender-related health care is not covered by insurance in the U.S.
- Higher risk for substance abuse and addiction.
- Discrimination by housing providers, property owners, social service agencies, and/or employers.
- Greater vulnerability to involvement in street crimes due to lack of employment/income.
- Greater risk of being a victim of hate crimes.
- Being prohibited from making decisions for themselves regarding their gender identity and expression because of their age, such as living and dressing according to their gender identity.
- Higher risk for depression and suicide.
- Higher risk of being harassed, abused, disowned, and/or kicked out by their biological, foster, or adoptive families.
- High level of intolerance of transgender individuals, which leads many parents to try to force youth to conform to gender norms associated with their assigned sex.
 - This can be devastating for a youth and cause them to become isolated, depressed and/or suicidal.
 - It can also cause them to run away from their home and face a life on the streets.
 - Due to the high rates of non-acceptance of transgender youth by their families, and the high rates at which they either run away or are kicked out of their homes, there is a large disparity in the number of transgender youth who experience homelessness.

Ensuring Respectful Services for Gender Non-Conforming and Transgender Youth

See Chapter 3 for guidance on creating safe spaces and inclusive environments. To ensure respectful services for gender non-conforming and transgender youth, child welfare professionals need to (Mottet and Ohle, 2003):

- Remember that they have the same rights as all youth. They should not be held to stricter standards due to their gender identity.
- Call youth by their preferred name. Ask them what name they prefer to be called. Do not assume the youth prefers the name that is in their case file or on their legal identification. Use the pronouns (he, she, they, etc.) that a youth prefers.

- Ensure that all documents and forms include the opportunity for youth to disclose their own gender, e.g., have forms that say “gender: _____” rather than forms that have checkboxes for female and male.
- Provide information about LGBTQ and trans-specific services available for youth.
- Address disclosures of bullying at school or elsewhere by contacting the appropriate individuals to resolve the issue. The 2015 National School Climate On-line Survey of 10,528 LGBTQ students aged 13-21 from all 50 states and the District of Columbia, representing 3,095 unique school districts in grades 6-12 was conducted by GLSEN, finding
 - 85 percent of students reported experiencing verbal harassment at school.
 - 58 percent reported feeling unsafe at school due to their sexual orientation.
 - 43 percent reported feeling unsafe due to their gender identity.
 - 27 percent reported being physically harassed at school because of their sexual orientation.
 - 13 percent reported being physically harassed because of the gender identity.
- Attempt to refer youth to service providers that are known to be transgender-friendly.
- Ensure that youth receive all transition-related treatment deemed medically necessary by their health care provider.
- Find local resources that can assist transgender youth with legal issues like getting their names changed and getting identity documents (identification, birth certificate, etc.)
- Become familiar with local area support groups, counseling, and other services specific to transgender youth so referrals to those services can be made, as appropriate.
- Ensure that foster parents will be supportive of a gender non-conforming and transgender youth’s gender identity when making placements in foster homes.
- Ensure that facilities are safe and respectful of gender non-conforming and transgender youth when making placements in residential facilities (see Chapter 5).

Transgender Health Care

Child welfare professionals assisting youth who are transgender should have basic knowledge of health care needs that are unique to individuals who identify as transgender. It is important to speak with a qualified medical professional for specific details for transgender youth. Some of the dynamics that play into the health care of transgender individuals are as follows:

- Many transgender youth are violently attacked because of their gender non-conforming expression. Some do not feel safe making changes to their physical appearance, including surgery or hormones, because they may be more vulnerable to violence.

- Surgeries are very expensive and often not covered by insurance. While hormones are less expensive than surgery, their cost is still prohibitive to some transgender youth.
- Sometimes youth, because of their age or immigration status, cannot change legal documents.
- The process of changing gender on vital documents such as birth certificates, Social Security cards, and drivers' licenses can be extremely difficult.

