



LOS ANGELES LGBT CENTER

RISE

2016 RISE PROJECT OUTREACH AND RELATIONSHIP BUILDING PROGRAM MANUAL

Volume 4



LOS
ANGELES
LGBT
CENTER

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Supportive Families, Safe Homes:

*Promoting permanency, health, and well-being
for LGBTQ youth in foster care*



9/21/2015

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

RISE Overview

What is RISE?

- *In September 2010, the Los Angeles LGBT Center was awarded a 5-year grant from the U.S. Department of Health & Human Services (HHS) Administration for Children and Families (ACF) to develop and test a model program **to address barriers to permanency and well-being for lesbian, gay, bisexual, transgender, and questioning (LGBTQ) children and youth who are in foster care.***
- *The RISE Initiative aims to contribute to our understanding of how **to reduce the number of LGBTQ youth in long-term foster care and to increase permanency through decreasing heterosexism, anti-gay bias, and anti-transgender bias in care-giving settings.** We strive to provide parents, caregivers, and professionals with the support and education needed to nurture durable lifelong connections for these young people.*
- *With the help of the Department of Children and Family Services (DCFS) and over 20 community and foster care partners, the RISE Initiative will develop, implement, and research the effects of a comprehensive multi-component intervention to help LGBTQ youth in Los Angeles find durable **family connections, achieve emotional permanency, and obtain legal permanency in homes where they feel safe, nurtured, and loved into adulthood.***

Outreach and Relationship Building Curriculum: Supportive Families, Safe Homes Training

The Outreach and Relationship Building (ORB) team builds practitioner competency to reduce anti-gay bias, anti-transgender bias, and heterosexism in order to improve permanency outcomes for LGBTQ youth in foster care. The ORB intervention delivers a foundational and practical training series to service providers. ORB also coordinates a Coaching Network that provides additional LGBT-competency training to agencies. Throughout the RISE Project's evolution, agency partners, practitioners, and stakeholders have requested training for foster parents on providing safe and non-discriminatory care for LGBTQ and gender-variant children. The ORB team developed the Supportive Families, Safe Homes training to meet this need.

Why a Training for Foster Parents?

Foster parents are key actors and stakeholders in delivering care for foster youth. The attitudes and behaviors that they exhibit impact the experiences of all youth in their care. The Supportive Families, Safe Home training seeks to engage and support foster parents in meeting their responsibilities to provide safe and non-discriminatory care for LGBTQ youth.

Proposed Learning Objectives and Outcomes

The Supportive Families, Safe Homes training consists of four units that provide foster parents basic information about the permanency needs, health, and well-being of LGBTQ and gender-variant children and youth. More specifically, the training seeks to increase caregiver knowledge related to (1) attitudes, beliefs, and information regarding sexual orientation, gender identity, and gender expression; (2) the coming-out process and its significance; and (3) family acceptance and rejection and the impact on health outcomes for LGBTQ children and youth. The training is 90 minutes in length and includes the following learning objectives and intended outcomes:

Learning Objective(s): *What will participants learn?*

- The distinctions between sexual orientation, gender identity, and gender expression.
- The benefits and challenges of the coming-out process for LGBTQ youth, their families, and their environments.
- The health and mental health impacts of accepting and rejecting behaviors on LGBTQ and gender-variant youth.
- To identify areas where they may need support to provide safe and non-discriminatory care for LGBTQ youth.

Learning Outcome(s): *What is the outcome of learning?* Participant(s) will be able to:

- Distinguish between sexual orientation, gender identity, gender expression, and related terms.
- Use their self-awareness skills to identify their attitudes about LGBTQ people and concepts.
- Identify and use supportive behaviors when caring for LGBTQ youth. Identify and intervene to stop rejecting behaviors against LGBTQ youth.

Using the Manual

Below is a list and description of how to use the manual’s learning tools in delivering the Supportive Families, Safe Homes training.

Learning Tool(s)	Function	How to Use
Learning objectives	<ul style="list-style-type: none"> - Allows a “landing point” and intended direction for guiding and monitoring learning - Gives flexibility and guidance in adapting instructional content and delivery for diverse audiences 	<ul style="list-style-type: none"> - Guides facilitation of activities - Facilitators who may wish to replace/swap activities throughout the training with different activities can do so while still meeting intended learning purposes.
	Function	How to Use
Content and Delivery	<ul style="list-style-type: none"> - Includes key points, action steps, recommended slides, section duration, and activity descriptions - Provides recommended length, sequencing, and description - Provides recommended delivery of content - Content consisting of background and information to increase participant knowledge and scope related to permanency issues for LGBTQ and gender-variant children and youth 	<ul style="list-style-type: none"> - Duration: recommended length of time to deliver section/unit; may inform facilitator pacing in delivering unit/section - Structure: Reviews the sequencing of slides and activities - Delivery: Presents the delivery of content - Provides key points to address and/or action steps facilitator should complete - Positions and presents recommended slides based on relevance to the unit being presented to move knowledge and activities forward.
Supplementary Materials/	<ul style="list-style-type: none"> - Provides participants with information to review 	<ul style="list-style-type: none"> - Distribute as it relates to training content or provide a packet before or after the training.

Learning Tool(s)	Function	How to Use
Handouts	- Provides facilitator(s) with list of materials recommended in delivering the unit	
Discussion Guidelines	- Set tone and guidelines for participation and a productive learning environment.	- Deliver before training starts. - Explain guidelines function to create a safe environment for discussion and participation. - Facilitator(s) should guide group in developing discussion guidelines (listed guidelines are only suggestions). The group may want to change, add, or delete.

Supportive Families, Safe Homes Training Manual

Purpose Statement: The goal of this training is to address caregiver knowledge related to (1) sexual orientation, gender identity, and gender expression; (2) the coming-out process and its significance; (3) family acceptance and rejection and its impact on the health and well-being of LGBTQ children and youth.

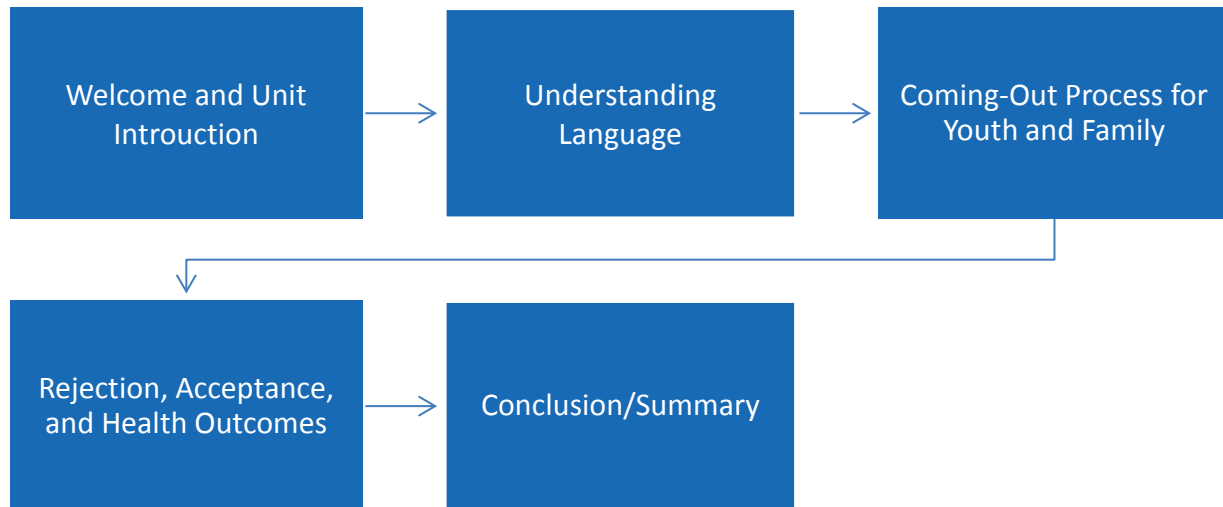
Learning Objectives

Participant(s) will learn the following:

- The benefits and challenges of the coming-out process for LGBTQ youth, their families, and their environments
- The distinctions between sexual orientation, gender identity, and gender expression.
- The health and mental health impacts of accepting and rejecting behaviors on LGBTQ and gender-variant youth.
- Areas where they may need support to provide safe and non-discriminatory care for LGBTQ youth.

Content, Structure, and Flow

The training consists of following five units:



Each section includes instructions on the following:

Content and Delivery	Activity Descriptions
Key Points/Action Steps	Citations/Sources
Booster(s)	Corresponding Learning Objectives
Section Duration	Supplementary Materials/Handouts

Training Duration: 1 hour, 30 minutes (90 minutes)

Unit Intro: Welcome, Introductions, and Purpose

Learning Objective: To frame the training, build rapport, and identify assets in the room to create buy-in.

Duration: 5 mins.

Key Points/Action Steps:

Facilitator(s) will:

1. Facilitate welcome, introductions, and training goals (or learning objectives). Introduce RISE Initiative and background.
2. *Slide:* Present discussion guidelines.
3. *Slide:* Facilitate ice breaker.
4. *Slide:* Introduce permanency pathways for LGBTQ youth.
5. *Slide:* Introduce topics covered in the training.

Supplementary Materials/Handout

Learning environment materials and instructions	N/A
Participant copies of the following	N/A
PowerPoint recommended slide(s)	Below



Trainer's voice:

Trainers briefly introduce themselves, their backgrounds, and why they engage in this type of work.

We are trainers for the RISE Initiative, which is a federally funded research project designed to increase permanency options for lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth in foster care. We hope that our training today will give you the information and resources you may need to help your youth feel safe, loved, affirmed, and supported.

By permanency, we mean the development of strong, long-lasting family connections. Through these connections, foster youth can have healthy emotional relationships and obtain legal permanency in homes where they feel safe, nurtured, and loved. These permanency options could include anything from adoption or reunification with their biological families, to a place to go on the holidays, to someone who will call them to see how they are doing.

2

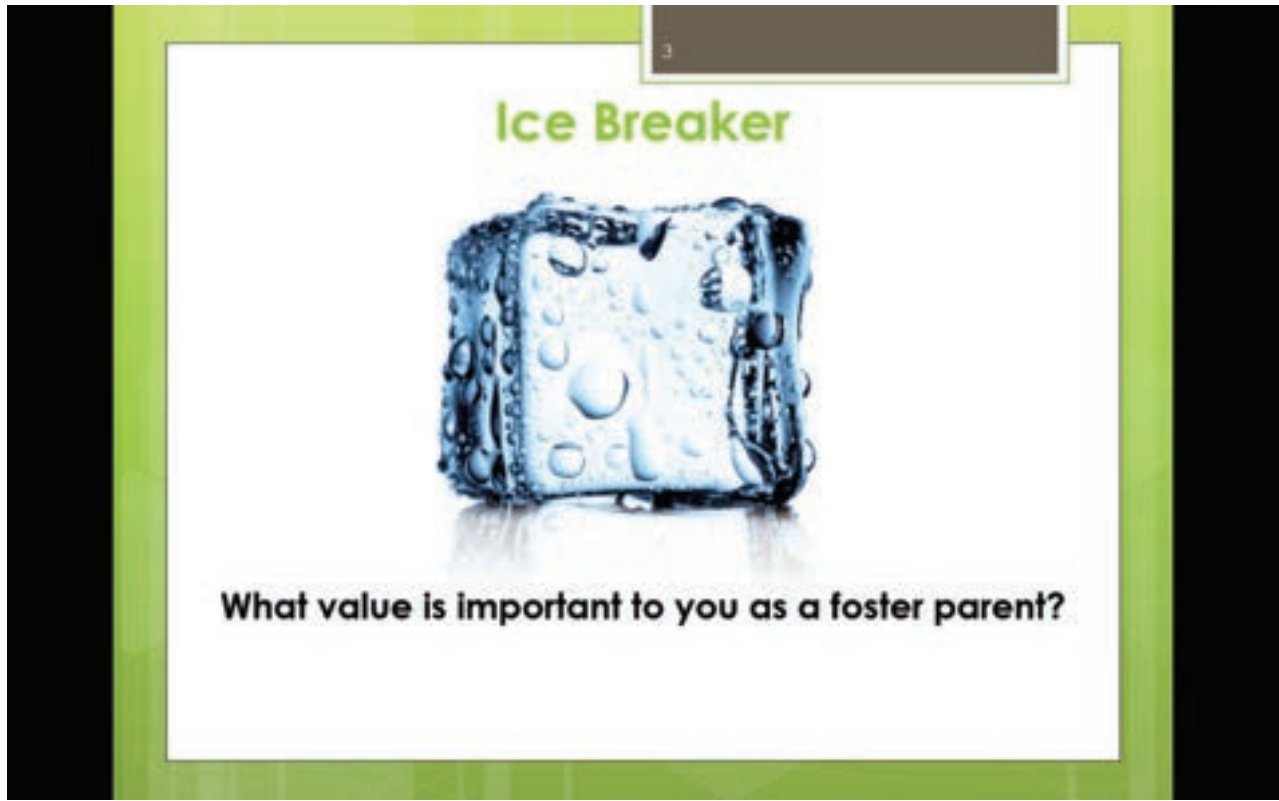
Discussion Guidelines

- I will share only if I wish...no pressure.
- I will value confidentiality: Personal sharing will stay in the group when I leave.
- If I choose to share, I will share with the general group and avoid side conversations.
- I will be open to others' thoughts and feelings even when they differ from my own.

