



Minnesota Department of **Human Services**

Working with lesbian, gay, bisexual, transgender and questioning/queer youth

Statistics

Relationships

Engagement

Safety

Residential care

Transgender



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Lesbian, gay, bisexual, transgender and questioning/queer (LGBTQ) youth and their families live in all regions of the state, yet are often invisible to communities and institutions, including the child welfare system. LGBTQ youth and their families have strengths and needs, and some may come into contact with the child welfare system, as some heterosexual youth and families do.

Why a practice guide for this population?

LGBTQ youth are members of all racial and ethnic cultures, communities and religions. Although active homophobia, or anti-LGBTQ attitudes and actions have decreased over time, violence and bullying against LGBTQ individuals still occurs regularly across the country. Heterosexism, the assumption that everyone is heterosexual, and that heterosexuality is the preferred sexual orientation, remains prevalent. This assumption leads to invisibility of the LGBTQ population.

Although this community is sometimes invisible, LGBTQ youth live in all regions, including urban, suburban, tribal and rural areas. Many LGBTQ youth face discrimination and lack of understanding from school personnel, peers, social service staff, medical providers, religious communities and their families. It is the ethical and professional responsibility of child welfare social workers to support and strengthen all youth and families that they serve, regardless of sexual orientation or gender identity. A Council on Social Work Education–Lambda legal study in 2009¹, addressed schools’ effectiveness in addressing LGBTQ issues:

“LGBT individuals have been subjected to historical discrimination and oppression in American society, causing attendant challenges to their well-being. LGBTQ youth in out-of-home care are especially vulnerable to discrimination and stigma based on their sexual orientation or gender identity. The social work profession, with its commitment to promote social justice and social change with and on behalf of clients, plays an important role in addressing the problems faced by LGBT people.”

While it is true that social workers play an important role in addressing the needs of LGBTQ youth, training and education on working with this population is limited. As with other cultural groups, workers must develop the competencies, knowledge and abilities to engage the LGBTQ community from a strengths-based perspective. All individuals and families must be treated respectfully and non-judgmentally, irrespective of one’s personal views of sexual orientation and/or gender identity. Each social worker has personal biases and sees the world through a lens based on family upbringing, religious and other cultural backgrounds and life experiences. Social work best practice dictates that workers be aware of personal biases, and ensure that equitable services are provided to all individuals and families. Although strides have been made in the last two decades towards lessening discrimination against LGBTQ individuals, there remains both a lack of knowledge about, and some active negative bias against those identified as LGBTQ. This practice guide is intended to increase awareness, knowledge and skills of social workers and administrators in the child welfare system so they may effectively and competently meet the needs of LGBTQ youth and their families.

LGBTQ youth in out-of-home care are especially vulnerable to discrimination and stigma based on their sexual orientation or gender identity.

¹ Martin, James and Messinger Lori. Council on Social Work Education (CSWE) – Lambda legal study of LGBT Issues in Social Work. This publication is available on CSWE’s website at: www.cswe.org/file.aspx?id=25678.

Chapter 1: Statistics

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.

There are approximately 408,425 youth in the foster care system in the United States.² While it is impossible to precisely determine the number of LGBTQ youth in this system, recent studies suggest that these youth comprise between 5 and 10 percent of the total foster youth population.³ The actual percentage may be higher since LGBTQ youth are over-represented in the foster care pool because of discrimination and abuse many of these youth face in their families of origin and in their schools.⁴ Many of these youth – as many as 78 percent as indicated in a recent study – endure further harassment or abuse after being placed in out-of-home care.⁵ When LGBTQ youth determine they cannot find a good fit, some run away from placements, preferring to live on the street rather than in homophobic settings where they are in danger of harassment or violence.



LGBTQ youth come to the attention of the child welfare system for a variety of reasons; some because they have engaged in behaviors such as skipping school or running away from home, possibly due to problems related to their LGBTQ identity. Although some LGBTQ youth are thrown out of their homes when they disclose their gender/sexual identity, or when they are found out by their families, not all enter out-of-home placement because of issues directly related to their gender/sexual orientation. Like their heterosexual counterparts, LGBTQ youth come to the attention of the child welfare system for a variety of reasons. Many are placed for the same reasons as other youth, including:

- Family disintegration
- Divorce, death or illness of a parent
- Parental drug or alcohol abuse
- Child maltreatment.

Most LGBTQ youth do not end up in the child welfare system.

The Child Welfare League of America's (CWLA) "Best Practice Guidelines for Serving LGBTQ Youth in Out-of-Home Care"⁶ 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 such as homelessness, drug and alcohol abuse, depression and suicidal behavior.

² U.S. Department of Health and Human Services. Administration for Children and Families. (2010) Adoption and Foster Care Analysis and Reporting Systems (AFCARS) FY 2010 data.

³ Sullivan, C., Sommer, S. and Moff, J. (2001) *Youth in the margins: A report on the unmet needs of lesbian, gay, bisexual, and transgender adolescents in foster care*. New York: Lambda Legal Defense and Education Fund.

⁴ Ibid.

⁵ Feinstein, R., Greenblatt, A., Hass, L., Kohn, S. and Rana, J. (2001) *Justice for all? A report on lesbian, gay, bisexual and transgender youth in the New York juvenile justice system*. New York: Urban Justice Center.

⁶ Wilber, S., Ryan, C. and Marksamer, J. (2006) *CWLA best practice guidelines: Serving LGBT youth in out-of-home care*. Philadelphia: Child Welfare League of America, p. 27.



According to recent research published in the journal *Pediatrics*,⁷ LGBTQ youth who experienced high rates of rejection from their families based on their sexual orientation or gender identity, when compared with peers from families that reported no or low levels of family rejection, were:

- 8.4 times more likely to report having attempted suicide
- 5.9 times more likely to report high levels of depression
- 3.4 times more likely to use illegal drugs
- 3.4 times more likely to report having engaged in unprotected sexual intercourse.

Homelessness

Homelessness has become more of a risk factor for LGBTQ youth because the average age youth are disclosing their sexual orientation or gender identity – commonly referred to as “coming out” has decreased over time. In the 1970s, individuals were coming out more commonly at ages 19-24 compared to the current average age of 13.4.⁸ Coming out at a younger age puts LGBTQ youth at a higher risk of homelessness because they are still living with caregivers who, due to their own anti-LGBTQ bias, may reject, disown, kick out, abuse or neglect these youth.

Youth who experienced the trauma of maltreatment from their birth families often have a more challenging process coming out in foster care. While in placement, they may face additional rejection, harassment or maltreatment. In some instances, foster families or caregivers have had an established long-term relationship with a youth and then disowned, rejected, kicked out and/or forced them to act straight or gender-conforming when they came out.

The following statistics illustrate the extent to which homelessness is a risk factor for LGBTQ youth:

- 20-40 percent of all homeless youth identify as LGBTQ⁹
- 65 percent of 400 homeless LGBTQ youth reported having been in a child welfare placement at some point in the past¹⁰
- 50 percent of a sampling of lesbian and gay youth in out-of-home care reported having been homeless at some point in the past¹¹
- 62 percent of homeless youth who identified as LGBTQ attempted suicide compared to 29 percent of their heterosexual peers.¹²

In Minnesota, Wilder Research published a report¹³ on LGBTQ homeless youth with data gathered from their 2006 homeless survey. In the study, 13 percent (71) of 566 respondents ages 11-21 identified themselves as LGBTQ. Of the youth surveyed who identified as LGBTQ:

- 26 percent reported not having any contact with their family in the previous month
- 23 percent reported that their main reason for being homeless was “lack of tolerance of sexual orientation or gender identity” [by their caregiver]
- 21 percent said the main reason was due to violence in the home
- 72 percent reported a history of serious mental health problems
- 49 percent reported having considered suicide in the past

⁷ Ryan, C., Huebner, D., Diaz, R. M. and Sanches, J. (2009) *Family rejection as a predictor of negative health outcomes in white and latino lesbian, gay, and bisexual young adults*. “Pediatrics,” Vol. 123.