Gender Reassignment Surgery

Sometimes transgender youth do not have the resources or legal authority (due to age) to have gender reassignment surgery, or to pursue hormone therapy. Transgender youth may or may not seek surgery, hormones, or other transition-related medical care. These are deeply personal decisions. Consent from a parent or legal guardian is required for youth under age 18 to have reassignment surgery.

Hormones

Those in the process of transitioning from female to male often take testosterone, which increases muscle mass, causes facial and body hair to grow, lowers voice pitch, and changes body fat distribution to a male pattern. Those transitioning from male to female take estrogen and testosterone-blockers, which cause breast development, soften skin, and redistribute body fat in a female pattern.

Medical professionals prescribe hormones and monitor their effects with regular check-ups. However, because many youth cannot afford to get hormones through the medical system, some may purchase them through an underground market. The following are important to consider in terms of hormones:

- Disruption in hormone treatment may cause mental and physical effects.
- Transgender youth may possess syringes for hormones – not necessarily for illegal drug use.
- Hormones purchased on the street come with risks. If needles are shared, there is risk for HIV or other disease transmission. The dosage of hormones may not be at the correct level for those using them.
- Without regular medical check-ups, hormones may cause or exacerbate other health problems that go undetected and untreated.
- If transgender youth are using non-prescription hormones, silicone injections, or other risky practices to make their physical appearance more congruent with their gender identity, keep in mind that they are doing so out of needs related to mental health and physical safety. While safer transition alternatives should be found as quickly as possible, transgender youth should not be shamed or scolded for changing their bodies in these ways.

LGBTQI2S Glossary:

Agender – A person without gender. An agender individual’s body does not necessarily correspond with their lack of gender identity. Often, agender individuals are not concerned with their physical sex, but some may seek to look androgynous. [**Related Terms:** neutrois, genderless, gender neutral]

Ally – A person who is not LGBTQI2S but shows support for LGBTQI2S individuals and promotes equality in a variety of ways.

Androgynous – Identifying and/or presenting as neither distinguishably masculine nor feminine.

Asexual – The lack of a sexual attraction or desire for other people.

Assigned at Birth – Commonly utilized by transgender individuals, the term illustrates that the individual’s sex (and subsequently gender in early life) was assigned without involving the person whose sex was being assigned. Commonly seen as “Female Assigned at Birth” (FAAB) or “Assigned Female at Birth” (AFAB) and “Male Assigned at Birth” (MAAB) or “Assigned Male at Birth” (AMAB).

Bigender – A person whose gender identity is a combination of or alternation between two genders.

Bisexual – A person who is emotionally, romantically, and sexually attracted to both men and women.

Cisgender – A term used to refer to a person whose gender identity or expression is aligned with the sex assigned to them based on their physical sex. Also referred to as cissexual.

Cisnormativity – The assumption, in individuals or in institutions, that everyone is cissexual, and that cisgender people’s identities are more normal, valid, and worthy of respect than transgender people’s identities.

Closeted – An individual who identifies as LGBTQI2S who has not disclosed their sexual orientation or gender identity.

Coming Out – The process of disclosing one’s sexual orientation or gender identity to others. Because most individuals are presumed to be heterosexual, coming out is not a discrete event, but a lifelong process. Heterosexual family members or allies of LGBTQI2S persons also experience coming out when they disclose to others that they have friends or relatives who are LGBTQI2S.

Gay – A person who’s emotional, romantic, and sexual attractions are primarily for individuals of the same sex, typically in reference to men. In some contexts, it is still used as a general term for gay men and lesbians.

Gender Binary – The idea that there are only two genders – male/female or man/woman and that a person must be strictly gendered as either/or.

Gender Dysphoria – Feelings of conflict between a person’s physical or assigned gender and the gender with which he/she/they identify.

Gender-expansive – Conveys a wider, more flexible range of gender identity or expression than typically associated with the binary gender system.

Gender Expression – A person’s expression of their gender identity (see below), including characteristics and behaviors such as appearance, dress, mannerisms, speech patterns, and social interactions.