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

Trainer's voice:

Please read the discussion guidelines that we created to help us guide our discussion throughout the training today. We developed these guidelines to create a respectful environment in which people feel comfortable asking questions and participating in the conversation. Does everyone feel good about the guidelines? Would anyone like to add anything to the guidelines?



Trainer's Voice:

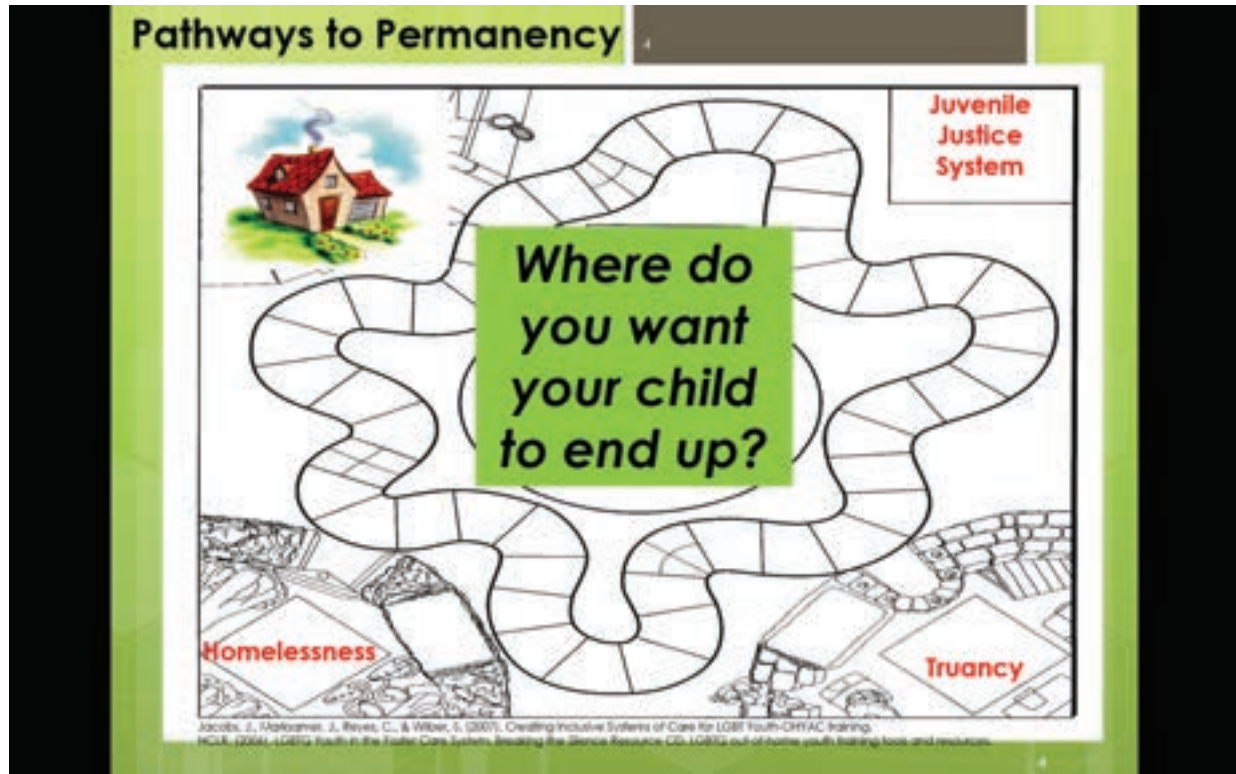
We would like to get to know a little bit about you. Can we go around the room and say our names, how long we have been a foster parent, and your response to the question, "Why did you decide to become a foster parent?"

Possible alternative questions:

What do you want to get out of this training?

What is one of your family's values?

Link participant comments to the disproportionate rejection of LGBTQ foster youth because of their sexual orientation, gender identity, and gender expression. LGBTQ foster youth need loving supportive families to accept them for who they are.



Trainer's Voice:

Explain the unique ways that LGBTQ youth can find themselves on pathways that lead to truancy, homelessness, and the juvenile justice system instead of to permanency.

Foster Care

Youth could be removed from their home or placement for abuse or neglect related to their sexual orientation, gender identity, or for other unrelated reasons.

RISE partnered with the William's Institute to conduct a survey of foster youth in Los Angeles County. This research found that over 19 percent of foster youth in Los Angeles County self-identify as LGBTQ. LGBTQ youth in care are twice as likely to report mistreatment while in foster care.

Homelessness

LGBTQ are often kicked out of their homes or placement, or they may leave these places because they do not feel safe. In Los Angeles, there are 6,000 homeless youth. Of this 6,000, 40 percent identify as LGBTQ.

Truancy

Bullying in school can cause some children to attend inconsistently or even drop out.

Juvenile Justice System

Family violence may occur after a youth comes out.

Youth can be charged with status crimes (e.g., truancy, incorrigibility).

LGBTQ youth may also engage in survival crimes due to homelessness (e.g., survival sex, stealing food, etc.).

Stigmatization and rejection place LGBTQ youth at increased risk for substance abuse.

Myths that paint LGBTQ people as sexual predators can lead to inappropriate sex offense charges against LGBTQ youth.

Fighting back against bullying, harassment, and violence may lead to charges against LGBTQ youth.



Trainer's Voice:

Here is an overview of the topics that we will cover today:

Language is important when building relationships with youth. We will go over some of the more commonly used terms and their definitions. Language is always changing, but it is so important to each and every one of us. The words we use can often help build relationships and trust, and they can also cause harm, if used inappropriately.

We will describe the coming-out process, its challenges and benefits, possible reactions you as caregivers may have, and how you can find the support you may need.

We will discuss how your words and actions can have either a positive or negative impact on a youth's health and well-being.

Finally, we will offer resources on where to find support and more information.

Unit A: Understanding Language

Learning Objective: Participants will learn the distinctions between sexual orientation, gender identity, and gender expression.

Duration: *30 mins.*

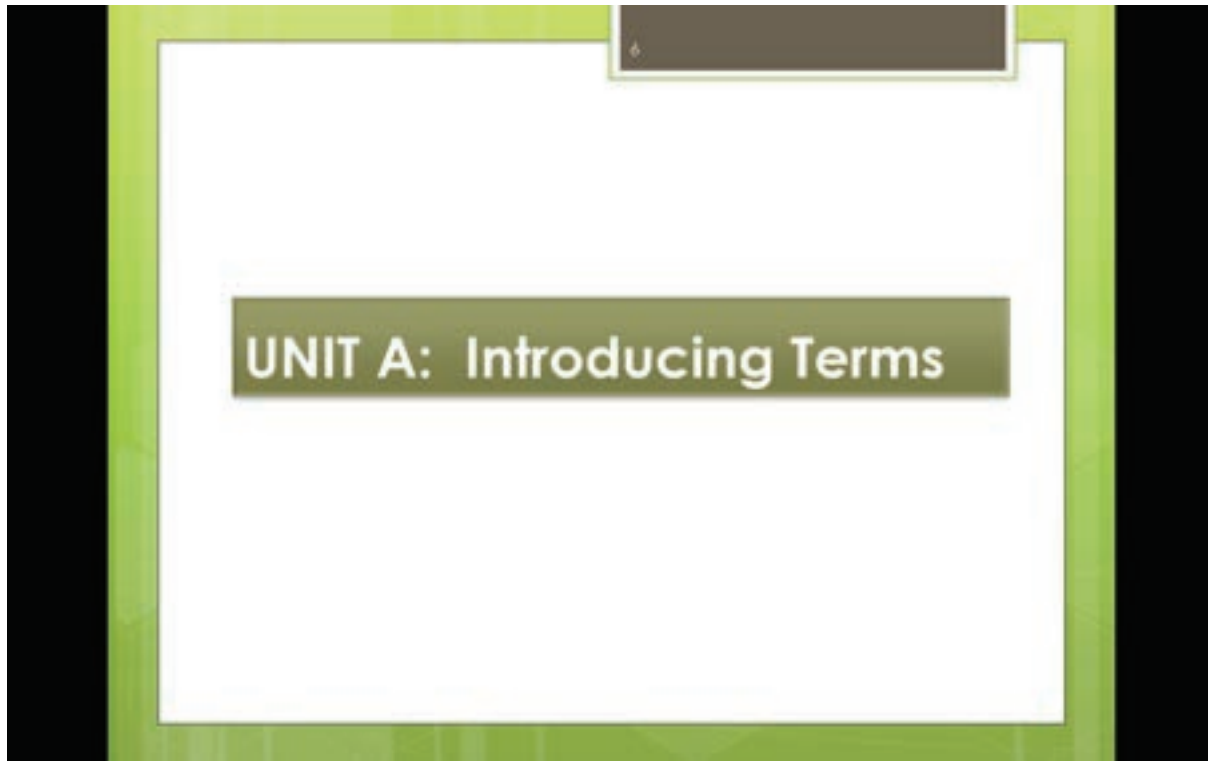
Key Points/Action Steps:

Facilitator(s) will:

1. Distribute **Genderbread Handout**.
2. *Slide:* Present “Introducing Terms” unit.
3. *Slide:* Define sexual orientation, gender identity, and gender expression.
4. Distribute and explain **Remembering Healthy Development Handout**.
5. *Slide:* Define the words that comprise the acronym LGBTQ.
6. Distribute and explain **Glossary of Terms** handout as a resource when having conversations with youth or family.
7. *Slide:* Grab Bag Goodies
8. *Slide:* True/False

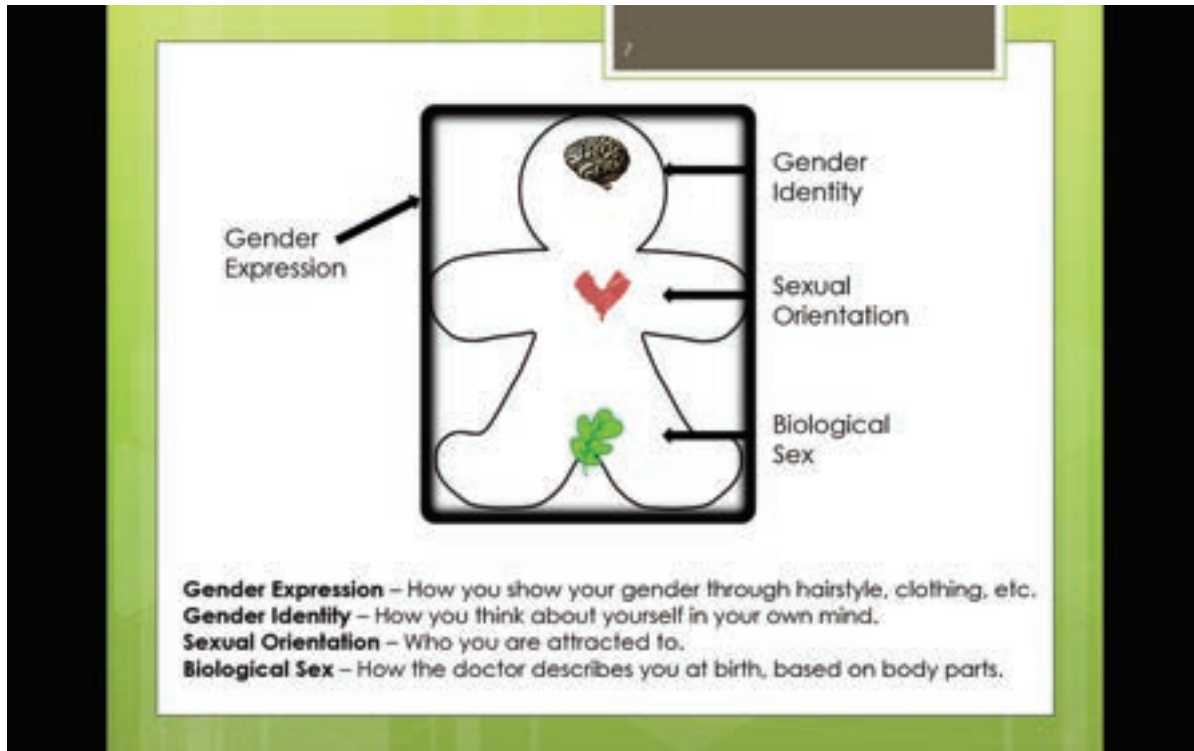
Supplementary Materials/Handout

Participant copies of the following:	<input type="checkbox"/> Glossary of Terms Handout <input type="checkbox"/> Remembering Healthy Development Handout <input type="checkbox"/> Genderbread Handout
PowerPoint recommended slide(s)	Below



Trainer's Voice:

In this first unit, we will introduce you to some important terms and their meanings. With the right language, we can show our understanding, communicate support, and maintain meaningful relationships with LGBTQ youth in our care.