⁸ Ibid.

⁹ Ray, N. (2006) *Lesbian, gay, bisexual and transgender youth: An epidemic of homelessness*. New York: National Gay and Lesbian Task Force Policy Institute and the National Coalition for the Homeless.

¹⁰ Berberet, H. (2006) *Putting the pieces together for queer youth: A model of integrated assessment of need and program planning*. “Child Welfare Journal,” Vol. 85, No. 2.

¹¹ Mallon, G. P. (1998) *We don't exactly get the welcome wagon: The experiences of gay and lesbian adolescents in the child welfare system*. New York: Columbia University Press.

¹² Van Leeuwen, J. M., Boyle, S., Salomonsen-Sautel, S., Baker, N. D., Garcia, J. T., Hoffman, A. and Hopfer, C. J. (2005) *Lesbian, gay and bisexual homeless youth: An eight-city public health perspective*. Child Welfare, Vol. 85, No. 2.

¹³ Pittman, B. (2009) *Homeless youth who identify as LGBTQ: Analysis from the 2006 statewide survey of homelessness in Minnesota*. Saint Paul: Amherst H. Wilder Foundation.

- 65 percent reported issues with chemical dependency, currently or in the past
- 75 percent reported having been physically or sexually abused as a youth.

Education

LGBTQ youth face discrimination within educational systems, as evidenced by the following statistics:

- 33 percent of LGBTQ students missed at least one day of school in the past month because they felt unsafe, compared to less than 5 percent of all students¹⁴
- LGBTQ youth are almost twice as likely to not finish high school or pursue college compared to heterosexual youth.¹⁵

Mental and physical health

LGBTQ youth may be at higher risk for mental or physical health issues as evidenced by the following statistics:

- One study found that 73 percent of LGBTQ youth had thoughts of suicide versus 53 percent of their heterosexual peers; 50 percent had attempted suicide at least once compared to 33 percent of their heterosexual counterparts¹⁶
- A recent study found that 9 percent of LGBTQ youth study participants met criteria for post-traumatic stress disorder, and about 15 percent met criteria for major depression¹⁷
- LGBTQ youth may use alcohol more often to self-medicate; one study reported current alcohol use at 60 percent versus 45 percent of heterosexual peers, and binge drinking at 44 percent versus 26 percent¹⁸
- LGBTQ youth reported having been diagnosed with HIV or another sexually transmitted disease at a higher rate than their heterosexual peers (16 percent versus 7 percent).¹⁹

While LGBTQ youth are at higher risk of suicide, depression, homelessness and substance abuse, it must be understood that none of these risks are set in stone or experienced by all LGBTQ youth. Many of these risk factors can be ameliorated when youth receive support in one or more areas of their lives. The emotional distress that can lead to suicide, substance abuse and other problems is caused, in large part, by social isolation and stigma. Remove the social isolate and much of the emotional distress is relieved.²⁰

¹⁴Kim, R. (2009) *A report on the status of gay, lesbian, bisexual and transgender people in education: Stepping out of the closet, into the light*. Washington, D.C.: National Education Association.

¹⁵Quintana, N. S., Rosenthal, J. and Krehely, J. (2010) *On the streets: The federal response to gay and transgender homeless youth*. Washington, D.C.: Center for American Progress.

¹⁶Ray, N. (2006) *Lesbian, gay, bisexual and transgender youth: An epidemic of homelessness*. New York: National Gay and Lesbian Task Force Policy Institute and the National Coalition for the Homeless.

¹⁷Mustanski, B., Garofalo, R. and Emerson, E. (2010) *Mental health disorders, psychological distress, and suicidality in a diverse sample of lesbian, gay, bisexual, and transgender youth*.

"American Journal of Public Health," 2010. Dec. 100 (12).

¹⁸Goodenow, C. (2004) *2003 Youth risk behavior survey results*. Massachusetts Department of Education.

¹⁹Ibid.

²⁰Elze, D. E. and McHaelen, R. (2009) *Moving the margins: Training curriculum for child welfare services with LGBTQ youth in out-of-home care*. Washington D.C.: National Association of Social Workers and Lambda Legal.



Chapter 2: Preserving relationships and placement prevention

Preserving relationships with birth families and reunification

Recent research has shown that youth who age out of care without a permanent family connection have worse outcomes than those who were never in care, or even youth who spent time in care but were discharged to permanency prior to aging out of the system. It is important to consider what steps can be taken to promote and support reunification with families, or consider adoption or other permanency options for youth who will not be reunified. Efforts should be made to prevent placement in the first place, if possible.



Joshua, a 15-year-old African American male was sitting in his bedroom in the apartment that he shares with his mother, father, and three younger brothers, reading a very personal letter that a boy in school wrote to him. His mother yelled to him from the kitchen that he had a phone call, so he put the letter on his bed and left his room to answer the phone. While on the phone, his 9-year-old brother entered his room and read the letter.

His younger brother, realizing its contents were racy, showed the letter to his mother. When Joshua returned from the phone call and found his letter missing, he panicked. Joshua knew that it would be obvious to anyone who read the letter that he was gay. Up to this point, he had been successful at keeping his identity a secret. But now his secret was out. He was angry that he didn't have an opportunity to come out on his own terms – he had been found out – and there is a big difference! When he saw his mother's face, he knew that she had read the letter – but she said nothing to him. When he approached her, she backed away and said, "We'll talk about this when your father gets home, and when all of your brothers are asleep."

The next few hours were filled with dread and isolation for Joshua. What's going to happen? What is his father going to do? He's not prepared for this; he's terrified of the repercussions.

What Joshua didn't know was that his mother and father felt the same way – this was not the way things were supposed to be – they were not prepared for this. No one ever told them about the prospect of having a son who was gay. Should they send him for therapy? Should they send him away to protect the other boys? Should they even tell anybody about this?

For the social worker experienced in working with family systems, the situation in the above vignette presents the ideal opportunity for an intervention. A crisis has occurred; the family is in turmoil, and everyone is poised for something to happen. Family members are confused, frightened, shame-filled, unprepared and angry. They can act in a reckless manner, lashing out at the individual who has disclosed, or they might fall into a conspiracy of silence and become completely paralyzed and numbed by the circumstances. Professionals who have spent years with families, or even those who have recently entered the field, know that what happens next is not always predictable. When the situation involves an issue of sexual orientation in the family, one can almost guarantee that there will be a great deal of ambivalence in this process. Coming out in the context of a family system can yield unpredictable outcomes.

Preventing placement and family preservation

In the best case scenario, placement can be prevented through provision of family preservation and supportive services. Research from the Family Acceptance Project revealed that many families became less rejecting and more accepting within two years of learning of their child's LGBTQ identity.²¹ To prevent the need for placement, agencies can and should provide services such as in-home family counseling with LGBTQ-sensitive therapists, and help families make connections to community resources for education and support, for both the parents and the LGBTQ-identified youth.

In-home family preservation services should include the following elements:²²

- 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 and gender identity, and the effects on a youth 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.

It is vital that in-home providers have a strong understanding of LGBTQ issues and be LGBTQ-supportive, although it is not necessary that therapists be LGBTQ-identified. Effective in-home services should address all safety issues immediately, including any possible physical, emotional or verbal abuse, or threats toward an LGBTQ youth. Ideally, such services will prevent the need for placement. However, it is essential that social workers and in-home providers coordinate their work with families to ensure the safety of all of the children in the home. If safety cannot be assured, placement may need to be pursued.