Gender Fluid – A person who does not identify with one fixed gender identity.

Gender Identity – An individual’s self-conception as being male, female, both, or neither. One’s gender identity can be the same or different from their sex assigned at birth. Everyone has a gender identity.

Gender Identity Disorder (GID) – GID is no longer a valid diagnosis as of publication of the DSM-V in 2013 and should not be used or referenced.

Gender non-conforming – Having or being perceived to have gender characteristics and/or behaviors that do not conform to traditional or societal expectations. Gender nonconforming individuals may or may not identify as LGBTQI2S.

Genderqueer – A term of self-identification for individuals who do not identify with the restrictive and binary terms that have traditionally described gender identity (for instance, male or female only). Also, see gender nonconforming, queer, and transgender.

Gender Spectrum – Recognition of gender as a complex aspect of self, influenced by a person’s sex, gender expression and gender identity.

Gender transition – The process by which some people strive to more closely align their internal knowledge of gender with its outward appearance. This can be either socially, whereby dress, names and pronouns may be used to be socially recognized as another gender, or physical transitions in which medical interventions are used to modify their body.

Heteronormativity – A belief system that assumes heterosexuality is normal and that everyone is heterosexual.

Heterosexism – A belief system that assumes that heterosexuality is inherently preferable and superior to other sexual orientations.

Heterosexual – A person whose emotional, romantic, and sexual attractions are primarily for individuals of a different sex. Sometimes referred to as straight.

Homophobia – Fear, hatred of, aversion to, or discrimination against homosexuality, LGBTQI2S individuals or those perceived as LGBTQI2S, and anyone associated with LGBTQI2S persons.

Homosexual – A term used to refer to a person based on their same-sex sexual orientation, identity, or behavior. Many LGBTQI2S individuals prefer not to use this term, especially as a noun, because of its historically negative use.

Intersex – A term used to refer to an individual born with a reproductive or sexual anatomy that does not conform exclusively to male or female norms in terms of physiological sex. This may include variations of genetics, genital or reproductive structures, or hormones. According to the Intersex Society of North America, an organization that advocates and educates about intersex concerns, about one in every 2,000 children is born intersex. Many intersex individuals prefer this term to the historically negative term hermaphrodite. An intersex person may or may not identify as LGBTQI2S.

Lesbian – A woman whose emotional, romantic, and sexual attractions are primarily for other women.

LGBTQI2S – Common acronym for lesbian, gay, bisexual, transgender, questioning/queer, intersex and Two Spirit. Sometimes written to include A for ally. May also be written as GLBTQI2S.

Nonbinary (Also non-binary) – An adjective describing a person who does not identify exclusively as a man or a woman. Non-binary people may identify as being both a man and a woman, somewhere in between, or falling completely outside these categories. While many also identify as transgender, not all non-binary people do.

Outing – Exposing someone’s diverse sexual orientation or gender expression without their permission.

Pansexual – Not limited in sexual choice with regard to biological sex, gender, or gender identity.

Queer – A historically derogatory term for a gay man, lesbian, or gender-nonconforming individual. The term has been widely re-claimed, especially by younger LGBTQ individuals, as a positive social and political identity. It is sometimes used as an inclusive, or umbrella, term for all LGBTQ individuals. More recently, queer has become common as a term of self-identification for those who do not identify with the restrictive and binary terms that have traditionally described sexual orientation (for instance, gay, lesbian, or bisexual only). Some LGBTQ community members still find queer an offensive or problematic term. Also see genderqueer.

Questioning – An active process in which a person explores their own sexual orientation and/or gender identity and questions the cultural assumptions that they are heterosexual and/or gender conforming. Not all who question their identities end up self-identifying as LGBTQ.

Reparative or Conversion Therapy – An intervention intended to change an individual’s sexual orientation to heterosexual, which is not condoned by the American Academy of Pediatrics, the American Psychiatric Association, or other major professional associations.