Trainer's Voice:

Distribute **Genderbread** Handout.

Distribute and explain **Remembering Healthy Development** Handout.

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

These concepts represent distinct aspects of a person's identities, but are often incorrectly grouped together and assumed to mean the same thing. It is important to know the differences so that we can avoid making incorrect assumptions about youth or failing to understand their individual identities and experiences. Young people are the experts on their sexual orientation, gender identity, and gender expression. Allow them to define themselves and be who they are.

Biological Sex

"Biological sex" is the sex assigned at birth by a doctor based on physical anatomy and hormones. It is the anatomy that we are born with (point to the leaf). For example, a child with a penis is assigned male, and a child with a vagina is assigned female.

Gender Identity

"Gender identity" is our inner sense of our gender and is NOT based on body parts. This is the gender we feel and know ourselves to be (point to the mind). When we close our eyes, do we feel ourselves to be a man or a woman?

Studies suggest that in early childhood (ages 3-6), children start self-labeling as boy and girl. Children are beginning to sort and classify, and gender-segregated play emerges in pre-school. This self-understanding could form a little earlier or a little later, but 3-6 is the typical range.

Source: Adapted from Lightfoot, C., Cole, M., & Cole, S. R. (2009). *The development of children*. (6th Ed.) New York: Worth.

Using the diagram above, define the term “transgender” as referring to an individual whose gender identity differs from their biological sex.

Gender Expression

“Gender expression” means the way we communicate our gender through hairstyle, makeup, clothing, voice, mannerisms, etc.

Often times, our gender expression communicates our gender identity. However, we should consider those who are unable to express their true gender. For example, children living in homes or places that object to their gender expression may present an exterior that does not reflect their interior feelings.

Sexual Orientation

Sexual orientation is attraction (point to the heart).

Some child and adolescent development research suggests that individuals experience their first crushes during middle childhood (ages 6-12). Some people’s identities form a little earlier or a little later, but this is the typical range. At this age, social comparison also emerges. Children with same-sex attraction begin to notice the ways in which their attraction differs from their peers’ attractions.

Chronological and developmental timelines do not always match up due to trauma, lack of support, and well-being (e.g., arrested development).

Source: Adapted from Lightfoot, C., Cole, M., & Cole, S. R. (2009). *The development of children*. (6th Ed.) New York: Worth.

First Crush Activity: Feelings of Attraction

Ask participants to think back to their first childhood crush. Ask the following:

“How old were you when you had this crush?”

“How did your body respond when you saw your crush?”

“Could you control these feelings? Were they voluntary or involuntary?”

“If a 13-year old has a same-gender attraction, and society says those visceral reactions are wrong, would this young person want talk about their crushes? Why or why not?”

Offer a couple of scenarios to help explain the range of possibilities with sex, gender, attraction, and expression:

A baby born with a penis and assigned a biological sex of male can identify as male, present masculine, and feel attracted to women.

A baby born with a penis and assigned a biological sex of male can identify as female, present feminine, and feel attracted to men.

A baby born with a penis and assigned a biological sex of male can present masculine and feel attracted to men.

A baby born with a penis, assigned a biological sex of male, can present feminine and feel attracted to women.

There are many other possible scenarios. The important thing to remember is that people can be very diverse, and our job as parents and care providers is to support children and youth where they are in their development.



Trainer's Voice:

What Does LGBTQ Stand For?

(Trainer can ask for volunteers to read each word and definition, followed by an opportunity for participants to ask questions about the terms.)

Define the following:

Heterosexual: Males attracted to females; females attracted to males

Lesbian: Females attracted to other females

Gay: Males attracted to other males; can also be used for females attracted to other females

Bisexual: A person who is attracted to both males and females

Transgender: A person whose inner sense of their gender does not align with their body

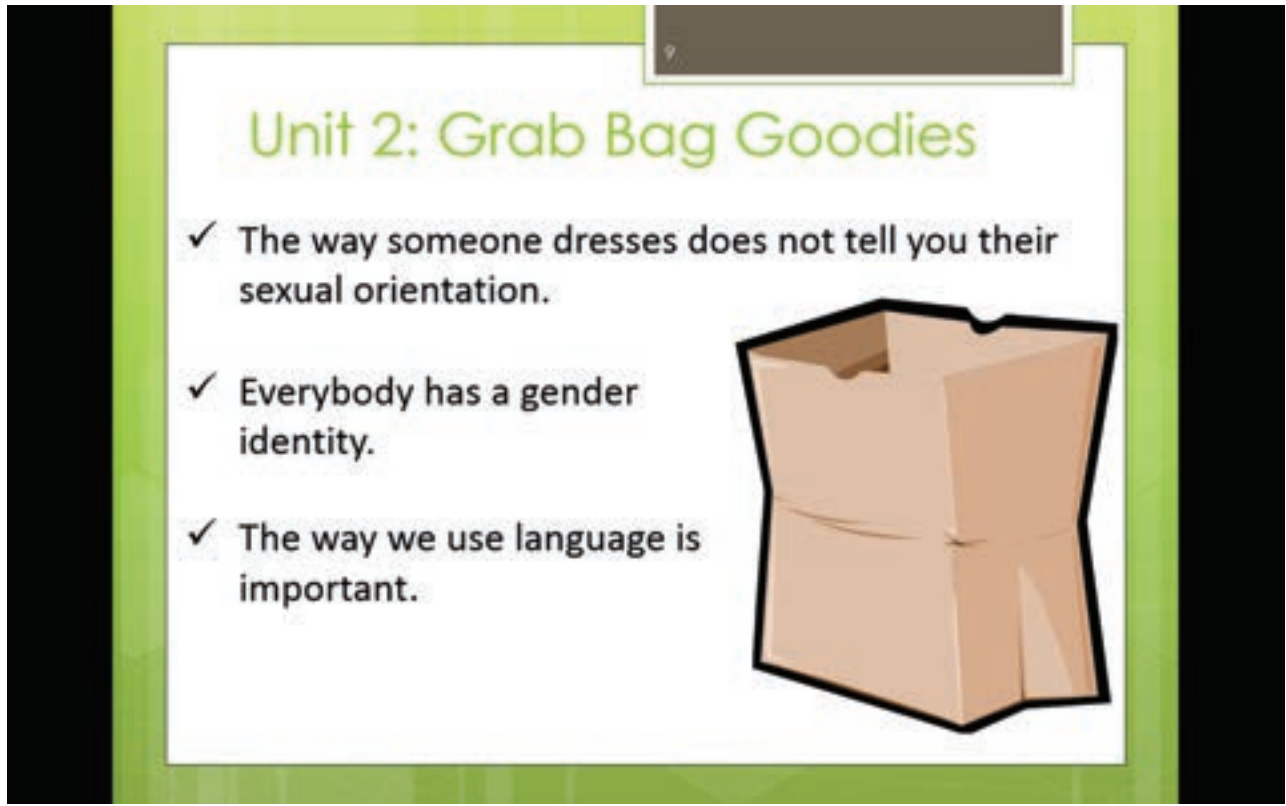
Questioning: A person who is questioning their attraction and/or identity

All of these forms of attraction are healthy, normal, and natural.

Distribute **GLOSSARY OF TERMS**.

Explain to participants: "Language will come. It's most important that we practice respect both through our words and actions (e.g., seeking clarity, apologizing for inappropriate use)."


Language is forever changing. Any labels used to describe a youth should come from that youth. It is best practice to allow the youth to define who they are and if they want to label themselves with any of the LGBTQ identities.



The slide features a white background with a green border. At the top, the title 'Unit 2: Grab Bag Goodies' is written in a green, sans-serif font. Below the title, there are three bullet points, each starting with a checkmark symbol. To the right of the text is a simple illustration of a brown paper bag with a black outline. The slide is set against a black background.

Unit 2: Grab Bag Goodies

- ✓ The way someone dresses does not tell you their sexual orientation.
- ✓ Everybody has a gender identity.
- ✓ The way we use language is important.



Trainer's Voice:

Let's review our grab bag goodies, or the main points, we covered in this unit.

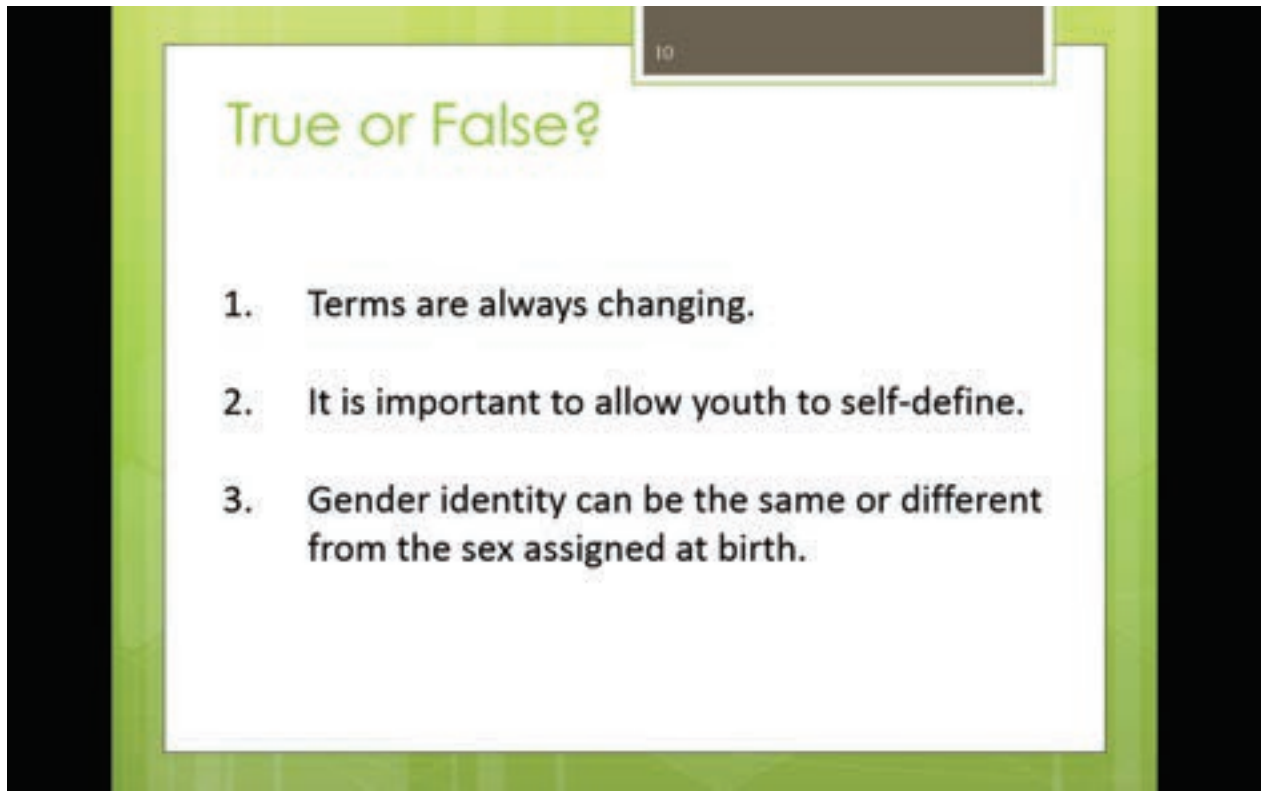
Trainer reads the grab bag goodies:

The way someone dresses does not tell us anything about their sexual orientation. The way someone dresses is their gender expression, which is separate from their sexual orientation or to whom they are attracted.