²¹Wilber, S., Ryan, C. and Marksamer, J. (2006)

²²Ibid.



Other ways to support families

Additional ways to support families include:

- Acknowledge that it is normal for parents and siblings to struggle when a youth comes out as LGBTQ.
- Assure parents that they are not bad for not immediately accepting and understanding when their child comes out. It often takes time for parents to come to terms with this new knowledge, and families who realize they need support regarding this issue are to be commended.
- Explore 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, but the worry is expressed through anger rather than compassion or protectiveness.
- Educate parents regarding the fact that sexual orientation and gender identity are not a choice, and that they did not do anything to make their child LGBTQ. Let them know that there are LGBTQ-identified individuals in every racial, ethnic, cultural and religious community, regardless of parenting style.
- Discuss parents' religious or moral objections to homosexuality. Linking them to LGBTQ-supportive resources within their religious faith, if possible, may help. Have a discussion regarding what help they need to accept their child, and 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.²³
- Awareness that parents may want their child to participate in conversion or reparative therapy, which is therapy intended to change individuals' sexual orientation. Parents should be aware

that this kind of therapy has not been shown to be effective, and may further alienate or harm a youth. In addition, the American Psychiatric Association “opposes any psychiatric treatment, such as reparative or conversion therapy, which is based upon the assumption that homosexuality per se is a mental disorder, or based upon a prior assumption that the patient should change his/her homosexual orientation.”²⁴

- Help youth understand their family will need time to process this new information about them.

Promoting and supporting reunification for LGBTQ youth

When an LGBTQ youth requires placement, the worker, youth, and parents will develop an out-of-home placement plan. This plan includes steps that a youth, parents, foster parents, and social worker/social service agency must take to address the reasons and family circumstances that led to placement. It is important to consider steps and/or services that can be used to support a family toward reunification, with specific attention paid to the needs of a family's LGBTQ youth. The following is a list of possible reunification goals and services:

- Family members will participate in therapy with an LGBTQ-knowledgeable therapist. Therapy will focus on increasing the parents' understanding of the LGBTQ-specific needs of their child, repairing the relationship among family members, and assuring safety for all family members.
- Parents will contact the local Parents, Friends and Families of Lesbian and Gays (PFLAG) chapter to discuss supports and resources in the community.
- Youth will participate in individual therapy with an LGBTQ-supportive therapist.

Family members are often confused, frightened, shame-filled, unprepared and angry. They can act in a reckless manner, lashing out at the individual who has disclosed, or they might fall into a conspiracy of silence and become completely paralyzed and numbed by the circumstances.

²³Ibid.

²⁴American Psychiatric Association website: <http://healthyminds.org/More-Info-For/GayLesbianBisexuals.aspx>

- Social worker will connect family with local LGBTQ resources.
- Social worker and parents will meet with school officials to discuss steps the school needs to take to ensure safety for an LGBTQ youth at school.

Most youth in foster care will eventually reunify with their parent(s) or primary caregiver. A question often asked is, “How does a worker know when it is safe to reunify a youth with their parent(s)?” This question applies to every placement situation, not just those involving LGBTQ youth. Considerations include not just whether or not parent(s) complied with and met case plan goals, but more importantly, if they can demonstrate necessary behavioral changes that show that they will be able to provide an emotionally and physically safe home for their youth.

In addition to evaluating the risks to youth by completing a risk assessment, consider the following factors:

- Have the parents actively participated in family counseling that focused on repairing the relationship with their LGBTQ youth?
- Do the parents demonstrate that they understand the unique needs of their LGBTQ youth?
- Do parents show that they will support their youth, regardless of their gender or sexual orientation, or do they insist that a youth needs to be heterosexual in order to return home?
- Do parents continue to demonstrate anti-LGBTQ attitudes and reject their LGBTQ youth?
- Do parents demonstrate that they understand the impact of prior rejecting words and actions on their youth?
- Do parents continue to make verbally or physically threatening statements toward their youth?

- Is unsupervised visitation allowed, or was a trial home visit permitted due to positive behavioral and attitudinal changes made by the parents?
- Does a youth report they feel safe and ready to return home? How do they report that the visits are going?

It’s important to remember that not all LGBTQ youth in an out-of-home placement enter placement because of issues directly related to their gender/sexual orientation. As such, consider these youth-centered factors:

- Is the youth willing to work on mutually established goals?
- Is the youth willing to participate in therapy?
- If applicable, is the youth willing to abide by court requirements?
- If applicable, is the youth willing to refrain from using illegal substances?

Workers should have regular contact with service provider(s), as well as the parents, youth and foster parents. When positive behavioral changes have occurred, workers and families can begin to plan for a youth’s return home. Developing a reunification safety plan will be essential. Reunification can be stressful on all family members, even when everyone has made progress and worked hard to make positive changes. Successful reunification requires thoughtful planning and consideration of steps to take to decrease the possibility of continuing conflict or safety issues.

Reunification safety plans can include steps such as the following:

- Detailed plans for conflict resolution, if arguments or disagreements arise, such as an agreement that all parties will take a 10-minute time out, and not resume the conversation until everyone can talk calmly about a topic
- An agreement that all family members will continue in outpatient therapy until their therapist recommends closing the case



- An agreement that specifically allows a youth to attend local LGBTQ youth groups or school-based Gay/Straight Alliance (GSA) meetings
- An agreement that no physical or verbal violence will be used by any household member
- A list of support individuals and/or agencies that each family member can contact if additional support is needed.

It is important that social workers meet with a family very soon after reunification to assess how a youth's return home is going. Remember, although a decision was made that a home was safe enough to reunify, a family is going to continue to need ongoing support. Safety should be assessed at every home visit, and workers should continue to meet separately with a youth at home, school, or in the community to have an opportunity to discuss how the transition back home has been going.

Helping youth and families in rural communities

Minnesota has a significant population living in rural or small communities. While the Twin Cities metro area, and a few other regions such as Rochester, Duluth and St. Cloud have a number of LGBTQ-specific resources, many areas of the state have limited, if any, LGBTQ-specific resources or LGBTQ-sensitive/affirming therapists. In the absence of such resources, the following are steps social workers can take to provide support to this population:

- 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*.²⁵
www.nyacyouth.org/docs/ruralyouth/nolongeralone.pdf

- Make copies of the *Family Acceptance Project*²⁶ handbook to give to families; read it and discuss it with them.
- Check the local library for LGBTQ-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, Friends and Families of Lesbian and Gays chapter to learn more about what it can offer. Some have a volunteer speakers' bureau that can train staff or speak at schools. Others offer a regularly occurring support group. Still others provide trained volunteer phone counselors to speak with struggling families.
- Check with a local college or university to see what resources they offer to LGBTQ college students. Inquire about resources they have that could be utilized by LGBTQ youth and families. Ask if they have faculty or students who can provide training, education or support to local social service staff on the topic.
- Talk with local mental health providers to get a sense of their knowledge of LGBTQ issues and whether or not they are LGBTQ-affirming. If there is limited knowledge, but some interest in supporting these families, contact the closest LGBTQ-supportive agency (this may be in a metro area in another state, the Twin Cities metro, or another larger community such as Duluth, Rochester or St. Cloud) to request training. Many agencies will provide free training to interested organizations.
- If knowledgeable about other parents or foster parents who have struggled with similar issues (e.g., have an LGBTQ youth, or are LGBTQ 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).

²⁵Stapel, C. J. (2005) *No longer alone: a resource manual for rural sexual minority youth and the adults who serve them*. Washington, D.C.: National Youth Advocacy Coalition.