Sex – The designation made at birth as “male” or “female” based on an individual’s genitalia. A person’s sex is only one of the dimensions that constitute an individual’s gender.

Sexual Orientation – A term describing a person’s emotional, romantic and sexual attraction, whether it is for members of the same gender or different gender. More appropriate than sexual preference. An individual’s sexual orientation may or may not dictate their sexual behavior or actions.

Sexual Reassignment Surgery (SRS) – A term used by some medical professionals to refer to a group of surgical options that alter a person’s sex characteristics. In most states, one or multiple surgeries are required to achieve legal recognition of gender status. Also known as Gender Confirming Surgery.

Straight – A term often used to identify an individual as heterosexual.

Transgender – An umbrella term that can be used to describe individuals whose gender expression is nonconforming and/or whose gender identity is different from their assigned sex at birth. Being transgender does not imply any specific sexual orientation. Transgender people may identify as straight, gay, lesbian, bisexual, etc.

Transition – The time period when a transgender person starts living as the gender they identify as. Often includes a change in style of dress, new name, a request that individuals use the correct pronoun, and possibly hormone therapy and/or surgery.

Transphobia – Fear, hatred of, aversion to, or discrimination against transgender individuals, or those who are gender nonconforming.

Transsexual – A term for someone who transitions from one physical sex to another to bring their body more in line with their innate sense of gender identity. It includes those who were born male but whose gender identity is female, and those who were born female, but whose gender identity is male, as well as those who may not clearly identify as either male or female. Transsexual individuals have the same range of gender identities and gender expression as non-transsexuals. Many transsexuals refer to themselves as transgender.

Two Spirit – (also two-spirit or twospirit) A modern umbrella term used by some indigenous North Americans to describe gender-variant individuals in their communities, specifically people within indigenous communities who are perceived as having both male and female spirits within them. It is a spiritual role that is recognized and confirmed by the two-spirit's indigenous community.

References:

- Addressing the needs of LGBTQ youth in foster care. (Fall 2009). *The Connection*. Seattle, WA: Court Appointed Special Advocates for Children. Retrieved from http://nc.casaforchildren.org/files/public/site/publications/TheConnection/Fall2009/Cover_Story.pdf.
- Adoption and Safe Families Act of 1997, Pub. L. 105-89, 111 Stat. 2115, codified as amended at 42 USC § 1305.
- American Academy of Pediatrics. (2008). *Gay, lesbian, and bisexual teens: Facts for teens and their parents*. Retrieved from <https://www.healthychildren.org/English/ages-stages/teen/dating-sex/Pages/Gay-Lesbian-and-Bisexual-Teens-Facts-for-Teens-and-Their-Parents.aspx>.
- American Psychological Association. (2008). *Answers to your questions: For a better understanding of sexual orientation and homosexuality*. Washington, DC: Author. Retrieved from <https://www.apa.org/topics/lgbt/orientation.pdf>.
- American Psychological Association. (2011). *Answers to your questions about transgender people, gender identity, and gender expression*. Washington, DC: Author. Retrieved from <https://www.apa.org/topics/lgbt/transgender.pdf>
- Appleby, G. A. & Anastas, J. W. (1998). *Not just a passing phase: Social work with gay, lesbian, and bisexual people*. New York: Columbia University Press. Retrieved from https://books.google.com/books?hl=en&lr=&id=I_jD7XuVDLEC&oi=fnd&pg=PR7&ots=VltcmIDG6c&sig=yvCXOO6pWR0K_RBRNUBi6HR0Jcg#v=onepage&q&f=false.
- Badgett, M. V. L. & Mallory, C. (2014). *Patterns of relationship recognition for same-sex couples: Divorce and terminations*. Los Angeles: The Williams Institute. Retrieved from <http://williamsinstitute.law.ucla.edu/wp-content/uploads/Badgett-Mallory-Divorce-Terminations-Dec-2014.pdf>.
- Centers for Disease Control and Prevention. (2016). *Youth risk behavior surveillance — United States, 2015*. Washington, DC: Author. Retrieved from https://www.cdc.gov/healthyyouth/data/yrbs/pdf/2015/ss6506_updated.pdf.
- Child Welfare League of America and Lambda Legal. (2002). *Getting down to basics: Tools for working with LGBTQ youth in care*. Philadelphia, PA and Washington, DC: Author.
- Cunningham, M., Pergamit, M., Astone, N., & Luna, J. (2014). *Homeless LGBTQ youth*. Washington, DC: Urban Institute. Retrieved from
- Durso, L.E., & Gates, G.J. (2012). *Serving our youth: findings from a national survey of service providers working with lesbian, gay, bisexual, and transgender youth who are homeless or at risk of becoming homeless*. Los Angeles: The Williams Institute with True Colors Fund and The Palette Fund. Retrieved from <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Durso-Gates-LGBT-Homeless-Youth-Survey-July-2012.pdf>.