Everyone has a gender identity. Everyone in here either feels an inner sense of being a man, a woman, somewhere in between these two identities, or maybe neither of these identities.

The way we use language is important. Language can sometimes cause harm or could help someone feel included, safe, and validated.

Ok, now let's see how much you've learned.



Trainer's Voice:

To test your knowledge of the information we covered in Unit A, we will do a quick quiz. Are the following statements true or false? (Note: All statements are true statements.) Read aloud each statement, and ask the room to call out the correct answer.

Terms are always changing. **True.** If you hear new terms you are not familiar with, you can gently and respectfully ask the youth what specific terms mean for them.

It is important to respect a youth's right to self-definition. **True.** Only the youth knows who they are, and when they trust us enough to tell us, we should embrace this information and give them space to self-define.

Gender identity can be the same or different from their biological sex. **True.** In the case of transgender youth, gender identity does not match their biological sex.

Unit B: Coming-Out Process for Youth and Family

Learning Objective: Participants will learn the benefits and challenges of the coming-out process for youth, family, and the environment.

Duration: *20 mins.*

Key Points/Action Steps

Facilitator(s) will:

1. Highlight key points and/or use recommended slides to present information related to the following questions: What is the coming out process? What does it mean specifically for youth?
2. *Slide:* Introduce Unit B: The Coming-Out Process.
3. *Slide:* Facilitate Loss Activity
4. *Slide:* Facilitate check-in. This activity can be emotionally charged and difficult for some participants.
5. *Slide:* Present the challenges and benefits LGBTQ youth may experience in their coming-out process.
6. *Slide:* How might a parent feel after their child comes out to them?
7. *Slide:* Grab Bag Goodies

Supplementary Materials/Handout

Learning environment materials and instructions	N/A
Participant copies of the following	N/A
PowerPoint recommended slide(s)	Below



Trainer's voice:

This unit will explore the coming out process and why it's important for LGBTQ youth and their families. We'll look at the possible reactions parents and friends can have when someone comes out to them. And we will look at what you can do to find support if your foster child comes out to you as LGBTQ.

Ask the following: Has anyone heard of the coming-out process before today? What about being in the closet?

"Coming out" is the process of acknowledging your sexual orientation or gender identity to yourself and individuals in your life. It is a lifelong and sometimes daily process. Coming out is a milestone that LGBTQ youth may experience, while their non-LGBTQ peers will not.

Coming out can be a difficult time; many LGBT people fear negative reactions, rejection, and upsetting people they are close to.

Typically, people decide to share their LGBTQ identity with those they care about because they trust them and want to be honest about who they are. Coming out is something that can take place at any point in life. Coming to terms with sexual feelings can take a long time, and many people do not come out until later in life. For some people, it may not be until they are older that they become aware of their lesbian, gay, bisexual, or transgender identities.

Coming out is not a single action; it is a process of coming to terms with being LGBT and sharing one's identity with others. This process happens many times over the course of a lifetime. Many factors affect the coming-out process. For example, a person's gender, ethnicity, and age may impact their coming-out experience in unique ways. Sharing information about someone's LGBTQ identity without their permission is sometimes referred to as "outing" them, and this can be very harmful and should be avoided.

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Activity

- Think of four people (or pets) that you love who are very important and special in your life.
- Write one of these names on each piece of paper in front of you.
- Think about the love, influence, and support each individual brings to your life.

Adapted from <http://www2.bgu.edu/downloads/waffle29729.pdf>

Trainer's voice:

Distribute **4 small pieces of paper to each participant.**

Preparing Stage

Step 1: Ask participants to think of four people (or pets) that they love who are very important and special in their lives.

Step 2: Ask participants to write one of those names on each of piece of paper in front of them.

Personalizing Stage

Step 3: Ask participants to think about why they chose those names. Was it because of the love these people (or pets) give, the influence they have, or the support they provide, etc.?

Experience Loss Stage

Step 4: Ask participants to choose one piece of paper with a name on it, crumple it up, and discard it in the trash. Allow sufficient time for participants to do this.

Step 5: Ask participants to turn their papers over or fold them so they cannot see what is written on them. Now, tell them to pick one piece of paper, and without looking to see which name is on the paper, crumple it, and throw it into the trash. Ask participants to refrain from turning over the remaining pieces.

Step 6: Ask participants to reach over and take one piece of paper from their neighbor and discard it.

Relating Stage

Step 7: Ask participants to unfold their remaining piece of paper. Inform them that they are fortunate to still have one person in their life to count on.

Explain the following:

This exercise is about loss. It is about understanding how much youth have to lose when they come out as LGBTQ because of the bias and rejection they may experience. Foster youth in particular are not strangers to loss, and LGBTQ foster youth stand to lose many of the people they cherish most, love dearly, and rely on for crucial support. Remind participants that it is not just the people that are lost, but also the love, influence, and support (emotional, financial, etc.) that those people provided to the youth.

Explain that loss around coming out can come in many forms. The first time the participants were asked to discard a name symbolized the loss that LGBTQ youth anticipate. These are the family members who have demonstrated bias and have threatened to leave, disown them, or abuse them should they ever discover that the youth is LGBTQ. Even when loss is expected, it is still challenging to experience.

The second sheet represented unexpected loss, a person the youth thought might be accepting but, in the end, rejected them. This can also happen if a youth is outed by someone else and was not ready to be out to this particular person.

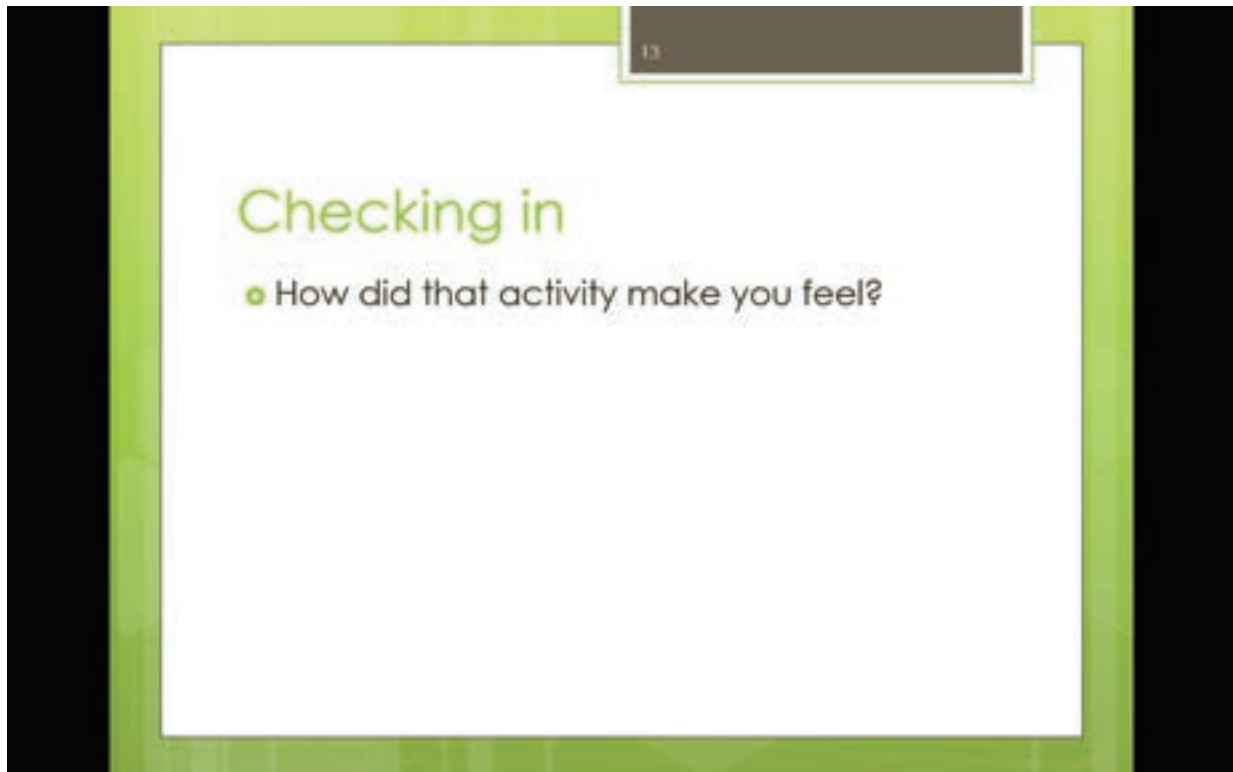
The third loss, when a neighbor takes away a loved one, is symbolic of the loss LGBTQ youth experience when they come out to someone and that person denies access to someone else that they love. For example, a youth may come out to his uncle, who forbids him from playing with his cousin for fear that he will turn his cousin gay. This type of loss is out of their control, unpredictable, and dependent upon the level of goodwill or bias of others. (As a note, the idea that LGBTQ youth can “turn” other people gay is a common misconception. At any point in the training that a stereotype of myth comes up, it should be addressed immediately.)

Loss can also be completely unpredictable, but the fear of losing loved ones often leads LGBTQ youth to keep their identity a secret. Some LGBTQ youth are fortunate and may not lose the people closest to them. Sadly, others may lose their entire support network, and the effects are devastating.

Key points:

People act on their fears and beliefs in a manner that can be very damaging to youth. Due to the bias that exists in our world, LGBTQ youth have to cope with the fear of losing loved ones. Hopefully, you will be the person on that remaining piece of paper for LGBTQ youth.

Adapted from <http://www2.bgsu.edu/downloads/sa/file29729.pdf>



This activity can be emotionally charged for some people. Check in with the group and, if necessary, debrief any difficult emotions that have surfaced.

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The Coming Out Process for LGBTQ Youth

CHALLENGES		BENEFITS
<ul style="list-style-type: none">▪ Violence and/or bullying▪ Rejection▪ Stress of hiding▪ Might lose loved ones		<ul style="list-style-type: none">▪ Empower▪ Promote self-esteem▪ Create wholeness

Families also have their own experience around the youth's coming out.

Adapted from "Creating Inclusive Systems of Care for LGBT Youth"

Trainer's Voice:

We just did an activity on the loss that can occur when a youth shares their LGBTQ identity with the people they love, or if those people find out without the youth's permission.

Now we will elaborate on a few more challenges and benefits that LGBTQ youth might experience around the coming-out process.

CLICK (Challenges appear)

There are some challenges associated with coming out that might cause youth to hide their LGBTQ identity.

Youth who come out may experience violence in the form of bullying, teasing, and harassment. Often, youth fear rejection and judgment by others. Youth are well aware that this judgment may cause some family members and friends to stop spending time with them. It is also stressful to hide and conceal who you are all the times or to lie about who you are. Youth focused on concealing one of their key identities may not have the capacity to focus on other important things like school, employment, and planning for their futures.

CLICK (Benefits appear)

While the coming-out process has challenges, the process also can include the following benefits:

Youth can feel empowered because they have self-defined. Accomplishing this difficult task can promote their self-esteem and create wholeness in their lives because they no longer have to hide who they are depending on who is around.

Because people tend to assume that everyone is heterosexual, the coming-out process is lifelong for LGBTQ people.