²⁶Ryan, C. (2009) *Supportive families, healthy children: Helping families with lesbian, gay, bisexual & transgender children*. San Francisco State University: Family Acceptance Project.

Chapter 3: Engagement and building relationships with LGBTQ youth

It is important to remember that the goal of working with possible LGBTQ youth is not to get them to come out, but to facilitate the experience of coming out if and when they decide it is all right to do so.

Many LGBTQ youth choose not to come out until they can be assured that persons with whom they share this part of their identity will be accepting and supportive. The decision to hide one's LGBTQ 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.²⁷ Many experts suggest that it is not typically appropriate to ask youth directly if they identify as LGBTQ. Workers should expect youth at first to be reluctant to discuss their sexual orientation or gender identity. To encourage youth to be open about these issues, workers should adopt an approach that helps them to feel safe to disclose information about themselves – at their own pace and on their own terms.²⁸

In his book, *Lesbian, Gay, Bisexual, Transgender, and Questioning – LGBTQ Youth Issues: A Practical Guide for Youth Workers*,²⁹ Mallon offers ideas to assist social workers in engaging LGBTQ youth in the coming-out process. Some of his suggestions are summarized below.

What social workers can do to assist an LGBTQ youth with the coming-out process

The only sure way of identifying an LGBTQ youth is when they self-disclose their orientation—in other words, when they come out. It is important to remember that the goal of working with possible LGBTQ youth is not to get them to come out, but to facilitate the experience of coming out if and when they decide it is all right to do so. Facilitating the experience means that social workers need to do the following:

- Use the words lesbian, gay, bisexual, transgender and questioning. Using these words and an ability to say them with comfort suggests familiarity with these issues, and possibly someone that it is okay to talk with about these issues.
- Rather than looking for LGBTQ cues in youth, send out cues that say loudly and clearly that a worker is comfortable discussing issues of gender/sexual orientation.
- Ensure that workplaces have visible signs that it is all right to be an LGBTQ youth—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, gender, ability, age, religion, or gender/sexual orientation—and be clear about why.
- Provide all youth with opportunities to talk about gender and sexuality in a healthy way, and include LGBTQ individuals in those discussions.
- Help organizations respond to the needs of LGBTQ youth by encouraging training, organizational reform, and review of policies that might discriminate against LGBTQ youth.
- Realize that LGBTQ youth have more to their identities than the fact that they are lesbian, gay, bisexual, transgender or questioning. They are just like other youth who need support, appropriate adult role models, care, concern, guidance and flexibility.

²⁷Wilber, S., Ryan, C. and Marksamer, J. (2006)

²⁸Ibid.

²⁹Mallon, G. P. (2010) *LGBTQ youth issues: A practical guide for youth workers serving lesbian, gay, bisexual, transgender, and questioning youth*. Philadelphia: Child Welfare League of America.



Responsibilities of social workers in the disclosing process

Should I maintain confidentiality?

Confidentiality must be maintained. No one, including social workers, should ever take it upon themselves to out another person. As with other case-sensitive information, without a client's permission, workers must keep information confidential.

If a youth discloses, should it be shared with coworkers?

In most cases, do not share information with coworkers. But, it depends on whether all information about youth in a program is shared with coworkers. It also depends on how comfortable coworkers are with issues of gender/sexual orientation, and whether a worker agreed to not disclose information to anyone.

In some cases, youth should be encouraged to disclose to others when they feel safe and comfortable. But no one, including social workers, should ever disclose someone's sexual orientation to anyone without their permission. Disclosure is a very personal choice.

Should the disclosure/coming-out process be documented?

It depends on the agreement that a worker makes with youth when they disclose; it also depends on the guidelines set by agencies with respect to documentation of sensitive information.

In their training curriculum, "Moving the Margins,"³⁰ Elze and McHaelen offer some useful suggestions that focus on what to do after a youth discloses their gender/sexual orientation to a worker. Some of these suggestions are summarized below, and include:

- Social workers should be prepared to affirm, validate and accept a youth's expression of same-gender attractions, desires and behaviors, gender variance and self-identification.

- Utilize a good social work practice principle – remember to start where the client is and proceed with gentleness and patience.
- Stay away from labeling, 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. Social workers 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.
- Allow youth to take the lead in using whatever terminology they feel comfortable using.
- When youth disclose to social workers that they are LGBTQ, workers should respond in an affirming, supportive way; anticipate concerns about confidentiality, and project the message that it is okay to talk about any issue.
- When a youth comes out, they are disclosing very personal information about themselves that could potentially lead to negative outcomes in their life; violence and isolation may also be a fear. Help them to examine their fears of coming out. Discuss possible anticipated consequences.
- Be aware that a youth's disclosure makes them highly vulnerable because social workers have the power to tell others. A youth may be afraid that their identity will not be protected.

³⁰Elze, D. E. and McHaelen, R. (2009)

It is also important to know that not all LGBTQ youth will be clear or comfortable about their emerging gender or sexual orientation when they first come out. Some youth may be distressed, and others may be confused about their feelings. Let youth who are confused know it is normal to feel that way, and explore their confusion with them. Social workers should be prepared to be affirming and supportive, and able to assess a youth's level of information and provide accurate information, correcting myths and stereotypes as they come up. They should be careful to not push youth toward premature resolution of sexual and/or gender identity.

Youth who have been sexually abused may require even more time to work out their sexual identity. Sometimes, experiencing sexual abuse can cause confusion about sexual orientation. Additionally, social workers should:

- **Promote pride.** Recognize and affirm a youth's positive attributes and strengths. Promote these strengths as sources of pride.³¹

- Link youth with community resources, including:
 - Local resources (see Resources) and services for LGBTQ youth. Some communities, especially those outside of the metro area, may have limited LGBTQ-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.
 - Recognize that many youth, regardless of sexual orientation, may act provocatively and use a variety of means to express their identity and/or independence. LGBTQ youth who are out and proud and share this information with others may be at even greater risk of harassment or violence, and will require support.

³¹Ragg, 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.



Chapter 4: Ensuring safety in placement

Civil rights of youth in care

It is well understood that 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 LGBTQ youth is at risk if they are harassed or mistreated based upon their actual or perceived sexual orientation or gender identity. In situations where LGBTQ youth in foster care are mistreated and their physical or emotional well-being is harmed as a result, the caretakers, as well as the professionals responsible for making the placement decision and providing on-going monitoring of the placement, are legally responsible and may face liability in court.

Services to prevent harm

The right to safety also includes the right to receive services to prevent physical or psychological harm or deterioration while in foster care. Child welfare professionals must be vigilant to avoid contracting for services that use inappropriate or unethical practices when dealing with LGBTQ youth, such as conversion therapy and other controversial practices intended to involuntarily change a youth's sexual orientation or gender identity.

Monitoring and supervision

The duty to protect youth in the child welfare system imposes a corresponding duty on the professionals involved to maintain regular contact including, at a minimum, one face-to-face visit every month to ensure their continued safety. LGBTQ youth in foster care are vulnerable to mistreatment and harm from a variety of sources, both inside and outside their placement. By maintaining regular contact with youth, the lines of communication are more likely to be open, and caseworkers are more likely to learn of harassment and abuse, and be better prepared to take necessary steps to stop it.³²

While working toward developing a positive, respectful relationship with LGBTQ youth, it is vital that social workers ensure that all placements are safe and supportive. LGBTQ youth are particularly vulnerable to failed placements, multiple rejections and frequent transitions.³³ Once an LGBTQ youth enters the foster care system, their caseworker is an important link to support and safety. It is critical that a youth's caseworker has the capacity, understanding and willingness to support their social and emotional development while in foster care. 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.³⁴

Concepts social workers should consider include:

- **Foster parents' attitudes toward LGBTQ youth.** Agency staff must be particularly attuned to placing youth who identify as LGBTQ with foster families who are committed to providing a safe, supporting and affirming environment for youth while in care.³⁵

The duty to protect youth in the child welfare system imposes a corresponding duty on the professionals involved to maintain regular contact including, at a minimum, one face-to-face visit every month to ensure their continued safety.