Dworsky, Amy (2013). *The economic well-being of lesbian, gay, and bisexual youth transitioning out of foster care* (OPRE Report #2012-41). Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. Retrieved from https://www.acf.hhs.gov/sites/default/files/opre/opre_lgbt_brief_01_04_2013.pdf.

GLSEN, the Gay, Lesbian Straight Education Network (2015). The 2015 National School climate Survey, Executive Summary. Retrieved from <https://www.glsen.org/article/2015-national-school-climate-survey>

Hatch, Truman-Albright, & Heath (2016). *New Brief Highlights the Needs of Lesbian, Gay, Bisexual, Transgender, and Questioning Youth in Child Welfare Settings*. <https://www.acf.hhs.gov/archive/blog/2016/03/new-brief-highlights-the-needs-of-lgbtq-youth-in-child-welfare-settings>.

Irvine, A., Wilber, S., & Canfield, A. (2017). *Lesbian, gay, bisexual, questioning, and/or gender nonconforming and transgender girls and boys in the California juvenile justice system: A practice guide*. Oakland, CA: Impact Justice and the National Center for Lesbian Rights.

Kann L, Olsen EO, McManus T, et al. *Sexual Identity, Sex of Contacts, and Health-Related Behaviors Among Students in Grades 9-12 - United States and Selected Sites, 2015*. MMWR Surveill Summ 2016;65(No. SS-9):1-202.
DOL: <http://dx.doi.org/10.15585/mmwr.ss6509a1>.

Michigan Administrative Code R 400.4101 – 400.4666.

Mottet, L. and Ohle, J. M. (2003). *Transitioning our shelters: A guide to making homeless shelters safe for transgender people*. New York: The National Coalition for the Homeless and the National Gay and Lesbian Task Force Policy Institute.

Prison Rape Elimination Act of 2003, Pub. L. 108-79, 117 Stat. 972, codified as amended at 42 USC §§15601-15609.

Ryan, C. (2009). Supportive families, healthy children: Helping families with lesbian, gay, bisexual & transgender children. San Francisco State University: Family Acceptance Project.

Ryan, C., Russell, S. T., Huebner, D., Diaz, R. D., & Sanchez, J. (2010). Family acceptance in adolescence and the health of LGBT young adults. *Journal of Child and Adolescent Psychiatric Nursing*, 23(4), 205-2013.

Ragg, D. M., and Patrick, D. (2008). *Practice brief: Providing services and supports for youth who are lesbian, gay, bisexual, transgender, questioning, intersex or two-spirit*. Washington, D.C. Georgetown University Center for Child and Human Development.

Saraswat, A., Weinland, J. D., & Safer, J. D. (2015). Evidence supporting the biologic nature of gender identity. *Endocrine Practice*, 21(2): 199-204.

Scasta, D., & Bialer, P. (2013). *American Psychiatric Association official actions: Position statement on issues related to homosexuality*. Arlington, VA: American Psychiatric Association. Retrieved from <https://www.psychiatry.org/File percent20Library/About-APA/Organization-Documents-Policies/Policies/Position-2013-Homosexuality.pdf>.