Ask participants for other reasons youth may decide to come out to friends and relatives. Additional examples include the following:

- End the “hiding game”
- Feel closer to family and friends
- Get support and services
- Start dating relationships
- Be “whole” around people who are important to them
- Stop wasting energy by hiding all the time
- Feel like they have integrity
- Make a statement that “gay is ok”
- Be true to themselves
- Hear that no matter what their gender is they will be supported

Highlight the coming-out process as an opportunity to deepen relationships and connections for LGBTQ youth with the people who are important in their lives.



Trainer's Voice:

Now we know a little more about the coming-out experience from the LGBTQ person's perspective, but how about the families? How might a parent feel if their child comes out to them?

Allow participants to share emotions. Probe about why one would feel these particular emotions.

CLICK (Emotion spectrum appears)

Present reactions to coming out. Provide examples.

All of these feelings are normal and okay, especially when we are first learning about a youth's LGBTQ identity. But it is important that we take some time to process our emotions and not act on them in ways that could harm the youth. Our words and actions can have long-term health and mental health effects on LGBTQ youth in our care.



Distribute **Resources for Parents of LGBTQ**

Trainer's Voice:

Given all the various emotions someone could have when they learn about their youth's gender identity or sexual orientation, parents are encouraged to get the support they need to process this information.

Find Support

We recommend finding a supportive network where you can express your feelings to people who understand where you are coming from. It's okay to ask for help.

Express feelings

It's best to express your feelings to adults and not directly with the LGBTQ youth in your care. This prevents the youth from hearing thoughts and beliefs that would be hurtful. For example, if parents wanted a boy and instead gave birth to a girl, it would be inappropriate for the youth to constantly hear that her parents wished she had been born a different gender. It is best to work through disappointment with other adults, not the youth.

Seek out more information

Seek out more information about way to support LGBTQ youth. Contact local LGBT services and organizations for assistance. There are also organizations specifically geared toward helping families adjust. For example, Parents, Families, and Friends of Lesbians and Gays (PFLAG) supports families, friends, and allies of LGBTQ people. With chapters across the nation, PFLAG provides spaces for families and friends of LGBTQ people to receive support and education. (PFLAG.org) Another organization, called TransYouth Family Allies, or TYFA, provides support for families of gender-variant children and advocacy assistance around the country. (iamatyfa.org)


Have future discussions

It is important to have open conversations with youth in order to better understand their experiences and so that parents can best support the youth.

17

Unit B: Grab Bag Goodies

- ✓ Parents can experience a variety of feelings when their child comes out to them.
- ✓ Coming-out is the process of sharing one's sexual orientation and/or gender identity.
- ✓ There are benefits and challenges of coming-out.



Trainer's Voice:

We have reached the end of Unit B. Let's review this unit's grab bag goodies.

Trainer reads the grab bag goodies:

Parents can experience a variety of feeling when their child comes out to them. As stated earlier, it is okay to feel scared or conflicted, but those feelings should be processed away from the youth.

Coming out is the process of sharing one's sexual orientation and gender identity. Remember that coming out is a lifelong process.

There are benefits and challenges to coming out.

Unit C: Rejection, Acceptance, and Health Outcomes

Learning Objective: Participants will learn about the following: (1) the continuum of acceptance and rejection youth may experience during the coming-out process, (2) the links between rejecting behaviors and health and well-being outcomes for LGBTQ and gender-variant children, and (3) how to identify areas where they may need support in providing safe and non-discriminatory care to LGBTQ youth.

Duration: *50 mins.*

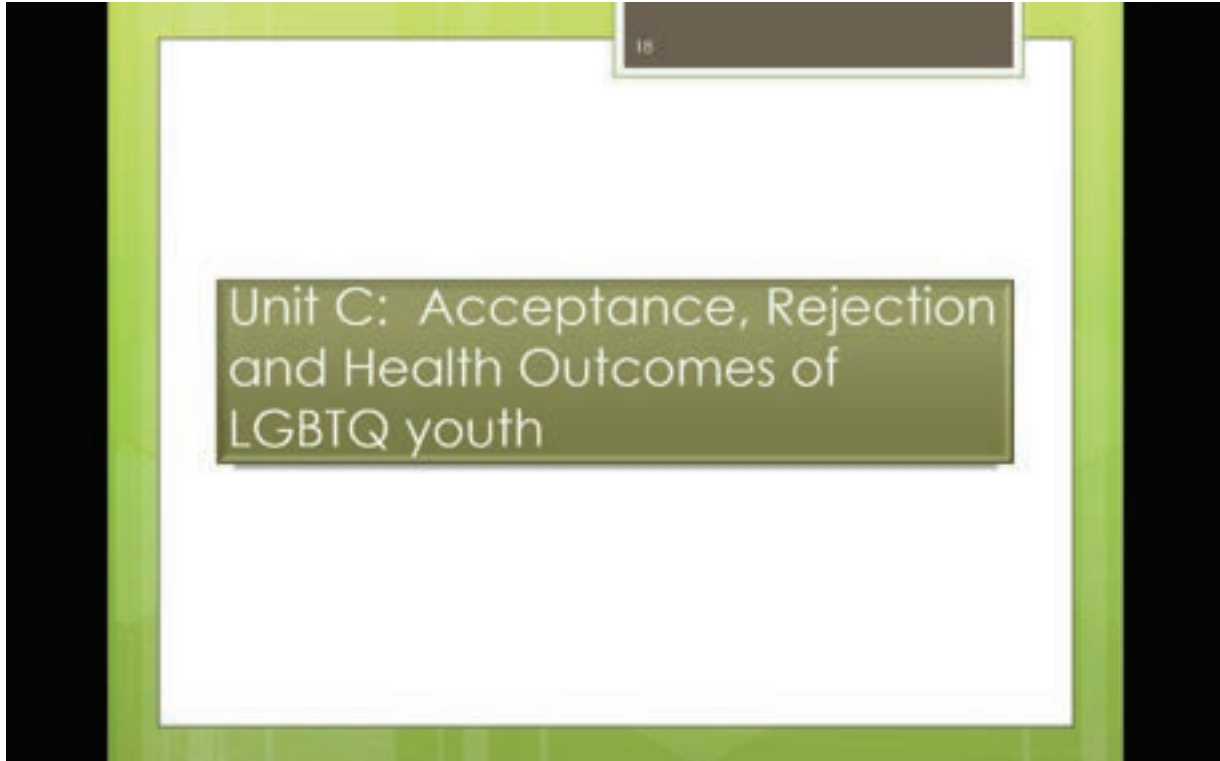
Key Points/Action Steps

Facilitator(s) will:

1. Distribute **Youth Voices** cards.
2. *Slide:* Introduce Unit C: Acceptance, Rejection, and Health Outcomes of LGBTQ Youth
3. *Slide:* Stories from LGBTQ Youth. Ask participants to read aloud the card received.
4. Distribute **Supportive Families, Healthy Children Educational Guide**.
5. *Slide:* Rejecting Behaviors Have a Negative Impact on LGBTQ Youth.
6. *Slide:* Accepting Behaviors Have a Positive Impact on LGBTQ Youth.
7. *Slide:* Think Before Acting
8. *Slide:* Your Actions Have a Significant Impact on Youth
9. *Slide:* Accepting LGBTQ Youth
10. *Slide:* Areas Where Support is Needed
11. *Slide:* Words from LGBT Youth

Supplementary Materials/Handout

Learning environment materials and instructions	N/A
Participant copies of the following	<input type="checkbox"/> Youth Voices cards <input type="checkbox"/> Supportive Families, Healthy Children Educational Guide <input type="checkbox"/> Legal Handout <input type="checkbox"/> Resource Handout <input type="checkbox"/> Works Cited Handout
PowerPoint recommended slide(s)	Below




Trainer's Voice:

In this third and final unit, we will discuss the impact that accepting and rejecting behaviors have on LGBTQ youth and their health and well-being. We'll talk about how parents might feel conflicted and unsure of how to respond to their LGBTQ youth. We'll also discuss areas where some caregivers may need or find additional support when caring for LGBTQ youth.

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Stories from LGBTQ Youth

Instructions: Go around the room and read aloud quotes from LGBTQ youth.



Trainer's Voice:

Let's start out by hearing quotes from LGBTQ youth about their experiences in foster care.

- *"What are some feelings you think the youth speaking may be experiencing?"*
- *"What messages might the youth be receiving from these reactions (or behaviors)?"*
- *"What are your initial reactions to hearing this/these experiences for youth during the coming-out process?"*
- *"Do your reactions change when you consider your role as a foster parent? What changes? What does not change?"*

Are the behaviors these youth experienced from their caregivers accepting or rejecting?

LGBTQ youth in foster care often experience rejection and violence because of their LGBTQ identity. Let's look at how those experiences might impact the youth's health and well-being.

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Rejecting behaviors have a negative impact on LGBTQ youth.

<u>Rejecting Behaviors</u>		<u>Unhealthy Outcomes</u>
Blaming	▶▶▶▶▶	• Attempted suicide
Shaming		• High levels of depression
Excluding		• High risk for HIV and STDs & STIs
Name-Calling		• Use illegal drugs

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

Distribute **Supportive Families, Healthy Children Educational Guide**.

In 2009, the Family Acceptance Project, led by Dr. Caitlyn Ryan, conducted a study to see how a family's acceptance or rejection of their LGBTQ child impacted that child's long-term health and mental health outcomes. We share this information with you today to emphasize how much our words and actions can affect the health outcomes of the youth in our care.

The study revealed that the rejecting behaviors listed on the left can lead to the unhealthy outcomes on the right. Some families are more rejecting than others. The study placed families in the following three categories:

Extremely Rejecting – Example: Disowning a youth

Moderate rejection – Example: "I love you, but I don't want to meet the person you're dating." (a mix of positive and negative responses).

Low rejection – Example: Accidentally using the wrong pronoun for a transgender youth, while being otherwise affirming.

The research also identified categories of rejecting behaviors.

Blaming

Example: Telling a little boy that he wouldn't get picked on at school if he stopped being so "girly."

Shaming

Example: Telling a child that you are ashamed to go out in public with her and her girlfriend.

Excluding

Example: Refusing to let a child attend family functions or outings because of their sexual orientation and/or gender expression.

Name calling

Example: Calling LGBTQ youth derogatory names or insults like “dyke,” “sissy,” or “fag.”

What do you think happens to LGBTQ youth who experience these rejecting behaviors? How do such behaviors impact the long-term physical and emotional health of LGBTQ youth?

According to the Family Acceptance Project research, LGBT youth with highly rejecting families displayed the following long-term health outcomes.

- More than 8 times as likely to have attempted suicide
- Nearly 6 times as likely to report high levels of depression
- More than 3 times as likely to use illegal drugs
- More than 3 times as likely to be at high risk for HIV and sexually transmitted diseases”

Rejection can be traumatizing for youth who don’t necessarily have the maturity or resources to process their pain. Sometimes youth will try to cope with the pain and rejection by turning to drugs or negative peer relationships. If your child shows signs of self-destructive or suicidal behavior, seek professional help immediately.

These statistics are very devastating, but you can make a difference!

A little change goes a long way. Being a little less rejecting and a little more accepting has a significant impact on lowering the youth’s risk for unhealthy outcomes.

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

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Accepting behaviors have a positive impact on LGBTQ youth.

<u>Accepting Behaviors</u>		<u>Healthy Outcomes</u>
Protect		• Higher self-esteem
Support		• Have closer relationships with family
Advocate		• Believe they can be a healthy happy adult
Express Affection		

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

Trainer's Voice:

We realize that was a lot of heavy information, but we want you to know that there is a brighter side to the Family Acceptance Project's study.

In the same way that a family's words and actions can increase a youth's chances of unhealthy outcomes, that family also has the power to help their LGBTQ youth lead happier, healthier lives. A family that uses accepting behaviors can have protective and positive effects on their youth, minimizing the unhealthy outcomes we saw on the previous slide.

What does the word acceptance mean to you? How do you do it? What does it look like?

Tie examples into the importance of accepting LGBTQ youth because they may be experiencing rejection, bullying, discrimination, etc. in other areas of their lives.

Some examples of accepting behaviors we can use when caring for LGBTQ youth include:

Protect the youth by requiring family members, friends of the family, and other people in their lives to respect your youth's LGBTQ identity. This means informing people that unaccepting or rejecting

behaviors are not tolerated in your home or around the youth, and when necessary, intervening if someone says offensive comments to the youth.