³²Estrada, R. and Marksamer, J. (2006) *The legal rights of young people in state custody: What child welfare and juvenile justice professionals need to know when working with LGBT youth.*

Washington D.C.: Lambda Legal, San Francisco: National Center for Lesbian Rights.

³³Wilber, S., Ryan, C. and Marksamer, J. (2006)

³⁴U.S. Department of Health and Human Services, Administration on Children and Families (2011) ACYF-CB-IM-11-03

³⁵Ibid.

- **Educating foster parents on LGBTQ issues.** Agencies should recruit, train and provide ongoing support to families, including LGBTQ individuals and families who are able to provide a safe, loving placement for youth who are LGBTQ and involved with the child welfare system.³⁶
- **Lack of permanency.** Youth in foster care who are LGBTQ may be less likely to find a permanent home than other children, whether that means reunification, adoption or transfer of permanent legal and physical custody. When reunification is part of a youth's case plan, 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 workers often give up on the idea that these youth will find a family that is excited to have them.³⁷
- **Lack of safety.** Safety is a paramount issue for LGBTQ youth. They are at higher risk for physical violence and verbal harassment in their homes, schools and communities. The child welfare system has a mandate to ensure children's safety in foster care as required by the Adoption and Safe Families Act of 1997.³⁸
- **Confidentiality.** This can be difficult to navigate when a youth's safety is involved. How does one advocate for protection without outing a youth who would rather not be open? LaRae Oberloh, program manager with the Sioux Falls Area Casa Program of South Dakota, offers advice:

“I think that foremost is to respect the confidentiality of the youth. If safety is an issue, the key is to leave it to the youth to decide whether to disclose their sexual orientation or gender identity. A trusted adult can tell the youth, ‘We have these resources, and I can help you with this issue’ and let them have control. The youth may say, ‘Okay, fine, let’s do this.’ We’re better off including them and developing a plan to ensure their safety. But once it’s documented that a youth has come out, that will follow wherever he or she goes, and that’s not always a good thing.”³⁹

Steps social workers can take to help ensure LGBTQ youth will be safe while in out-of-home care include:

- **Recruitment**—Recruiting foster families that are LGBTQ themselves, or that are outwardly supportive and allies to LGBTQ communities.
- **Screening/home studies**—As is true for heterosexual individuals, not all LGBTQ individuals or families should be foster or adoptive parents. The question is not whether LGBTQ applicants should be approved, but whether they will be offered the same fair process and open opportunity as non-LGBTQ individuals who seek to adopt or provide foster care. Home study forms and processes should be inclusive, and should directly address LGBTQ issues. Inclusive forms are gender neutral (e.g., Applicant 1 and Applicant 2 versus Mother and Father), and do not presume that applicants are heterosexual.

During the home study process, workers 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 LGBTQ youth in an unbiased way should not have

³⁶Ibid.

³⁷*Addressing the needs of LGBTQ youth in care* (2009). Seattle, WA: Court Appointed Special Advocates for Children.

³⁸Adoption and Safe Families Act of 1997, Pub. L. No. 105-89.

³⁹*Addressing the Needs of LGBTQ Youth in Foster Care*, “The Connection,” Fall 2009.



these youth placed in their care. Some families may express hesitation during the home study, but given an opportunity to discuss issues such as placement might bring up, and provided training and support opportunities, these families may become appropriate and supportive placement options for LGBTQ youth.

Training

Foster parent orientation training must include information on cultural issues. Such training should include information specifically regarding LGBTQ youth.

Supporting foster/adoptive families

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

Policies and procedures regarding discrimination

Policies should be in writing and located in an easily accessible place that makes very clear what steps an LGBTQ youth in care can take if they experience harassment or discrimination in the foster home. Youth should not be told, or expected to not talk, about their sexual orientation or gender identity. Any safety issues such as threats of harm or actual maltreatment must be addressed immediately. If it becomes clear that the foster/adoptive home cannot be supportive and accepting of a youth,

unfortunately, a placement change may be necessary. However, in many cases, with skilled mediation or problem-solving resources, difficulties can be worked out to maintain stability for a youth.

Foster parents should consider the following when contemplating fostering an LGBTQ youth:⁴⁰

- Acknowledge that foster youth in care may be LGBTQ – do not assume all are heterosexual.
- Examine their beliefs and attitudes that might impact their ability to support LGBTQ 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 LGBTQ issues through reading books, watching films, conducting research on the internet and/or attending workshops.
- Understand that being LGBTQ 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. Foster youth in care should never be subjected to conversion or reparative therapies for the purpose of changing their sexual orientation or gender identity.
- Understand that acceptance or rejection affects the health and well-being of LGBTQ youth in care.
- Respect the privacy and confidentiality of LGBTQ youth.

⁴⁰Child Welfare League of America and Lambda Legal (2002), *Getting down to basics: Tools for working with LGBTQ youth in care*. Philadelphia and Washington, D.C.

- Apply the same standards to LGBTQ youth that are applied to other youth for age-appropriate adolescent romantic behavior.
- Provide safety in all settings for LGBTQ youth.
- Be an advocate for LGBTQ youth.

- Acknowledge that there's more to an individual than just one's sexual orientation and gender identity. Avoid making assumptions about youth based entirely upon certain characteristics. Do not assume that every struggle faced by an LGBTQ 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.
- Take advantage of community resources for both foster parents and LGBTQ youth.



Chapter 5: Ensuring safe placement in residential care

Supporting safe placement of LGBTQ youth in residential care

Sometimes LGBTQ youth are placed in residential facilities when a family foster home is not appropriate or not available; and sometimes because social workers do not know what else to do with them, or they are called hard to place.

In some cases, LGBTQ youth are neglected and/or face discrimination by facility staff and peers; often, there are inadequate policies, protections and support services, and insensitivity including:

- Some LGBTQ youth in the foster care system experience verbal harassment and physical or sexual abuse because of their sexual orientation or gender identity. This abuse is perpetrated not only by peers, but also facility staff and social workers. When the abuse is between peers, it is either condoned by facility staff or goes unchallenged.⁴¹
- When LGBTQ youth are harassed or discriminated against, foster care facility staff sometimes respond by moving them to another – often more restrictive – facility or isolating them, rather than addressing the underlying homophobia or transphobia.⁴²
- LGBTQ youth are sometimes segregated or put in isolation based on a myth that they will prey on other youth. This segregation not only reinforces the notion that LGBTQ youth are bad or to blame for harassment directed at them, but can also result in further denial of access to resources and supports.
- Facility staff often discipline LGBTQ youth for engaging in age-appropriate conduct that would not be punishable if between two youth of different genders.
- LGBTQ youth are sometimes subjected to reparative or conversion therapy by foster care staff and/or social workers.

Policy of respect

All children, regardless of their race, national origin, economic status, sex, sexual orientation, gender identity, religion, disability, national origin and HIV status, deserve to be respected, cared for, and supported by county social workers, foster families and/or residential care facility staff.

This policy of respect should be enforced with all staff, regardless of their position, as well as other residents in a residential care facility. This policy statement should be displayed in the lobby of county and tribal social service offices, as well as in residential care facilities where youth are placed. Individuals should be treated according to their self-identified sexual orientation and gender, not the gender or sexual orientation the staff of a residential care facility or county social worker assumes for a youth. The importance of respecting a youth's self-identity concerning sexual orientation and gender identity cannot be overstated. An LGBTQ youth who experiences disrespect or bias from facility staff or agency social workers is at greater risk of being bullied, harassed, isolated, depressed and/or suicidal.