Suicide Prevention Resource Center: A Resource Manual for Rural Sexual Minority Youth and the Adults Who Serve Them. <https://www.sprc.org/resources-programs/no-longer-alone-resource-manual-rural-sexual-minority-youth-adults-who-serve-them>.

United States Children's Bureau. (2016). *The AFCARS report*. Washington, D.C.: U.S. Dept. of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. Retrieved from <https://www.acf.hhs.gov/sites/default/files/cb/afcarsreport23.pdf>.

United States Department of Health and Human Services, Administration on Children, Youth and Families. (2011). ACYF-CB-IM-11-03. Retrieved from <https://www.acf.hhs.gov/sites/default/files/cb/im1103.pdf>.

Wilbur, 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. Retrieved from <http://www.nclrights.org/wp-content/uploads/2013/07/bestpracticeslgbyouth.pdf>.

Wilson, B.D.M., Cooper, K., Kastansis, A., & Nezhad, S. (2014). *Sexual and gender minority youth in foster care: Assessing disproportionality and disparities in Los Angeles*. Los Angeles: The Williams Institute, UCLA School of Law. Retrieved from http://williamsinstitute.law.ucla.edu/wp-content/uploads/LAFYS_report_final-aug-2014.pdf.

LGBTQI2S Resources:

A. Michigan Based Organizations:

Affirmations, www.goaffirmations.org, offers a community center for youth who identify as LGBTQ, 290 West 9 Mile Road, Ferndale, MI 48220 248-398-7105.

Battle Creek Pride, www.battlecreekpride.org, 145 Capital Ave NE, Battle Creek, MI 49017.

Community Health Awareness Group (CHAG), www.chagdetroit.org/home.html
1300 W. Fort St., Detroit, MI 48226, 313-963-3434.

Detroit Regional LGBT Chamber of Commerce, www.detroitlgbtchamber.com,
PO Box 32446, Detroit, MI 48232, 313-673-3001.

Equality Michigan, www.equalitymi.org, 19641 West 7 Mile Road, Detroit, MI 48219,
866-962-1147 or 313-537-7000.

Fair Michigan, www.fairmichigan.org, P.O. Box 6136, Plymouth, MI 48170, or
645 Griswold Ave, Detroit, MI 48226, 313-556-2300.

Gateway Youth Services-Child and Family Charities, <http://www.childandfamily.org>, 4287 Five
Oaks Dr. Lansing, MI 48911 Phone: 517-882-4000 or 24/7 Crisis Line:
877-833-3689 or 515-882-7217.

Grand Rapids Pride Center, www.grpride.org, 343 Atlas Ave SE, Grand Rapids,
MI 49506.

Grand Valley State University Milton E. Ford LGBT Resource Center, www.gvsu.edu/lgbtrc.

Human Rights Campaign Michigan, www.hrc.org/local-issues/michigan 316 W. Raymond St.
Vicksburg, MI, 269-475-5321 and 224 S. Grand St., Schoolcraft, MI,
269-679-7123.

LGBT Detroit, www.lgbtdetroit.org, 20025 Greenfield Rd., Detroit, MI, 313-397-2127.

Michigan Coalition to End Domestic & Sexual Violence (MCEDSV), mcedsv.org,
3893 Okemos Rd. Suite B2, Okemos, MI 48864, 517-347-7000 and 2727 Second Ave. Suite
283, Detroit, MI 48201, 313-267-4005.

Michigan Roundtable for Diversity and Inclusion, www.miroundtable.org, 525 New Center One
3031 West Grand Blvd., Detroit, MI 48202, 313-870-1500.

Michigan State University Lesbian, Bisexual, Gay, Transgender Resource Center,
lbgtrc.msu.edu.

LGBT Resource Center 302 Student Services Building 556 East Circle Drive, East Lansing, MI
48823, 517-353-9520.