Show support for the youth by respecting their identity, supporting their efforts to come out to others, and helping them access LGBTQ-specific resources and services when requested.

Advocate on behalf of the youth whenever they need it (e.g., in situations that might come up at school, with their doctor, and with family or friends).

Expressing warmth and affection for the youth, in whatever way is most appropriate in your family, to let them know that you appreciate, love, and feel close to the youth.

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

When we accept LGBTQ youth, we communicate that they are valuable, worthwhile, important, and loved. These behaviors can help deepen their relationships with family, which can give them the support they need to have a healthy life. Your acceptance can help youth feel proud of who they are, feel good about themselves, and have high self-esteem.

Please raise your hand if you have seen or heard these behaviors in your interactions with family or friends? Have you seen any benefits as a result? (Ask one participant to share an example.)

RISE has additional copies of the Family Acceptance Project study available. The materials were written at a 10th-grade reading level. And we have them available in English, Spanish, and Mandarin.

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

22

It is common...

- To feel conflicted or unsure of how to react
- To be disappointed that your child is LGBTQ and/or
- To be concerned for your child's safety.

Think before acting...

Ryan, C. (2009). Supportive families, healthy children: Helping families with lesbian, gay, bisexual & transgender children. San Francisco, CA: Marian Wright Edelman Institute, San Francisco State University. pp. 8

Trainer's Voice:

So now that we understand how harmful rejecting behaviors can be and how important accepting behaviors are for an LGBTQ youth's health and well-being, we know what we need to do to ensure the best outcomes for our youth. However, sometimes this is easier said than done.

Some parents might experience religious or cultural conflicts when their LGBTQ youth comes out to them. Others may feel disappointed or concerned for their child's safety. All of these feelings are okay.

We are most concerned with how you process those feelings and how those feelings may affect your words and actions. It is important that you find an external space to discuss your feelings and conflicts, while using positive behaviors with your child.

Let's brainstorm some ideas what this might look like? How have you used supportive behaviors with your child despite being conflicted about something they are doing (e.g., choosing a certain school, or class, or activity, or job)? How can you use supportive behaviors with LGBTQ youth despite your conflicted feelings?

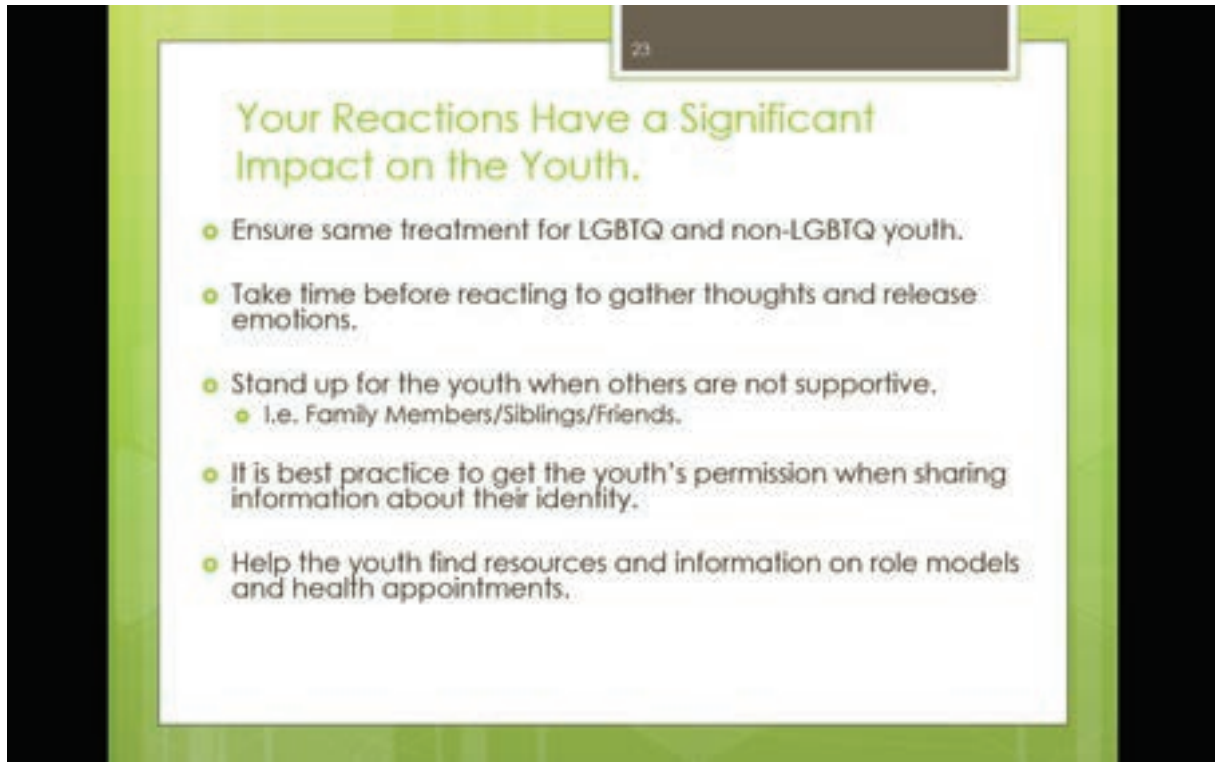
Tie responses in with:

- Take time to process information before responding.
- Know that your words and actions have a significant impact on the youth.
- Even if you feel uncomfortable, still support, accept, and affirm the youth.

Distribute **LEAD with Love** handout as a source of additional advice to handle conflicted feelings.

<http://www.leadwithlovefilm.com/pdf/summary.pdf>.

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



Trainer's Voice:

Again, we want to remind you that your reactions have a significant impact on the youth in your care. Children and youth are affected by the words you say and the things you do. Here are some things to keep in mind to ensure that the LGBTQ youth in your care receive the best possible treatment.

Provide equal support and acceptance for LGBTQ and non-LGBTQ youth; essentially this means provide non-discriminatory care. For example, if you feel comfortable allowing your teenager to date, be sure this rule applies to both LGBTQ and non-LGBTQ youth.

Take time before reacting to gather your thoughts and release emotions. Sometimes processing new information around your youth's LGBTQ identity can be confusing or overwhelming. You don't have to have all the answers in the moment.

Stand up for the youth when others are unsupportive. If you have family members or friends who won't support your LGBTQ youth, do your best to protect the youth from the words and actions of these people. Sometimes two parents may disagree on how to raise a child who is LGBTQ. If you and your co-parent have different views, consider seeking counseling to help mediate your discussions.

Remember that it's best practice to get the youth's permission before sharing information about their identity. Consider this information private and personal. The youth should get to decide who gets to know about their LGBTQ identity for their own right to privacy and for their protection. For some LGBTQ youth, there are people in their lives who could harm them if their LGBTQ identity was revealed.

Imagine your biggest secret; now imagine if I told everyone that information without your permission. How would that make you feel?

Help the youth find resources and information on the coming-out process, healthy relationships, positive role models, and their health care needs.



Trainer's Voice:

Now that we understand the dangers of rejection and the benefits of acceptance, we know what we need to do to ensure that our LGBTQ youth have a happy and healthy life and future.

So let's discuss ways we can support LGBTQ youth in our care. Shout out some things foster parents can do to show support for LGBTQ youth.

Examples:

- Affirm them
- Show love and affection
- Encourage dialogue
- Help them with health care appointments
- Create an inclusive culture in your home
- Advocate for them
- Require respect
- Support them
- Use inclusive language
- Allow them to go to the PRIDE prom
- Connect them with support groups
- Get them a mentor

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Areas Where Support is Needed

- What concerns do you have?
- What areas do you need support?
- Where can you find support?



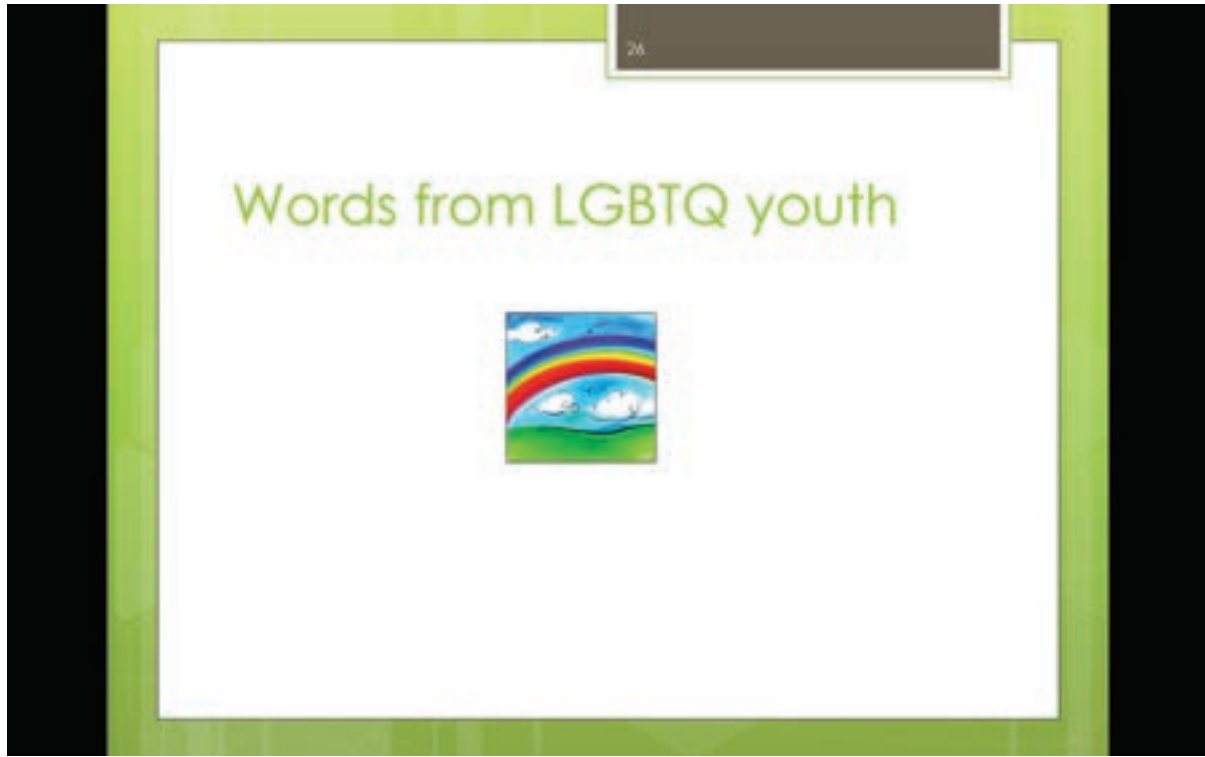
Trainer's Voice:

We've presented a lot of information to you today. We want to offer you an opportunity to share any questions you may have and also offer you whatever support we can.

What concerns do you have?

What areas do you need support in?

Where can you find support?