Creating a welcoming environment

Prior to placing an LGBTQ youth in a residential facility, determine if the facility has a welcoming environment. Consider the following best practices; if they are not in place, would the facility be willing to implement them?

They include:

- Are there signs or posters in the lobby or intake area that indicate that LGBTQ youth are supported and respected? Examples include rainbow or pink triangle stickers, posters that portray LGBTQ youth and families, and other materials that promote acceptance such as *Safe Zone* or *Hate-free Zone*.

Individuals should be treated according to their self-identified sexual orientation and gender, not the gender or sexual orientation the staff of a residential care facility or county social worker assumes for a youth.

⁴¹Feinstein, R., Greenblatt, A., Hass, L., Kohn, S. and Rana, J. (2001).

⁴²DeSetta, A. (2003) *In the system and in the life: A guide for teens and staff to the gay experience in foster care*. New York: Youth Communication.

- Is the agency's anti-discrimination policy posted in a prominent place? If so, does the policy include sexual orientation and gender identity, in addition to the commonly included protected classes of race, religion, color, national origin, sex and disability?
- Is staff (including administration, non-direct practice staff, reception staff and volunteers) required to participate in regular training on diversity issues, including those regarding sexual orientation and gender identity? Is the administration willing to share details about the training, such as who conducts the trainings, and/or curricula used?
- Is staff comfortable talking about LGBTQ-related topics? How do they demonstrate their comfort with the subject?
- Do facility documents and forms use gender-neutral language? For example, is the option for selecting gender open-ended? This allows youth to self-identify their gender upon admission, and also provides an opportunity for staff to educate youth about gender identity when non-transgender youth ask about this.
- Do facility documents and forms include a statement that the facility is welcoming and supportive of all gender identities and sexual orientations?
- Does the facility have a policy that addresses confidentiality? Youth who choose to come out to one or more staff or peers should have the assurance that their disclosure will be kept confidential, unless or until an LGBTQ youth chooses to share the information with a larger group.
- Has the facility invited LGBTQ youth and adults to do a walk-through of the facility to determine what it has done well, and what other steps it can take to ensure it is welcoming to LGBTQ youth?

Confidentiality and privacy

All staff within residential facilities should be ready to talk with incoming youth who self-identify as LGBTQ about their privacy and safety considerations. The conversation should be open and honest and include the following topics:

- Preferred name and pronouns
- Options for housing or sleeping arrangements
- Privacy in showers and bathrooms
- Safety concerns and confidentiality.

Social workers should ensure that confidentiality measures are in place when referring youth to a facility. Confidentiality is important, and even more critical to stress with youth identifying as LGBTQ. These youth may or may not be out, or only to certain individuals. It is up to a youth to determine to whom and how they come out. Social workers should stress to residential facility staff that it is critical that confidentiality and respect be honored in the way that an LGBTQ youth requests.

Sleeping and bathroom arrangements

Sleeping arrangements for LGBTQ youth may be a complicating factor for facilities. Youth who self-identify as LGBTQ should not be treated differently in terms of sleeping arrangements or housing placements. If a youth reports that they are being treated differently in terms of sleeping arrangements at the facility where they are placed, social workers should contact the facility director to discuss the situation and ensure that a youth will be treated equally.

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 LGBTQ youth. These youth are no more likely to engage in sexually inappropriate behavior than non-LGBTQ youth. 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 their sexual orientation.



Often, residential facilities choose to place transgender youth in the sleeping areas of youth of their biological sex, as opposed to the current gender identity. These concerns seem to be related to safety. Specifically, program staff may be fearful that a transgender girl may sexually or physically assault another resident – again these types of attacks typically do not happen, and the above-mentioned policy on violence would cover this. Best practice is to ask youth during intake where they would be most comfortable sleeping. A youth can determine if they are most comfortable in the boys’ or girls’ areas, or in an individual room. Some facilities may have private rooms available. Before this option is given, staff should consider that this may not be a helpful option, as other youth who do not have a private room may get upset or be resentful and take it out on a youth who does get this type of room.

A discussion regarding gender identity needs to take place prior to placement in single-sex facilities. If the residential facilities are separated by gender, discussions with a youth can help determine which facility is most appropriate.

Bathroom arrangements are also presented as concerns for many residential facilities, particularly for transgender youth. Ideally, bathroom and shower facilities for all youth should offer privacy, including single stalls and locking doors. It is uncomfortable for anyone to be naked and not have a choice about whether others see them that way.

If a facility cannot accommodate individual restrooms for each resident, it is best practice to have at least one single-stall restroom with a door that locks. Such a restroom should be gender-neutral, available for all youth to use regardless of gender identity. An alternative for facilities that do not have a single restroom is to allow for a youth to use the group facilities privately. These options can also provide privacy for youth with medical issues, or for any youth who feels uncomfortable bathing and using the bathroom in the presence of others.

Dress codes

A good practice for residential facilities is to create and enforce gender-neutral dress codes if they feel the need to have a dress code in place. For example, a policy could simply require that everyone wear clothing that covers certain parts of their body.

If a social worker is placing a youth in a residential facility, they should ensure that the facility will not require an unreasonable dress code. Transgender youth should never be penalized by a dress code that is based on biological sex expectations. For example, if a transgender male to female youth is wearing female clothing, they should be allowed to do so, and vice versa.

If a staff member has safety concerns regarding a youth’s choice of clothing, they should feel comfortable raising this issue with a youth by asking, “Are you comfortable that you will be safe dressed the way you are?”



Chapter 6: Special considerations for transgender youth

Some barriers that transgender youth face are similar to lesbian, gay or bisexual individuals, but these youth face even more difficult barriers when it comes to obtaining proper identification, employment and health care.

Terms and definitions

To be considerate of transgender youth, it is important to have an understanding of what gender identity is. Everyone has a gender identity, which refers to a person's internal sense of being male or female. For most individuals, gender identity matches the gender assigned to them at birth. For example, those born female typically identify as a girl and later as a woman. For many transgender youth, there may not be a match.

Individuals that have a different gender identity than the biological sex they were assigned with at birth are often referred to and/or refer to themselves as transgender. An example would be a person that was assigned a 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.

There is 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; and transgender male youth see themselves as males, not lesbians. Sexual orientation and gender identity are two separate things (see Glossary).

Unique barriers for transgender youth

Some barriers that transgender youth face are similar to lesbian, gay or bisexual individuals, but these youth face even more difficult barriers when it comes to 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 include:

- Difficulty obtaining a Social Security card, state identification card or driver's license.
- Lack of family support.
- Lack of education due to harassment in school/educational setting.
- Discrimination by health care providers, leading to less/no health care services than for non-transgender youth.
- Inability to pay for transgender-related health care such as hormones, counseling and gender reassignment procedures. Almost all transgender-related health care is not covered by insurance in the U.S.
- Higher risk for substance abuse and addiction.
- Discrimination by housing providers and landlords, social service agencies and/or employers.
- More vulnerable to becoming involved in street crimes due to lack of employment/income.
- Greater victimization from crimes targeting transgender individuals (hate crimes).
- Prohibited from making decisions for themselves because of their age, such as living and dressing according to their gender identity.
- Higher risk for depression and suicide.