OutCenter, Benton Harbor, MI, www.outcenter.org.

OutFront Kalamazoo, formerly the KGLRC, www.outfrontkzoo.org, 340 S. Rose St.
Kalamazoo, MI 49007 (269) 349-4234.

Parents, Families and Friends of Lesbians and Gays (PFLAG) www.pflag.org and TNET, PFLAG's Transgender Network, www.pflag.org/transgender includes a listing and contact information for 17 Michigan sites:

Ann Arbor
Clinton Township
Detroit
Family Reunion Detroit
Genesee County/Flint
Greater Lansing
Grosse Pointe
Holland/Lakeshore
Jackson
Keweenaw
Lenawee
Livingston County
Manistee
Owosso area
Plymouth/Canton
Port Huron
Tri-Cities: Bay City, Saginaw, Midland

Pride Source, www.pridesource.com provides daily news with an emphasis on developments impacting LGBT and allied citizens across Michigan.

Ruth Ellis Center, www.ruthelliscenter.org is a youth social services agency with the mission to provide short-term and long-term residential safe space and support services for runaway, homeless and at-risk lesbian, gay, bi-attractional, transgender and questioning youth, 77 Victor Street, Highland Park, MI 48203, 313-252-1950.

Safe House Center, www.safehousecenter.org is a 501(c)(3) non-profit organization whose mission is to provide safety, support, advocacy and resources for survivors of sexual assault and domestic violence and their children, 4100 Clark Rd., Ann Arbor, MI 48105, 734-973-0242 ext. 252.

Trans Youth Family Allies, www.imatyfa.org partners with educators, service providers and communities to develop supportive environments in which gender may be expressed and respected, PO Box 1471, Holland, MI 49422, 888-462-8932.

Transgender Michigan, www.transgendermichigan.org provides advocacy, support and information, 23211 Woodward Ave. #309, Ferndale, MI 48220, 855-345-8464

University of Michigan Spectrum Health Center, <https://spectrumcenter.umich.edu/> 734-763-4186

University of Michigan Comprehensive Gender Services, <https://www.uofmhealth.org/conditions-treatments/transgender-services> is a multidisciplinary program providing comprehensive health services for gender-variant patients.

Western Michigan University LGBT Student Services, www.wmich.edu/lbgt.

B. National Agencies and Organizations:

Center for the Study of Social Policy, <https://cssp.org/our-work/focus/lgbtq>.

Children's Bureau Capacity Building Center for States, Toolkit to Support Child Welfare Agencies in Serving LGBTQ Children, Youth and Families, www.pacwrc.pitt.edu/Curriculum/2020percent20LGBTQpercent20Youthpercent20inpercent20thepercent20CWpercent20System/App/App05_Toolkit.pdf.

Child Welfare Information Gateway, www.childwelfare.gov/topics/systemwide/diverse-populations/lgbtq/ is a service of the Children's Bureau Administration for Children and Families of the U.S. Department of Health and Human Services. Their library contains extensive resources on numerous topics, including children and families identifying as LGBTQ.

Child Welfare League of America (CWLA) Best Practice Guidelines: serving LGBTQ Youth in Out of Home Care by Shannan Wilber, Caitlin Ryan, Jody Marksamer. (2006) www.nclrights.org/legal-help-resources/resource/child-welfare-league-of-america-cwla-best-practice-guidelines-serving-lgbt-youth-in-out-of-home-care.

Gender Spectrum, www.genderspectrum.org Their mission is to create a gender-inclusive environment for children and youth by increasing understanding of gender.

GLBT Near Me, www.glbtnearme.org, a website with links to over 15,000 GLBT-related resources – just enter your zip code and a list of local resources is provided.

GLSEN, www.glsen.org, the Gay, Lesbian Straight Education Network is a national advocacy organization for promoting safe schools for all.