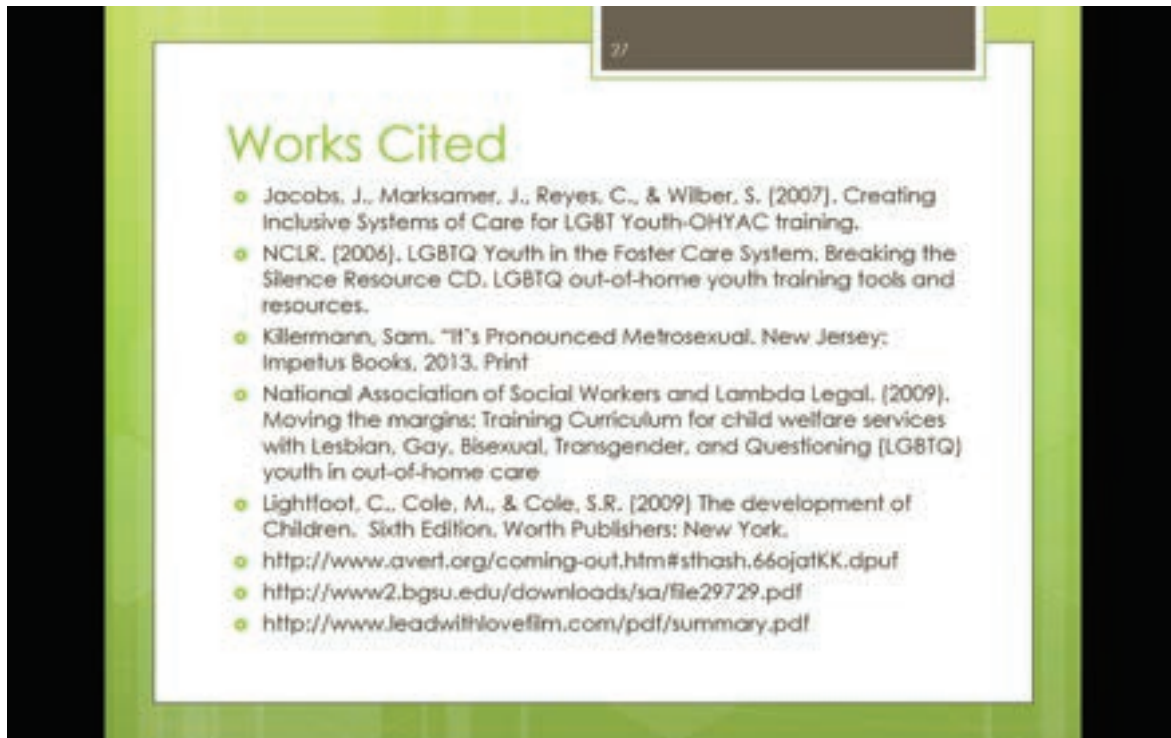


Trainer's Voice:

We wanted to end on a positive note. We asked LGBTQ former foster youth to share any advice they would want you as foster parents to think about. Here are some quotes that we can read aloud together.

Distribute **Foster Youth Quotes**

Facilitate a brief discussion about the quotes.



Trainer's Voice:

Here are the sources from our research that informed our presentation today. We have extra copies available if you need them.

Thank you, everyone for your participation today. We appreciate all that you have shared and your willingness to listen.

Unit D: Conclusion and Summary

Objective: Close out training, and answer urgent participant questions.

Duration: 5 mins.

Key Points/Action Steps

Facilitator(s) will:

1. Elicit last-minute questions
2. Review progress in meeting learning goals (or learning objectives)
3. Ask participants to respond to the following prompt: *“What are you leaving with today?”*
4. Thank participants for their time
5. Provide contact information
6. Distribute surveys

Supplementary Materials/Handout

Learning environment materials and instructions	N/A
Participant copies of the following	<input type="checkbox"/> Business Cards <input type="checkbox"/> Evaluations
PowerPoint recommended slide(s):	N/A

Foster Parent Training Agenda Worksheet

Workshop Duration: 90 mins.

Training Title: Foster Parent’s Workshop: Promoting Permanency, Health, and Wellbeing for LGBTQ Youth in Foster Care.

Training Goal(s):

Participant(s) will increase knowledge and understanding of:

- A. Attitudes, beliefs, and information regarding sexual orientation, gender identity, and gender expression.
- B. The coming-out process and its significance.

Learning Objective(s):

What will participants learn?

- Areas where support is needed in meeting foster care responsibilities for non-discriminatory (legal reference) and safe care.
- Difference between sexual orientation, gender identity, and gender expression.
- Varying degrees of acceptance and rejection youth may experience during the coming-out process.
- Links between rejecting behaviors and health and well-being outcomes for LGBTQ youth and gender-variant children.
- Benefits and challenges regarding the coming-out process for youth, family, and environment.

Learning Outcome(s):

What is the outcome of learning?

Participant(s) will be able to:

- Use self-awareness skills to locate attitudes, information, and behaviors to better meet non-discriminatory (legal reference) and safe care.
- Distinguish between SOGIE, related terms, and derogatory terms.
- Address rejecting behaviors.
- Identify (to use) supporting behaviors.
- Refrain from behaviors which conflict with non-discriminatory care and/or may disrupt permanency pathways.

A. Welcome, Introductions, and Purpose

Objective: To frame, build rapport, and identify assets in the room to create buy-in.

Duration: 5 mins.

Facilitator(s) will:

- 1.) Facilitate welcome, introductions, and training goals (or learning objectives).
- 2.) Present discussion guidelines (Trainer is going to list 2 discussion guidelines and then request that the audience provide two more. Discussion guidelines will be written on butcher paper at the start of the class)
- 3.) Highlight participants' assets by asking participant(s) to respond to the following prompts in small- or large- group(s):
 - "Why did you decide to become a foster parent?" –(Foster Parents will be asked to write their response on a note card trainers choice)

Trainer gives intro to R.I.S.E training and provides background info.

B. Understanding Language

Participants will learn: Difference between sexual orientation, gender identity, and gender expression.

Duration: 15 mins.

Facilitator(s) will:

- 1.) Use the SOGIE-umbrella terms posted around the room to illustrate meaning(s) of the following terms:
 - Sexual Orientation
 - Gender Identity
 - Gender Expression

Instructions: Hand out several terms to participants (on cards) and ask them to place their terms underneath the SO, GI, or GE umbrella as applicable. Explain that sexual orientation is different from sexual behavior.

Materials

Learning environment materials and instructions:

N/A

Participant copies of the following:

PowerPoint Slide(s):

- Discussion Guidelines (slide?, handout?), etc.)

Materials

Learning environment materials and instructions:

Ensure the room has been set-up and items are posted in the room according to the following:

SOGIE Umbrella

- 8x11 laminated term: **Sexual Orientation**
- 8x11 laminated term: **Gender Identity**
- 8x11 laminated term: **Gender Expression**

2.) Distribute Genderbread Laminated Handout.

-Explain Handout and offer it as a resource when having conversations with youth or family.

True False/Grab Bag

Participant copies of the following:

- Terms Handout
- Healthy Development

Genderbread Activity

- Genderbread Person Handout

PowerPoint Slide(s):

N/A

C. Coming-Out Process for Youth and Family

Participants will learn: Benefits and challenges regarding the coming-out process for youth, family, and environment.

Duration: 15 mins.

Facilitator(s) will:

1.) Highlight key points and/or present information related to the answering the following:

What is the coming out process for youth?

Coming-Out for Youth

Source:

Slide 11 (Roadblock)

What are the benefits and challenges of coming-out?

Benefits and challenges of coming-out

Source:

Slide 11 (Roadblock)

2.) Facilitate a large-group discussion using the following prompt:

- *“What are some of experiences, benefits, and challenges for youth coming out?”*
- *“By a show of hands (or nod), has anyone ever come out to you? If so, would any of you like to share how that experience was for you? What about the person who came out to you?”*

3.) Highlight key points and/or present information related to the answering the following:

Materials

Learning environment materials and instructions:

N/A

Participant copies of the following:

N/A

PowerPoint Slide(s):

- Coming-Out for Youth Slide
- Benefits and challenges of coming-out PPT Slide
- Coming-Out for Family Slide

What is the coming-out process for the family?

Coming-Out for Family

Source:

Slide 12-14 (Self Awareness Check)

4.) Facilitate a large-group discussion using the following prompt:

- *“In your experience, what are some of the benefits and challenges with the coming out process?”*

True False/Grab Bag Goodies

D. Rejection, Acceptance, and Health Outcomes

Participants will learn:

- Youth quotes taken from “In The Life Media”.
- Continuum of acceptance and rejection youth may experience during the coming-out process.
- Links between rejecting behaviors and health (and well-being) outcomes for LGBTQ youth and gender-variant children.
 - Areas where support is needed in meeting foster care responsibilities for non-discriminatory and safe care.

Duration: 50 mins.

Facilitator(s) will:

- 1.) Frame section by distributing “Youth Voices” cards to participants.
- 2.) Ask participants to read **aloud** the card received.
- 3.) Use the following “Youth Voice” discussion prompts to facilitate a large-group conversation with participants:

Youth Voices Discussion Prompts

- “What are your initial reactions to hearing this/these experiences for youth during the coming-out process?”
- “Do your reactions change when you consider your role as a foster parent?”
 - o What changes?
 - o What does not change?”
- “Considering information shared earlier regarding what brought you to foster parenting, what are your thoughts and feelings in hearing these experiences provided by youth?”
- “How does it tie into your reason for becoming a foster parent?”
- “What are some feelings you think the youth may be experiencing?”
- “What messages might the youth be receiving from the reactions (or behaviors)?”

- 4.) Highlight key points and/or present information related to the answering the following:

What are the types of reactions youth may encounter during the coming-out process?

Reactions to coming-out

Source:

Slide 20

Materials

Learning environment materials and instructions:

N/A

Participant copies of the following:

- Supportive Families, Healthy Children Educational Guide
- Legal Handout
- Youth Voices cards

PowerPoint Slide(s):

- Reactions to coming-out PPT Slide
- Rejecting behaviors and links to health outcomes PPT Slide
- Continuum and Rejection PPT Slide

Are there links between rejecting behaviors and health outcomes? What are these links?

Rejecting behaviors and links to health outcomes

Source: *Supportive Families, Healthy Children*” Educational Guide

Slide 19 (Acceptance and Rejection)

What is known about the continuum of behaviors to a youth’s coming-out process?

Continuum and Rejection

Source: *Supportive Families, Healthy Children*” Educational Guide

- High rejection is indicative of behaviors that are mostly rejecting.
- Moderate rejection is indicative of behaviors that include both rejecting and supportive behaviors.
- Low rejection is indicative of more supportive behaviors than rejecting behaviors. (?)
- The **significance of understanding the continuum** is to support individuals in locating where they may be in their actual (potential) reactions to a youth’s coming out process to increase behaviors linked to positive health outcomes and better meet standards for safety (and well-being) in care.

5.) Facilitate a small-group discussion using the following prompts:

- *“Considering the experiences from the ‘Youth Voices’ cards, how would you describe the actual (or potential) behaviors of the individuals the youth came-out to?”*
- *“How might you have handled the situation to reduce the potential harm/threat of rejecting behaviors?”*
- *“How might you have reacted to the youth’s coming-out process?”*
- *“What might your behavior(s) look like to reduce the potential harm/threat of rejection (or rejecting behaviors)?”*
- *“What types of behaviors would you replace for rejecting behaviors to increase safety for the youth?”*

6.) Present information and highlight **key points** related answering the following:

Are there links between other behaviors and health outcomes? What are these links?

Supportive behaviors and links to health outcomes

Source: *Supportive Families, Healthy Children*” Educational Guide

Slide 21 (Pathways to Permanency)

7.) Ask participants to silently reflect to the following prompt(s):

- *“Considering what you know about supportive behaviors, what types of behaviors could you consider using should a youth come-out to you?”* *Considering the “Youth Voices” we read aloud earlier, what are some things that could have been done differently? What are some accepting behaviors that could have made those situations better?*
 - *“Where might you need support in reducing rejecting behaviors towards youth in your care?”*
 - *“Where might you need support in increasing supportive behaviors for youth in your care?”*
- ❖ Share in a large group

8.) Ask participants to share-out their responses to the prompts.

9.) Explain and distribute the following as tools for supporting foster parents in providing safe, non-discriminatory care:

- Resource handout & Works Cited
- Legal handout

E. Conclusion/Summary: Show clip from In The Life Media (ORBs working on this)

Objective: Close-out session and answer urgent participant questions.

Duration: 5 mins.

Facilitator(s) will:

- 1.) Elicit last-minute questions.
- 2.) Review progress in meeting learning goals (or learning objectives).
- 3.) Ask participants to respond to the following prompt:
 - “What are you leaving with today?”
- 4.) Thank participants for their time.
- 5.) Provide contact information.
- 6.) Distribute surveys (ORB will create internal surveys)

Materials

Learning environment materials and instructions:

instructions:

N/A

Participant copies of the following:

Business cards

PowerPoint Slide(s):

N/A

Basic Childhood Development



Physical Milestones Cognitive Milestones Social & Emotional Milestones	<ul style="list-style-type: none"> • Ability to use body • Improved motor skills • Brain growth up to 90% of its weight. • Cognitive functions advance 	<ul style="list-style-type: none"> • Body changes, increase strength • Sex difference in motor skills • Brain growth in late maturing areas • Coordination between brain areas • Mid-growth spurt 	<ul style="list-style-type: none"> • Rapid height and weight increase • Hormone influx stimulates functioning of reproductive organs • Changes in brain regions associated with impulse control and decision making
	<ul style="list-style-type: none"> • Increase memory • Basic vocabulary and grammar • Increase knowledge about physical laws and properties of objects 	<ul style="list-style-type: none"> • Emergence of mental operations for sorting and classification. • Increased memory and attention, efficiency in storing and retrieving information. 	<ul style="list-style-type: none"> • Logical thinking • Ability to think in hypotheticals, higher level problem solving skills • Can use reasoning to make moral judgments
	<ul style="list-style-type: none"> • Self-labeling as “boy” or “girl” • Concepts to sex-role behaviors • Emergence of ethnic identity • Moral Judgment emphasizes external consequences • Increased abilities to regulate thought and action 	<ul style="list-style-type: none"> • Emergence of peer social structure • Moral behavior regulated by social relationships • Gender-typed behaviors increase • Better at making friends • Emergence of social comparison 	<ul style="list-style-type: none"> • Self-concepts organize around interpersonal implications • Peer group importance, gender-typed behaviors increase.