Similar to gay, lesbian and bisexual youth, those who are transgender face a higher risk of being harassed, abused, disowned and/or kicked out by their biological or foster families. There is a 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 by biological/foster parents of transgender youth, and the high rates in 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 transgender youth^{43, 44}

To ensure respectful services for transgender youth, social workers need to:

- Remember that transgender youth have the same rights as all youth. They should not be held to stricter standards due to their gender identity.
- Call the youth they are working with by their preferred name. Ask them what name they prefer to be called. Do not assume it is the name that is in their case file or on their legal identification. Use the correct pronouns (he, she, etc.) that a youth wants.
- Ensure that all documents and forms include the opportunity for youth to disclose their own gender, i.e., have forms that say “gender _____” vs. those that have checkboxes for female and male.



Sam was biologically born a male and placed into foster care at age 6 due to abuse and neglect by his biological mother.

When Sam was 16, she came out to her foster parents as transgender and wanted to be called Samantha, and wear female clothing. Samantha's foster parents became very angry and said he needed to wear boys' clothing, go by his male name, and meet with the pastor of their church for counseling. Samantha felt very threatened and eventually was kicked out by her foster parents for going against their wishes of living life as a male. She ended up homeless and living between emergency shelters and the streets. Samantha's county social worker told the staff at the emergency shelter that he could come home as long as he went by his male name, wore boys' clothing and went to church every Sunday.

- When asking youth about relationships, ask in a way that avoids assumptions. For example, ask if they are dating someone instead of whether they have a boyfriend or a girlfriend.
- Provide information about LGBTQ and trans-specific services available for youth.
- If a youth discloses bullying, whether at school or somewhere else, address it by contacting the appropriate individuals to resolve the issue. About 74 percent of transgender youth reported being sexually harassed at school, and 90 percent reported feeling unsafe at school because of their gender expression.
- Attempt to send youth to a clinic that is known to be transgender friendly.
- Ensure that youth receive all transition-related treatment deemed medically necessary by their health care provider.
- Ensure that safe sex messages are inclusive of all sexual orientations and gender identities.
- 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.
- When placing transgender youth in a foster home, ensure that foster parents will be supportive of their gender identity.
- When placing transgender youth in a residential facility, ensure the facility is safe and respectful of transgender youth (see Chapter 4).

Transgender health care

For social workers assisting youth who are transgender, it is best practice to have basic knowledge of health care needs. The summary below provides an overview, but 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 include:

- Many transgender youth are violently attacked because of their gender expressions. 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 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. Parental consent 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, along with testosterone-blockers which cause breast development, softens skin and redistributes body fat in a female pattern.

Hormones are prescribed by medical professionals and their effects monitored 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 real need 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.



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LGBTQ glossary

Bisexual: a person who is emotionally, romantically, and sexually attracted to both men and women.

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 LGBTQ persons also experience coming out when they disclose to others that they have friends or relatives who are LGBTQ.

Gay: a person whose 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 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 identity: an individual's self-conception as being male or female (or rarely, both or neither) as distinguished from actual biological sex. Everyone has a gender identity.

Gender identity disorder (GID): a strong, persistent desire to be the opposite sex, as well as persistent discomfort about one's anatomical sex, or a sense of inappropriateness in the gender role corresponding to one's anatomical sex. GID is a diagnosable medical condition found in the *Diagnostic and Statistical Manual*.

Gender nonconforming: 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 LGBTQ.

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.

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 forms of sexual orientation.

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, LGBTQ individuals or those perceived as LGBTQ, and anyone associated with LGBTQ persons.

Homosexual: a term used to refer to a person based on their same-sex sexual orientation, identity or behavior. Many LGBTQ 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 LGBTQ.

In the closet: keeping one's sexual orientation or gender identity secret.



LGBTQ: common acronym for lesbian, gay, bisexual, transgender, and questioning/queer— persons who despite their differences are often discriminated against in similar ways. Sometimes written to include I for intersex, and/or A for ally. May also be written as GLBTQ.

Lesbian: a woman whose emotional, romantic, and sexual attractions are primarily for other women.

Queer: an 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. Many LGBTQ individuals go through this process before coming out. 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 from homosexual to heterosexual, which is not condoned by the American Academy of Pediatrics, the American Psychiatric Association, or other major professional associations.

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.

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. This term can include transsexuals, genderqueers, cross-dressers, and others whose gender expression varies from traditional gender norms.

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.

LGBTQ resources

LGBTQ youth are members of all racial and ethnic cultures, communities and religions.

Twin Cities metro area

Avenues for Homeless Youth—emergency shelter, short-term housing and supportive services for homeless youth. LGBTQ Host Home Program:
<http://www.avenuesforyouth.org/> 612-522-1690

The Bridge for Youth—runaway and homeless youth program:
<http://www.bridgeforyouth.org> 612-377-8800, 24-hour hotline

Children’s Home Society and Family Services—LGBTQ-affirming counseling for Ramsey, Hennepin, Dakota, Anoka and Chisago county offices:
<http://www.chsfs.org/> 651-646-7771

District 202, Minneapolis—social events, classes and youth
<http://www.dist202.org> 651-340-6167

Face to Face, St. Paul, mental health, medical and case management services specifically to homeless, runaway and at-risk youth:
<http://www.face2face.org/> 651-772-5555

Outfront MN—LGBTQ public policy, anti-violence, education and training programs and services:
<http://www.outfront.org> 612-822-0127

Reclaim, mental health services for LGBTQ youth in Minneapolis:
<http://www.reclaim-lgbyouth.org/> 612-235-6743

University of Minnesota Gay, Lesbian, Bisexual, Transgender Ally Program:
<http://www.glbta.umn.edu/> 612-625-0537

Central Minnesota

PFLAG—Brainerd: brainerdpflag@hotmail.com

PFLAG—St. Cloud: pflagstcloud@gmail.com

Element Mental Health Services, St. Cloud.
Also, “Outside the Lines” group for LGBTQ youth:
<http://www.elementmentalhealth.vpweb.com/> 320-257-6020

St. Cloud State University, LGBT Center:
<http://www.stcloudstate.edu/lgbt/default.asp> 320-308-5166

Northeast Minnesota

Arrowhead Transgender Group, Duluth 218-722-8585

PFLAG Duluth:
info@pflagduluthsuperior.org 218-879-2798

PFLAG Grand Rapids/Itasca 218-326-2609

Together for Youth/LSS, Gloria Dei Lutheran Church social/support group for LGBTQ teens in Duluth. Youth group every Wednesday, 4:00 – 6:00 p.m.:
http://www.lssmn.org/lss/together_for_youth.htm 218-393-4338 or 218-529-2233

University of Minnesota – Duluth LGBTQ Services:
<http://www.d.umn.edu/mlrc/glb/> 218-726-7300



Northwest Minnesota

Minnkota Center, Moorhead: men's group and women's group.
218-287-4636

Moorhead State University:
<http://www.web.mnstate.edu/Safezone/> 218-477-2649

PFLAG Alexandria 218-943-1431

PFLAG Fargo/Moorhead:
fmpflag@fmpflag.org 701-235-SEEK or 701-235-7335

Pride Collective and Community Center—community center for
LGBTQ Moorhead:
<http://www.pridecollective.com/> 218-287-8034

Sexual Orientation and Human Rights (SOHR), Detroit Lakes,
monthly support group/meeting:
sohrmn@yahoo.com 218-847-3823

Far Northwest Minnesota

Bemidji State University Gay-Straight Alliance, The Phoenix:
<http://www.bemidjistate.edu/students/organizations/phoenix/>

Evergreen Youth and Family Services (Bemidji), LGBTQ
services, runaway and homeless youth services:
<http://www.evergreenhouse.org/> 218-751-8223

PFLAG Bemidji 218-759-2556

Servant Hearts of Bemidji, training and outreach to the
community:
<http://www.servant-hearts.org/index.html> 218-760-2415