Lesbian, Gay, Bisexual and Transgender National Hotline, <https://www.glbthotline.org/national-hotline.html> free and confidential phone and internet peer counseling, information and local resources, 888-843-4564.

LGBT Foundation, <https://lgbt.foundation/> is a national charity delivering advice, support and information services to lesbian, gay, bisexual and trans (**LGBT**) communities. **LGBT Foundation** is a national charity delivering advice, support and information services to lesbian, gay, bisexual and trans (**LGBT**) communities.

National Center for Child Welfare Excellence, Children and Youth in Child Welfare, Informational and Practice Publications, Resources and Tools, www.nccwe.org/BPR/hot-topics/LGBTQ-CYCW.html.

National Quality Improvement Center on Tailored Services, Placement Stability and Permanency for Lesbian, Gay, Bisexual, Transgender, Questioning, and Two-Spirit Children and Youth in Foster Care (QIC-LGBTQ2S), Youth with Diverse Sexual Orientation, Gender Identity and Expression in Child Welfare: A Review of Best Practices, http://www.qiclgbtq2s.org/wp-content/uploads/sites/4/2018/05/LGBTQ2S-Lit-Review_-5-14-18.pdf.

National Resource Center for Permanency and Family Connections, LGBT Adoptive and Foster Parenting, www.hunter.cuny.edu/socwork/nrcfcpp/info_services/download/TSudoI_LGBTpercent20Issues_InfoPacket.pdf.

Suicide Prevention Resource Center, Resources for working with LGBTQ2S people, https://www.sprc.org/system/files/private/event-training/StateTribalpercent204A_SPRCpercent20LGBTQ2-Spercent20Suicidepercent20Preventionpercent20Resourcespercent20andpercent20Terminology_HANDOUT.pdf.

The Trevor Project – Trevor Lifeline, www.thetrevorproject.org, is a 24/7 Crisis and Suicide Prevention Line for LGBTQ Youth, 866-4-U-TREVOR 866-488-7386.

Youth Guardian Services, www.youth-guard.org/youth, website offers YOUTH email lists, which provide an outlet for GLBTQ and straight allied youth to talk with each other about anything in a safe internet space. Also, can put youth in contact with social service and crisis response organizations in their own communities.

C. Additional Resources by Category:

Faith-Based Organizations

Baptist, The Association of Welcoming and Affirming Baptists, www.awab.org.

Catholic, Dignity/USA, www.dignityusa.org.

Disciples of Christ, Gay, Lesbian and Affirming Disciples Alliance, Inc., www.gladalliance.org.

Episcopal, Integrity, www.integrityusa.org.

Quaker: Friends for Lesbian, Gay, Bisexual, Transgender, and Queer Concerns, <http://flgbtqc.quaker.org>

Seventh-day Adventist: Seventh-day Adventist Kinship International, www.sdakinship.org

United Methodist Church: Reconciling Ministries Network, www.rmnetwork.org

Juvenile Justice

Impact Justice, California's Practice guide for Juvenile Justice, http://impactjustice.org/wp-content/uploads/2017/02/CPOC-Practice-Guide_Final.pdf.

Legal

Lesbian and Gay Immigration Rights Task Force, www.immigrationequality.org.

Parenting

Lead with Love, leadwithlovetfilm.com, a website with a free video designed for parents of GLBTQ youth (documentary created to provide comfort, information, and guidance for parents who have recently learned that their child is lesbian, gay or bisexual) and other resources and links.

Trans Youth Family Allies, www.imatyfa.org, is an organization for families of transgender youth sharing national resources, reading and educational material for parents and youth, and a parents' forum.

Racial/ethnic Community Connections

CoalicionUnida, www.unitycoalition.org/Directory.html.

Transgender

Gender Education Center, www.debradavis.org.

The Gender Spectrum, www.genderspectrum.org, is based in CA, but the website has great information regarding gender identity issues for children and parents.

Transgender Youth Support Network, www.transyouthsupportnetwork.blogspot.com.

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.