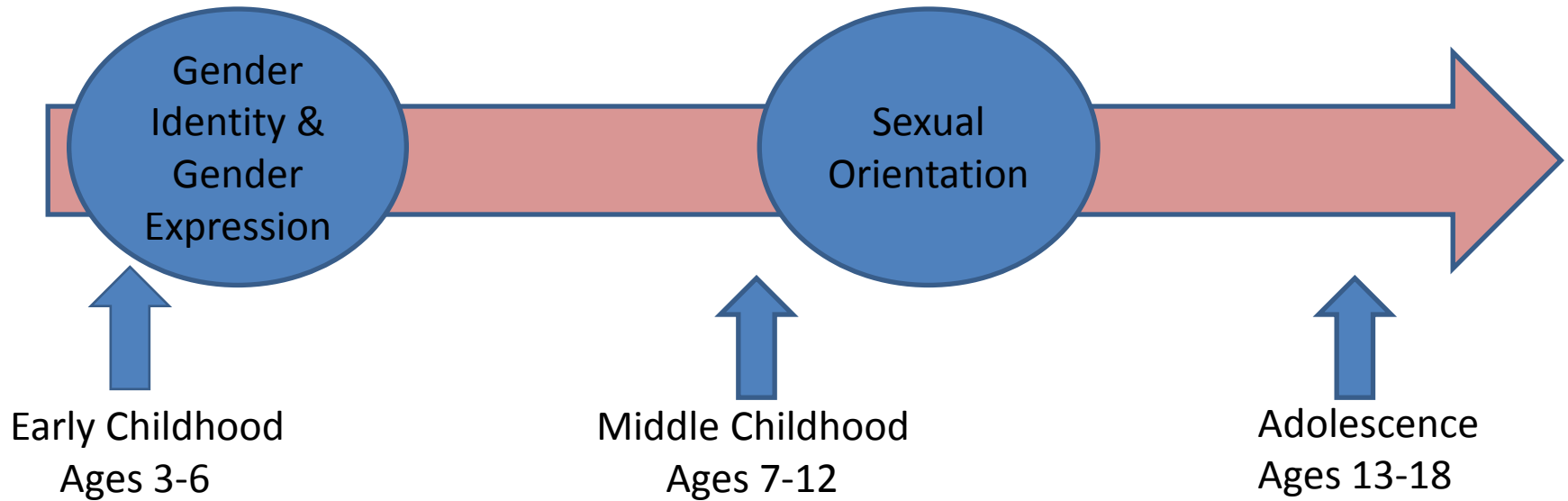


Behaviors during the different development stages.

<p>Sex-categorized toy preference emerges very early.</p>	<p>Gender identity is a social construct, can be viewed multi-dimensionally as a combination of : self-identification, felt compatibility with gender, felt pressure to conform and attitudes toward gender groups</p> <p>-Binary Roles in school -Social Comparison -Increase risk of abuse</p>	<p>Gender can be defined along a spectrum including female, male, gender-variant, gender queer, androgyny, etc. It can change over time, and it may not match gender expression.</p>
<p>Ages 3-6 children learn to:</p> <ul style="list-style-type: none"> - identify their sex (girl, boy) and label their own gender. -Gender-segregated play emerges in pre-school -Children learn “sex-role stability (girls grow up to be women and boy grow up to be men) -Children learn sex-role constancy when they understand their sex remains the same over time, even if they dress up as the other sex. 	<ul style="list-style-type: none"> • People remember having their first “crushes” years before the onset of puberty • LG people describe feeling “different” from childhood; studies show same-sex attraction awareness for boys around age 9 and for girls around age 10 	<p>For adolescents who identify as different gender than the sex assigned at birth, puberty and the emergence of secondary sex characteristics are extremely traumatic and can be delayed by reversible medical treatment</p>
<p>At ages 5-6, peak rigidity in applying gender stereotypes</p>	<ul style="list-style-type: none"> • Puberty begins, reproductive organs start maturing, and secondary sex characteristics emerges • School begins to address sexuality in 5th grade 	<p>According to the APA in adolescence physical appearance assumes paramount importance, to fit in the “norm” of the group identified with</p>

Healthy Development

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



Remember, everyone develops at their own pace!



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



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Laws and Policies Protecting LGBTQ Youth from Discrimination

Federal Laws and Policies Protecting LGBTQ Youth from Discrimination

1st Amendment

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

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

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

14th Amendment-Equal Protection

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

California Laws and Policies Protecting LGBTQ Youth from Discrimination

Civil Rights Act of 2007-AB 14

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

Nondiscrimination in State Programs and Activities-SB 1441

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

Juvenile Justice Safety and Protection Act-SB 518

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

Omnibus Hate Crimes Act-SB 1234

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

California Foster Care Nondiscrimination Act-AB 458

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

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

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

California Student Safety and Violence Prevention Act – AB 537

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

Personal Rights-California Code 22 CCR 80072

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

Los Angeles County Policies Protecting LGBTQ Youth from Discrimination

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

Code of Ethics Policies Protecting LGBTQ Youth from Discrimination

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

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



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Resources for Caregivers

Supportive Organizations

1. **GLSEN** (Gay, Lesbian and Straight Education Network) – Organization that seeks to end discrimination, harassment, and bullying based on sexual orientation, gender identity and gender expression in K-12 schools.
<http://www.glsen.org>
2. **HRC** (Human Rights Campaign) – Organization that works to ensure LGBT people of their basic equal rights, and can be open, honest and safe at home, at work and in the community.
<http://www.hrc.org>
3. **Los Angeles LGBT Center** – Multi-service organization dedicated to supporting the LGBTQ community.
<http://www.lalgbtcenter.org>
4. **PFLAG** (Parents, Families & Friends of Lesbians and Gays) – One of the nation’s largest family and ally organization that provides support and education for individuals who have an LGBTQ loved one(s).
<http://community.pflag.org>
5. **Transforming Family** – Family support group aimed to provide a positive environment to explore issues of gender identity.
<http://transformingfamily.org>
6. **TransYouth Family Allies** – Provides tools and resources for families with gender variant or transgender children.
<http://www.imatyfa.org>

Videos

1. Always My Son
2. LEAD with Love: Strengthening Families through the Coming out Process
3. Tres Gotas de Agua

Books

1. *Always My Child: A Parent’s Guide to Understanding Your Gay, Lesbian, Bisexual, Transgendered, Or Questioning Son or Daughter* by Kevin Jenner
2. *Beyond Acceptance: Parents of Lesbians and Gays Talk About Their Experiences* by Carolyn Griffin & Marian Wirth
3. *Helping your Transgender Teen: A Guide for Parents* by Irwin Krieger
4. *Prayers for Bobby* by Leroy Aarons
5. *The Transgender Child* by Stephanie Brill & Rachel Pepper
6. *Trans-Kin: A Guide for Family and Friends of Transgender People* by Eleanor Hubbard & Cameron Whitley
7. *Transitions of the Heart: Stories of Love, Struggle and Acceptance by Mothers of Transgender and Gender Variant Children* by Rachel Pepper

Pamphlets

1. A Resource Guide to Coming Out For African Americans (http://s3.amazonaws.com/hrc-assets//files/assets/resources/comingout_africanamericans_042013.pdf)
2. A La Familia: A Conversation about Our Families, the Bible, Sexual Orientation and Gender Identity (http://www.hrc.org/files/assets/resources/A_La_Familia_Final_Curriculum_Nov_2011.pdf)
3. Coming out as a Straight Supporter (http://www.hrc.org/files/assets/resources/Straight-Supporter_Guide.pdf)
4. “Dios Nos Ama Por Igual: Una Invitacion al dialogo sobre la orientacion sexual” by Ann Thompson Cook
5. Faith In Our Families: Parents, Families and Friends Talk About Faith, Sexual Orientation and Gender Identity (<http://community.pflag.org/document.doc?id=494>)
6. Guide to Being a Straight Ally (<http://community.pflag.org/document.doc?id=139>)
7. Nuestras Hijas y Nuestros Hijos: Preguntas y Respuestas Para Padres De Gays, Lesbianas y Bisexuales (http://www.pflag.org/fileadmin/user_upload/Publications/Nuestras_hijas.pdf)
8. Our Daughters and Sons: Questions and Answers for Parents of Lesbian, Gay, Bisexual and Transgender Youth and Adults (<http://community.pflag.org/document.doc?id=495>)
9. Se Tu Mismo: Preguntas y Respuestas Para Jovenes Gay, Lesbianas, Bisexuales y Transgeneros (http://www.pflag.org/fileadmin/user_upload/Publications/SeTuMismo.pdf)
10. Supporting Your LGBTQ Youth: A Guide for Foster Parents (<https://www.childwelfare.gov/pubs/LGBTQyouth.pdf>)
11. Welcoming Our Trans Family and Friends: A Support Guide For Parents, Families and Friends of Transgender and Gender Non-Conforming People (<http://community.pflag.org/Document.Doc?id=202>)

Hotline Numbers

The Trevor Project – Crisis intervention and suicide prevention 1(866)488-7386

Facilitation Tools

Participation guidelines:

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

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

Trainer guidelines:

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

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

Question guidelines:

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

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

Pivot line guidelines:

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

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

Frequently Encountered Biased Questions and Statements

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

I don't want to promote this lifestyle.

Intervention Statement:

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

Identifying the Bias:

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

Supporting Research:

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

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

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

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

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

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

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

Link Back to Curriculum:

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

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

Intervention Statement:

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

Identifying the Bias:

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

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

Supporting Research:

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

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

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

Link Back to the Curriculum:

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

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

Intervention Statement:

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

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

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

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

Identifying the Bias:

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

Supporting Research:

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

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

Link Back to the Curriculum:

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

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

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

Identifying the Bias:

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

Supporting Research:

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

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

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

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

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

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

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

Link Back to the Curriculum:

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

My youth is experimenting because they are around all boys.

Intervention Statement:

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

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

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

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

Identifying the Bias:

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

Supporting Research:

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

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

Link Back to the Curriculum:

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

Bisexuality is just a phase.

Intervention Statement:

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

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

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

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

Identifying the Bias:

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

Supporting Research

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

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

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

Link Back to the Curriculum:

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

Are people's orientations or identities genetic?

Intervention Statement:

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

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

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

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

Identifying the Bias:

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

Supporting Research:

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

Link Back to the Curriculum:

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

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

Intervention Statement:

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

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

Identifying the Bias:

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

Supporting Research:

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

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

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

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

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

Link Back to the Curriculum:

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

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

Intervention Statement:

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

Identifying the Bias:

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

Supporting Research:

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

Link Back to the Curriculum:

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

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

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

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

Intervention Statement:

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

Identifying the Bias:

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

Supporting Research:

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

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

Link Back to the Curriculum:

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

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

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

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

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

Intervention Statement:

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

Identifying the Bias:

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

Supporting Research:

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

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

Link Back to the Curriculum:

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

We are showing LGBTQ+ youth special treatment.

Intervention Statement:

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

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

Identifying the Bias:

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

Supporting Research:

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

Link Back to the Curriculum:

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

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

Intervention Statement:

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

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

Supporting Research:

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

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

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

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

Link Back to the Curriculum:

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

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

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

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

Supporting Research:

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

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

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

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

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

Linking Back to the Curriculum:

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