University of North Dakota Ten Percent Society LGBTQ
organization:
<http://www.und.edu/org/tenps/> 701-777-3269

Southeast Minnesota

Adult, Child and Family Services, Mankato, LGBTQ mental
health services:
<http://www.acfs-mankato.org/Welcome.html> 507-387-3777

Chippewa Valley LGBT Community Center, Eau Claire, Wis.,
a support and social group for LGBTQ teens, meets weekly:
<http://www.cvlgbt.org/> 715-552-LGBT or 715-552-5428

Gay and Lesbian Community Services of Southeast
Minnesota, Rochester, LGBTQ educational, informational
and social resources:
<http://www.glcsmn.org/> 507-281-3265

Gay and Lesbian Youth Services, Rochester,
group ages 13-18, Thursdays 5:00-7:00 p.m.:
<https://www.facebook.com/glysmn> 507-289-6329

PFLAG Mankato:
mankatopflag@yahoo.com

PFLAG Northfield 507-645-4609

PFLAG Red Wing 651-388-9610

PFLAG Rochester 507-282-8874

PFLAG Winona 507-454-1507

Riverland Community College Gay, Straight Alliance serving
the college plus Albert Lea, Austin and Owatonna:
<http://www.riverland.edu/rcgsa/index.cfm> 507-433-0586

Seven Rivers Region (LaCrosse, Wis.) LGBT Resource Center:
<http://www.7riverslgbt.org/index.html> 608-784-0452

South Central MN Pride, Mankato—promoting LGBTQ pride and visibility:

<http://www.scmnpride.org/> 507-351-7004

Winona State University GLBTA Partnership:

<http://www.winona.edu/sal/clubs.asp>

Southwest Minnesota

Adult, Child and Family Services, Mankato, LGBTQ mental health services:

<http://www.acfs-mankato.org/Welcome.html> 507-387-3777

Equality South Dakota, Sioux Falls, S.D.—advocacy organization:

<http://www.eqsd.org/>

Fairmont GLBTA group meetings held at St. Martin's Episcopal Church.

507-304-2408

Mankato State University LGBT Center:

<http://www.mnsu.edu/lgbtc/> 507-389-5131

PFLAG Mankato: mankatopflag@yahoo.com

PFLAG Marshall: murovich@starpoint.net 507-401-0035

South Central MN Pride, Mankato, promoting LGBTQ pride and visibility:

<http://www.scmnpride.org> 507-351-7004

West central

PFLAG Alexandria (Douglas County). 218-943-1431

University of Minnesota, Morris E-Quality LGBTQ group:

<http://www.morris.umn.edu/~pehng/Equality/> 320-589-6091

Education

GLSEN, the Gay, Lesbian Straight Education Network—national advocacy organization for promoting safe schools for all:

<http://www.glsen.org/>

Out for Equity (St. Paul Public Schools):

<http://www.outforequity.spps.org/>

Out 4 Good (Minneapolis Public Schools):

<http://equitydiversity.mpls.k12.mn.us/out4good>

Faith-based organizations

Baptist—The Association of Welcoming and Affirming Baptists:

<http://www.wabaptists.org>

Catholic—Dignity/USA: <http://www.dignityusa.org>

Disciples of Christ—Gay, Lesbian and Affirming Disciples

Alliance, Inc.: <http://www.gladalliance.org>

Episcopal—Integrity: <http://www.integrityusa.org>

Evangelical Lutheran Church of America—Reconciling Works:

<http://www.reconcilingworks.org>

Judaism—The World Congress of Gay, Lesbian, Bisexual, and

Transgender Jews: Keshet Ga'avah: <http://www.glbtejews.org>

Mennonite—Brethren Mennonite Council for Lesbian, Gay,

Bisexual and Transgender Interests: <http://www.bmclgbt.org>

Mormon—Affirmation: <http://www.affirmation.org>

Muslim: <http://www.starjack.com/qmr.html>

Pentecostal—Fellowship of Reconciling Pentecostals International:

<http://www.rpifellowship.com/>

Presbyterian Church (USA)—Covenant Network of

Presbyterians: <http://www.covenantnetwork.org>

Presbyterian Church (USA)—More Light Presbyterians:

<http://www.mlp.org>



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

Seventh-Day Adventist–Seventh-Day Adventist Kinship International: <http://www.sdakinship.org>

United Church of Christ–The UCC Coalition for LGBT Concerns: <http://www.ucccoalition.org>

United Methodist Church–Reconciling Ministries Network: <http://www.rmnetwork.org>

General

CWLA Best Practice Guidelines–serving LGBT youth in out-of-home care, by Shannan Wilber, Caitlin Ryan and Jody Marksamer. (2006):

<http://www.ncrights.org/site/DocServer/bestpracticeslgbtyouth.pdf?docID=1322>

GLBT National Help Center–free confidential phone and internet peer counseling, information and local resources: <http://www.glnh.org/index2.html> 888-843-4564

GLBT Near Me, a website with links to more than 15,000 LGBTQ-related resources. Enter a ZIP code and a list of local resources is provided: <http://www.glbtnearme.org/>

The Trevor Project–Trevor Lifeline, 24/7 crisis and suicide prevention line for LGBTQ youth: <http://www.thetrevorproject.org/> 866-4-U-TREVOR or 866-488-7386

Youth Guardian Services, website offers email lists, providing an opportunity for LGBTQ and straight allied youth to discuss anything in a safe, internet space. Also connects youth with social service and crisis response organizations in their communities: <http://www.youth-guard.org/youth/>

Legal

American Bar Association’s Opening Doors Project helps LGBTQ youth in foster care navigate the child welfare system: <http://www.new.abanet.org/child/Pages/lgbtq.youth.aspx>

Lambda Legal: <http://www.lambdalegal.org>

Lesbian and Gay Immigration Rights Task Force: <http://www.immigrationequality.org/>

Parenting

Family Acceptance Project, (SFSU) Supportive Families, Healthy Children booklet: <http://familyproject.sfsu.edu/>

Lead with Love, a website with a free video designed for parents of LGBTQ youth. The film is a “35 minute documentary created to provide comfort, information and guidance for parents who have recently learned that their child is lesbian, gay or bisexual.” Website also provides other resources and links: <http://www.leadwithlovefilm.com>

Parents, Families and Friends of Lesbians and Gays (PFLAG): <http://www.pflag.org>

TNET–PFLAG’s Transgender network, resources for transgender individuals and their families: <http://www.community.pflag.org/Page.aspx?pid=380>

Trans Youth Family Allies, a support organization for families of transgender youth. Website has national resources, reading and educational materials for parents and youth, and a parents’ forum: <http://www.imatyfa.org/>

Racial/ethnic community connections

CoalicionUnida:

<http://www.unitycoalition.org/>

National Latina/o website: <http://www.ambientejuven.org/>

NativeOUT, website for Two-Spirit Native American communities: <http://www.nativeout.com/>

Shades of Yellow – Hmong LGBTQ:

<http://www.site.shadesofyellow.org/Home.html>

Twin Cities Black Pride:

<http://facebook.com/people/twin-cities-black-pride/1819340526>

Rural LGBTQ

No Longer Alone: A resource manual for rural sexual minority youth and the adults who serve them.

http://www.outrightvt.org/pdf/rural_youth_layout.pdf

Transgender

Gender Education Center: <http://www.debradavis.org/>

The Gender Spectrum is based in California, but the website has information regarding gender identity issues for children and parents: <http://www.genderspectrum.org/>

Transactive: support and education for transgender youth and their families: <http://www.transactiveonline.org/>

Transgender Network International: <http://www.tgni.net/>

Transgender Youth Support Network:

<http://www.transyouthsupportnetwork.blogspot.com/>

